562-124-001-696

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

Form V. S. No. 11-C—15m-6-20-11

PLACE OF BIRTH

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

File No. **9151**

County of Ada

City of Meridian — Registration District No. 1

No. ____, ____ St. — Primary Registration District No. 2003 — Registered No. 232

Hospital ____

FULL NAME OF CHILD Chas Robert Voss

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Male	one	5th	Yes	Oct 24, 1912

	FATHER	MOTHER
FULL NAME	Chas Voss	Elsie Mae Froome
RESIDENCE	Meridian	Meridian
COLOR	White	White
AGE AT LAST BIRTHDAY	44 (Years)	36 (Years)
BIRTHPLACE	Iowa	Iowa
OCCUPATION	Blacksmith	Housewife

Number of child of this mother, including present birth 5

Number of children, of this mother, now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 805 A. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) S. F. Neal

Physician (Physician or Midwife)

Address ____

Given names added from a supplemental report

____, 19____

____ Registrar

Filed Nov. 13, 1912 G. E. Shawhan Registrar

S-Y CO., 16670

JUN 6 1942

551-227-001-154

PLACE OF BIRTH

Form V. S. No. 11-C—15m-6-20-11

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

County of Ada

City of Meridian Registration District No. 1 File No. 9152

No. ....., ... St. Primary Registration District No. 2003 Registered No. 233

Hospital .....

FULL NAME OF CHILD Louise St. Neal

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Female	one	3rd	yes	Oct 27, 1912

FATHER	MOTHER
FULL NAME Halbert H. Neal	FULL MAIDEN NAME Grace L. Andrews
RESIDENCE Meridian	RESIDENCE Meridian
COLOR White	COLOR White
AGE AT LAST BIRTHDAY 33 (Years)	AGE AT LAST BIRTHDAY 28 (Years)
BIRTHPLACE Nebr.	BIRTHPLACE Nebr.
OCCUPATION Physician	OCCUPATION Housewife

Number of child of this mother, including present birth 3

Number of children, of this mother, now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 5 A. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) H. H. Neal

Physician

(Physician or Midwife)

Address Meridian

Given names added from a supplemental report

....., 19.....

Filed Nov. 13, 1912 L. E. Shawhan

Registrar

S-Y CO., 16670

Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

SEP 21 1972

JAN 16 19-

114-216 -842

PLACE OF [redacted]

Form V. S. No. 11-C—10m-8-7-11

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

County of Kootenai

City of Coeur d' Alene

Registration District No 14

File No. 9153

No ____, ____ St.

Primary Registration District No. 1003

Registered No. 243

Hospital ____

FULL NAME OF CHILD ELOISE HARRIET JAMES

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
F	—	IX	Yes	9, 16, 1912

FATHER		MOTHER	
FULL NAME	Frank A. James	FULL MAIDEN NAME	Mary L. Hulbert
RESIDENCE	Coeur d' Alene Ida.	RESIDENCE	Coeur d' Alene Idaho
COLOR	W.	COLOR	W.
AGE AT LAST BIRTHDAY	42 (Years)	AGE AT LAST BIRTHDAY	40 (Years)
BIRTHPLACE	Wis.	BIRTHPLACE	Mich
OCCUPATION	Farmer	OCCUPATION	H W.

Number of child of this mother, including present birth IX

Number of children, of this mother, now living, including present birth VII

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) on the date above stated., at 4 A. M.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) John Hunt Shepherd M. D.

(Physician or Midwife)

Address Coeur d' Alene Idaho.

Given names added from a supplemental report

....., 19.....

Filed 11/10 19 12 D. D. Freeman

Registrar

SYMS - YORK CO., PTRS. & BDRS. 17826

Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS
AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of ..... } ss.
County of ..... }

Certificate No. 9153

Date Filed .....

The undersigned does solemnly swear that certain facts on the certificate of ..... (Birth or Death)
for ..... (Name on Original Certificate) who ..... (Was Born or Died) on ..... (Date of Event)
in ..... (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts are shown by ..... (Bible Record, Insurance Policy, Etc.) prepared on ..... (Give Date), are:

FACTS TO BE CORRECTED ("Name", "Birth Date", "Cause of Death", Etc.)	FROM (As on Original)	TO (The Correct Facts)
Name	Unnamed	Eloise Harriet James

Subscribed and sworn to before me this .....
day of ....., 19.....

.....
Notary Public, residing at .....
My commission expires .....
(Seal)

Signed .....
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

.....
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Ida Ho }
County of Kootenai } ss.

[This Affidivat **MUST** Also be Executed.
(See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

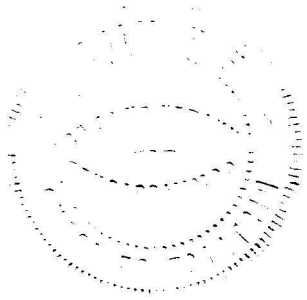
Subscribed and sworn to before me this 5th
day of June, 1946.

E. Knuelle
Notary Public, residing at Coeur d'Alene
My commission expires .....
(Seal)

Signed Viola James Sandy.
(Signature of Any Credible Person Other Than Previous Year)

1619 Cda Ave.
(Street Address, City, State)
Coeur D'Alene Ida

JUN 9 1943



714-214-028-415

Form V. S. No. 11-C—15m-6-20-11

PLACE OF BIRTH

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

County of Kootenai

City of Harrison

Registration District No. 17 **File No.** 9154

No. ....., ... *St.*

Primary Registration District No. 2049 **Registered No.** 248

Hospital .....

FULL NAME OF CHILD .....

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Female		2nd	yes	Oct 14, 1912

FATHER		MOTHER	
FULL NAME	Walter Paulsen	FULL MAIDEN NAME	Edith Davis
RESIDENCE	Harrison	RESIDENCE	Harrison
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	29	AGE AT LAST BIRTHDAY (Years)	27
BIRTHPLACE	Iowa	BIRTHPLACE	Wash.
OCCUPATION	Merchant	OCCUPATION	Housewife

Number of child of this mother, including present birth 2nd

Number of children, of this mother, now living, including present birth two

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 9a M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) F. L. Cryer

Phy Rec'd (Physician or Midwife)

Address Harrison

Given names added from a supplemental report

..... 19.....

..... *Registrar*

Filed Nov 19 12 D. D. Freeman *Registrar*

S-Y CO., 16670

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

DUP OF 1912-377288

Amended 10-27-59

PLACE OF BIRTH

433-212-0085-316

County of Kootenai

City of Harrison

No. ..... St.

Hospital .....

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 12 File No. 9155

Primary Registration District No. 2049 Registered No. 246

FULL NAME OF CHILD Lorna Doone McCain
(Certificate of no value without full name of child.)

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Female			Yes	Oct. 12, [redacted]

What bactericidal solution was used in eyes? .....

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

FATHER		MOTHER	
FULL NAME	H. D. McCain	FULL MAIDEN NAME	Hazel Lafferty
RESIDENCE	Harrison	RESIDENCE	Harrison
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	28 (Years)	AGE AT LAST BIRTHDAY	25 (Years)
BIRTHPLACE	Oregon	BIRTHPLACE	Idaho
OCCUPATION	R.R. Agent	OCCUPATION	Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born Alive (Born alive or stillborn), at 2 A. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Give names added from a supplemental report.

....., 192.....

..... Registrar.

(Signature) E. L. Reger, M.D.

(Physician or midwife)

Address Harrison

Filed 11/10/1912 [redacted] D.D. Drennan Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

PLACE OF BIRTH

STATE OF IDAHO

Form V. B. No. 11-C—15m-6-20-11

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

County of Kootenai

City of Harrison Registration District No. 12 File No. 9155

No. ____, ____ St. Primary Registration District No. 2049 Registered No. 246

Hospital ____

FULL NAME OF CHILD Lora Bernice

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Female		2nd	yes	Oct. 12, 1912

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	H. O. McBain	Hazel Lafferty
RESIDENCE	Harrison	Harrison
COLOR	White	White
AGE AT LAST BIRTHDAY (Years)	28	25
BIRTHPLACE	Ore	Ida
OCCUPATION	R.R. Agent	Housewife

Number of child of this mother, including present birth 2nd

Number of children, of this mother, now living, including present birth Two

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 2a M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) O. L. A. Cegen M.D.

Harrison (Physician or Midwife)

Given names added from a supplemental report

____, 19____

____ Registrar

Address ____

Filed 11/10 1912 L. L. Freeman Registrar

S-Y CO., 16670

OCT 27 1959

Marriage Certificate, State Of Washington, #58218A, July 1, 1939 gives brides name as Lorna Doone McCain and grooms name as Arthur Douglas Brabbs - viewed by V.S. and New England Mutual Life Insurance Policy, #1,057,798, Oct. 14, 1939 gives full name as Lorna Doone McCain Brabbs - viewed by V.S.

IDAHO STATE BOARD OF HEALTH
DIVISION OF VITAL STATISTICS

Affidavit to Correct or Amend An Original Certificate of Birth or Death

State of Idaho
County of Shoshone } ss.

Certificate No. 9155

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of Birth (Birth or Death)
for Dora Bernice McCain (Name on Original Certificate) who born (Was Born or Died) on Oct. 12, 1912 (Date of Event)
in Harrison, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts are shown by Original marriage license & personal policy (Bible Record, Insurance Policy, Etc.) prepared on July 1-1939 and Oct 16-192 (Give Date), are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
Full Name of Child	Dora Bernice McCain	Lorna Doone McCain

Subscribed and sworn to before me this 30th day of September, 1959

Notary Public, residing at Kellogg Idaho
My commission expires 2/23/60
(Seal)

Signed A.D. McCain - Father
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

109 Third St Box 537 Kellogg Idaho
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Idaho
County of Shoshone } ss.

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 30 day of September, 1959

Notary Public, residing at Kellogg, Idaho
My commission expires 2/23/60
(Seal)

Signed Dora M. McKeen
(Signature of Any Credible Person)

109 Third St. Kellogg Ida
(Street Address, City, State)

FORM DPH 55.155

CL 9-16-59. one copy pd. receipt #15558.

259-107-028-292

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

Form V. S. No. 11-C—15m-6-20-11

PLACE OF BIRTH

County of Kootenai

City of Harrison

No. ....., ... St.

Hospital .....

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

Registration District No. 12 File No. 9157

Primary Registration District No. 2049 Registered No. 24

FULL NAME OF CHILD Not named Elbert Wilson

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Male		1st	yes	Oct 7, 1912

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	A. E. Perry	Rosa Bishop
RESIDENCE	Harrison	Harrison
COLOR	White	White
AGE AT LAST BIRTHDAY (Years)	23	17
BIRTHPLACE	Wis.	Ida
OCCUPATION	Common Laborer	Housewife

Number of child of this mother, including present birth One

Number of children, of this mother, now living, including present birth One

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 8 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report

....., 19.....

..... Registrar

(Signature) G. L. Ryan

Physician

(Physician or Midwife)

Address Harrison Ida

Filed 11/10 19 12 L. L. Drennan Registrar

S-Y CO., 16670

563-211-028-168

Form V. S. No. 11-C—20m-2-15-12

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Kootenai

City of Spt. Lake

No. ..... St.

Hospital .....

Registration District No. 12 File No. 9158

Primary Registration District No. 2051 Registered No. 242

FULL NAME OF CHILD .....

Sex of Child	Twin, Triplet or other?	and Number in order of birth	Legitimate?	Date of Birth
Fem	1		yes	Oct 11 1912 (Month) (Day) (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	Marcus Ytredal	FULL MAIDEN NAME	Inga Johnsen
RESIDENCE	S. Lake	RESIDENCE	S L
COLOR	white	COLOR	Wh.
AGE AT LAST BIRTHDAY	29 (Years)	AGE AT LAST BIRTHDAY	22 (Years)
BIRTHPLACE	Norway	BIRTHPLACE	Norway
OCCUPATION	Lab. Mill yd. Sawmill	OCCUPATION	

Number of child of this mother, including present birth .....

Number of children of this mother now living, including present birth .....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Alive (Born alive or stillborn), at 5 A M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Frank S Grindy M.D. (Physician or midwife)

Given names added from a supplemental report

..... 19.....

Address Spt. Lake

Filed 10/10 1912 C. L. Sherman

..... Registrar

S-Y CO. 20174 Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

851 - 217-928-791

Form V. S. No. 11-C—20m-2-15-12

PLACE OF BIRTH

County of Kootenai

City of Spt L

No. ..... St.

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 12 File No. 9159

Primary Registration District No. 2051 Registered No. 241

Hospital ..... LINNEA VIOLA HEADQUIST

FULL NAME OF CHILD Linnea Viola Hadquist

Sex of Child	Twin Triplet or other?	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
F.	Sing	and	Yes	10 - 11 1912

(To be answered only in event of plural births)

FATHER	MOTHER
FULL NAME Harold Hadquist	FULL MAIDEN NAME Helen Granstedt
RESIDENCE Spt n Lake	RESIDENCE Spt Lake
COLOR White	COLOR W
AGE AT LAST BIRTHDAY 27 (Years)	AGE AT LAST BIRTHDAY 20 (Years)
BIRTHPLACE Sweden	BIRTHPLACE Sweden
OCCUPATION Laborer	OCCUPATION Housewife

Number of child of this mother, including present birth 1

Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn), at 2 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) W B Moore

(Physician or midwife)

Address Spt. Lake Idaho

Given names added from a supplemental report

..... 19.....

..... Registrar

Filed 10/10 1912 W. H. Hinman Registrar

S-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Form V.S. 1-1-12-C-8 rev. 8-15-12

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

PLACE OF BIRTH

County of

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of Idaho }
County of Kootenai } ss.

Certificate No. 9159

Date Filed October 24-'42

The undersigned does solemnly swear that certain facts on the certificate of Birth (Birth or Death)

for Linnea Viola Headquist (Name on Original Certificate) who was born (Was Born or Died) on October 11, 1912 (Date of Event)

in Spirit Lake, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the true facts are shown by Statement by Mother (Bible Record, Insurance Policy, Etc.) prepared on ---- (Give Date), are:

FACTS TO BE CORRECTED ("Name", "Birth Date", "Cause of Death", Etc.)	FROM (As on Original)	TO (The Correct Facts)
Mother's name	Hardquist	Granstedt

Subscribed and sworn to before me this ____ day of October 22, 1942

Notary Public, residing at Spirit Lake, Idaho

My commission expires 7-23-1946
(Seal)

Signed Helen Headquist
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

E.124 Courtland, Spokane, Wash.
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of ____ }
County of ____ } ss.

[This Affidivat **MUST** Also be Executed.
(See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this ____ day of ____, 19____

Notary Public, residing at ____

My commission expires ____
(Seal)

Signed ____
(Signature of Any Credible Person Other Than Previous Year)

____
(Street Address, City, State)

STATE OF IDAHO

DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

Certificate No. - 9159 -

State of Idaho } ss.
County of Kootenai

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of Birth (Birth or Death)
for Linea Vivla Hadquist (Name on Original Certificate) who was born (Was Born or Died) on October 11, 1912 (Date of Event)
in Spirit Lake, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts are shown by (Bible Record, Insurance Policy, Etc.) prepared on (Give Date), are:

FACTS TO BE CORRECTED ("Name", "Birth Date", "Cause of Death", Etc.)	FROM (As on Original)	TO (The Correct Facts)
Surname	Hadquist	Headquist
Name	Linea Vivla	Linnea Viola
Birth Date	October 1, 1912	October 11, 1912

Subscribed and sworn to before me this 18.
day of [illegible], 1942

Notary Public, residing at [illegible]

My commission expires 2-23-46
(Seal)

Signed G H Headquist Father
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

Spirit Lake, Idaho
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

[This Affidivat **MUST** Also be Executed.
(See Chapter 139, 1937 Idaho Session Laws.)]

State of Idaho } ss.
County of Kootenai

The undersigned does solemly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 18
day of [illegible], 1942

Notary Public, residing at [illegible]

My commission expires 2-23-46
(Seal)

Signed x Inez a. Eftedal (God-Mother
(Signature of Any Credible Person Other Than Previous Years)

Spirit Lake, Idaho
(Street Address, City, State)

OCT 23 1942

NOV 2 1942

453-207-028-713

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Form V. S. No. 11-C—20m-2-15-12

PLACE OF BIRTH

County of Kootenai

City of Spt Lake

No. ..... St.

Hospital .....

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 12 File No. 9160

Primary Registration District No. 2131 Registered No. 240

FULL NAME OF CHILD Alice Jeanette Decker

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Female	1		yes	Oct 7 1912

FATHER		MOTHER	
FULL NAME	Mitchell Decker	FULL MAIDEN NAME	Fannie Ellen Gallagher
RESIDENCE	Spirit Lake Ida	RESIDENCE	Spirit Lake Ida
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	41 (Years)	AGE AT LAST BIRTHDAY	21 (Years)
BIRTHPLACE	Ind	BIRTHPLACE	Ontario B.C.
OCCUPATION	RR employee Baggage man	OCCUPATION	Housewife

Number of child of this mother, including present birth 1

Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn), at 7 A M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Earl S Prindle MD

(Physician or midwife)

Address Spirit Lake

Given names added from a supplemental report

..... 19.....

..... Registrar

Filed 10/10 1912 H H Freeman Registrar

8-Y CO. 20174

MAR 23 1942

415 - 206-058-453

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, with unfading ink—this is a permanent record

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

Form V. S. No. 11-C—10m-8-7-11

PLACE OF BIRTH

County of Kootenai

City of Athol

No ____, ____ St.

Hospital ____

STATE OF IDAHO
Bureau of Vital Statistics
CERTIFICATE OF BIRTH

Registration District No 12 File No. 9161

Primary Registration District No. 2251 Registered No. 239

FULL NAME OF CHILD Jeanie Marie Helen Mumford

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
female	—	—	Yes	Oct. 6. 1912

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	Nicolas Mumford	Rose Valencia
RESIDENCE	Athol, Ida.	Athol, Ida.
COLOR	white	white
AGE AT LAST BIRTHDAY (Years)	39	29.
BIRTHPLACE	Italy	Italy
OCCUPATION	Section foreman R.R.	housewife

Number of child of this mother, including present birth 4

Number of children, of this mother, now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 1. o. 9. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report

....., 19.....

.....
Registrar

(Signature) Frank Mumy
Physician
(Physician or Midwife)

Address Rathdrum, Ida.

Filed Oct 10 1912 H. H. Newman
Registrar

SYMS - YORK CO., PTRS. & BDRS. 17326

[redacted]

551-205-028-396

PLACE OF BIRTH

Form V. S. No. 11-C—10m-8-7-11

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

County of Kootenai

City of Corbin

No ____, ____ St.

Registration District No. 12 File No. 9162

Hospital ____ Primary Registration District No. 2251 Registered No. 238

FULL NAME OF CHILD Phyllis Audelle Meaville

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Female	—	—	Yes	Oct. 5. 1912

FATHER		MOTHER	
FULL NAME	James D. Meaville	FULL MAIDEN NAME	Sarah M. Crowell
RESIDENCE	Corbin, Ida.	RESIDENCE	Corbin, Ida.
COLOR	wh.	COLOR	wh.
AGE AT LAST BIRTHDAY	34 (Years)	AGE AT LAST BIRTHDAY	29 (Years)
BIRTHPLACE	Wis.	BIRTHPLACE	Ind.
OCCUPATION	Gen'l Merchant	OCCUPATION	Housewife

Number of child of this mother, including present birth 4

Number of children, of this mother, now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born [redacted] (Born alive or stillborn) at 6. A. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Frank Perry

Physician

(Physician or Midwife)

Address Rathdrum Ida.

Given names added from a supplemental report

....., 19.....

Registrar

Filed 10/10 1912 W. L. Hindman

Registrar

SYMS - YORK CO., PTRS. & SDRS. 17826

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

MAR 22 1943

636-343-038-713

Form V. S. No. 11-C—20m-2-15-12

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Kootenai

City of Athol

No. ..... St.

Registration District No. 72

Primary Registration District No. 7051

File No. 9163

Registered No. 247

Hospital .....

FULL NAME OF CHILD Marie Elizabeth Fleming

Sex of Child	Twin / Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
F			Yes	Oct. 13 191.2

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	John Fleming	Katie Getty
RESIDENCE	Athol PO	Athol P.O.
COLOR	W	W
AGE AT LAST BIRTHDAY (Years)	45	44
BIRTHPLACE	U.K.	Germany
OCCUPATION	Farmer	Hw

Number of child of this mother, including present birth 1

Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Alive (Born alive or stillborn), at 3 9 M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) D. D. Freeman

M. D. (Physician or midwife)

Address Pathdrum

Filed 11/10 1912 D. D. Freeman Registrar

Given names added from a supplemental report

..... 19.....

..... Registrar

S-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

JUL 12 1944

318-129-028-338

Form V. S. No. 11-C—20m-2-15-12

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH

County of Kootenai

City of Spirit Lake

No. ..... St.

Hospital .....

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 17 File No. 9164

Primary Registration District No. 2057 Registered No. 255

FULL NAME OF CHILD Baby Saylor

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
M	Sing		yes	Oct. 29 1912

FATHER		MOTHER	
FULL NAME	Max P. Saylor	FULL MAIDEN NAME	Vina Clyne
RESIDENCE	Spirit Lake	RESIDENCE	Spirit Lake
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY	29 (Years)	AGE AT LAST BIRTHDAY	23 (Years)
BIRTHPLACE	Ohio	BIRTHPLACE	Idaho
OCCUPATION	Newspaper Editor	OCCUPATION	Housewife

Number of child of this mother, including present birth 2

Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 5:6 M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Warren L. Moore M.D.

(Physician or midwife)

Address Spirit Lake

Filed 11/10 1912 D. D. Drennan Registrar

Given names added from a supplemental report

..... 19.....

..... Registrar

8-Y CO. 20174

252-128-028-381

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

PLACE OF BIRTH

County of Kootenai

City of Rathdrum

No. ____, ____ St.

Hospital ____

Form V. S. No. 11-C—10m-8-7-11

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

Registration District No. 12 File No. 9165

Primary Registration District No. 2021 Registered No. 254

FULL NAME OF CHILD Benjamin C. Beseke

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
male				Yes	Oct 28. 1912

FATHER	MOTHER
FULL NAME Rudolf B. Beseke	FULL MAIDEN NAME Catherine J. Chaffee
RESIDENCE Rathdrum, Ida.	RESIDENCE Rathdrum, Ida.
COLOR white AGE AT LAST BIRTHDAY 27 (Years)	COLOR white AGE AT LAST BIRTHDAY 29 (Years)
BIRTHPLACE Minn.	BIRTHPLACE Col.
OCCUPATION Telegraph Operator	OCCUPATION housework

Number of child of this mother, including present birth 1. Number of children, of this mother, now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 1. P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report

....., 19.....

.....
Registrar

(Signature) Frank J. Vang

Physician

(Physician or midwife)

Address Rathdrum, Ida

Filed 11/10 1912 D.W. Freeman
Registrar

SYMS - YORK CO., PTRS. & BDRS. 17326

MAY 1 1 1942

813-227-028-493

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

Form V. S. No. 11-C—10m-8-7-11

PLACE OF BIRTH

County of Kootenai

City of Rathdrum

No ____, ____ St.

Hospital ____

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

Registration District No 17 File No. 9166

Primary Registration District No. 207 Registered No. 253

FULL NAME OF CHILD Anita F. Hatch

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Fem.			Yes	Oct. 27. 1912

FATHER		MOTHER	
FULL NAME	George F. Hatch	FULL MAIDEN NAME	Mary F. McKey
RESIDENCE	Rathdrum, Idaho	RESIDENCE	Rathdrum, Ida.
COLOR	white	COLOR	white
AGE AT LAST BIRTHDAY	26 (Years)	AGE AT LAST BIRTHDAY	26 (Years)
BIRTHPLACE	Col.	BIRTHPLACE	Ill.
OCCUPATION	farmer	OCCUPATION	house wife

Number of child of this mother, including present birth 3

Number of children, of this mother, now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 11. P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report

....., 19....

(Signature) Frank Perry

Physician

(Physician ~~or Midwife~~)

Address Rathdrum, Ida.

Filed 11/10 19.12 D.D. Freeman

Registrar

SYMS - YORK CO., PTRS. & BDRS. 17326

Registrar

MAR 10 1942

DECEASED

663-226-028-659

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

PLACE OF BIRTH

Form V. S. No. 1[illegible]11

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

County of Kootenai

City of Post Falls P.O. Address Spokane Bridge

Registration District No. 2

File No. 9167

No. ..... St.

Hospital .....

Primary Registration District No. 2057

Registered No. 262

FULL NAME OF CHILD Theresa Ellen Wolff

Sex of Child	Twin, Triplet or other?	and	Number in order of birth	Legitimate?	Date of birth
Female	✓ (To be answered only in event of plural births)		✓	Yes	Oct. 26th (Month) (Day) 1912 (Year)

	FATHER	MOTHER
FULL NAME	Matthew Wolff	FULL MAIDEN NAME Lydia Hoisser
RESIDENCE	Spokane Bridge	RESIDENCE Spokane Bridge
COLOR	White	COLOR White
AGE AT LAST BIRTHDAY	34 (Years)	AGE AT LAST BIRTHDAY 32 (Years)
BIRTHPLACE	Russia	BIRTHPLACE South Dakota
OCCUPATION	Rancher	OCCUPATION Housewife

Number of child of this mother, including present birth... 2nd

Number of children, of this mother, now living, including present birth... 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 5 A. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) G. J. Ten Brook M.D.

(Physician or Midwife)

Address Post Falls, Idaho

Given names added from a supplemental report

....., 19.....

Filed 11/10 19 12 D. W. Drumm

Registrar

SYMS - YORK CO., PTRS. & BDRS 17826

Registrar

11-9-6

565-219-028-289

Form V. S. No. 11-C—20m-2-1[illegible]

PLACE OF BIRTH

County of Kootenai

City of Near Rathdrum

No. ..... St.

Hospital .....

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 12 File No. 9168

Primary Registration District No. 2057 Registered No. 251

FULL NAME OF CHILD Freda Novak

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
F			Yes	Mar 19 191[illegible]

FATHER		MOTHER	
FULL NAME	Frank Novak	FULL MAIDEN NAME	Lucy Phillips
RESIDENCE	Near Rathdrum	RESIDENCE	Rathdrum
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY (Years)	35	AGE AT LAST BIRTHDAY (Years)	34
BIRTHPLACE	Hungary	BIRTHPLACE	Kan
OCCUPATION	Farmer	OCCUPATION	Hse

Number of child of this mother, including present birth 5 Number of children of this mother now living, including present birth 5

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Alive (Born alive or stillborn), at 10 9 M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) A D Freeman

Asst to Physician (Physician or midwife)

Given names added from a supplemental report

..... 19.....

..... Registrar

Address .....

Filed 11/10 19 22 A D Freeman Registrar

S-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

319 - 218-028-168

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

PLACE OF BIRTH

Form V. S. No. 11-C—10m-8-7-11

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

County of Kootenai

City of Post Falls P.O. Address: S Spokane Bridge, Wn.

Registration District No 12 File No. 9169

No ....., ... St.

Primary Registration District No 2051 Registered No. 280

Hospital .....

FULL NAME OF CHILD Sylvia Eldora Cardin

Sex of Child	Twin, Triplet or other?	and	Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Female	✓		✓	Yes	Oct. 18th, 1912

(To be answered only in event of plural births)

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	Teed Cardin	Clara Violet Johnson
RESIDENCE	S Spokane Bridge Ida	S Spokane Bridge
COLOR	White	White
AGE AT LAST BIRTHDAY	45 (Years)	22 (Years)
BIRTHPLACE	Tennessee	Iowa
OCCUPATION	Rancher	Housewife

Number of child of this mother, including present birth 2nd

Number of children, of this mother, now living, including present birth One

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 3 A. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) G. J. Ten Brook M.D.

(Physician or Midwife)

Address Post Falls, Idaho

Given names added from a supplemental report

....., 19.....

Filed 11/10 19 12 A. D. Wreneau

Registrar

SYMS - YORK CO., PTRS. & BDRS. 17326

Registrar

NOV 17 1945

Form V. S. No. 11—Rev. 8-7-11

STATE OF IDAHO

PLACE OF BIRTH

236-118-028-712

Form V. S. No. 11-C—10m-8-7-11

STATE OF IDAHO
Bureau of Vital Statistics
CERTIFICATE OF BIRTH

PLACE OF BIRTH

County of Kootenai

City of Post Falls

No. ____, ____ St.

Hospital ____

Registration District No. 12 — File No. 9170

Primary Registration District No. 2051 — Registered No. 249

FULL NAME OF CHILD ~~Roy Scott Jr.~~ ROY HOWARD SCOTT

Sex of Child	Twin, Triplet or other?	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Male	✓	✓	Yes	Oct. 18th 1917

(To be answered only in event of plural births)

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	Roy Scott	Alice Bernetta Garfield
RESIDENCE	Post Falls, Idaho	Post Falls, Idaho
COLOR	White	White
AGE AT LAST BIRTHDAY (Years)	28	27
BIRTHPLACE	Garfield, Wash.	Hatton, Wash.
OCCUPATION	Rancher	Housework

Number of child of this mother, including present birth: 3rd

Number of children, of this mother, now living, including present birth: 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 12:30 A.M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) G. J. Tenbrook M.D.

(Physician or Midwife)

Address Post Falls Ida.

Given names added from a supplemental report

....., 19.....

Filed 11/10 1917 D. D. Freeman

Registrar

Registrar

SYMS - YORK CO., PTRS. & BDRS. 17326

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

MARGIN RESERVED FOR BINDING

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

PLACE OF BIRTH

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of Washington } ss.
County of Clark }

Certificate No. 9170

Date Filed [illegible]

The undersigned does solemnly swear that certain facts on the certificate of Birth (BIRTH OR DEATH)
for Roy Scott, Jr. (NAME ON ORIGINAL CERTIFICATE) who was born (WAS BORN OR ~~DIED~~) on Oct 18 - 1942 (DATE OF EVENT)
in Post Falls, Idaho (PLACE OF EVENT) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts as shown by Personal Knowledge ~~prepared on~~ father present when child born (BIBLE RECORD, INSURANCE POLICY, ETC.) (GIVE DATE) are:

FACTS TO BE CORRECTED ("NAME", "BIRTH DATE", "CAUSE OF DEATH", ETC.)	FROM (AS ON ORIGINAL)	TO (THE CORRECT FACTS)
Name	Roy Scott, Jr.	Roy Howard Scott

Subscribed and sworn to before me this 6th
day of March, 1943.
Yvonne Jackson
Notary Public, residing at Camas, Wash
My commission expires Dec. 13, 1946
(SEAL)

Signed Roy Scott
(SIGNATURE OF PARENT OR ATTENDANT IF CORRECTING A BIRTH RECORD; OF ATTENDANT, FUNERAL DIRECTOR, INFORMANT IF CORRECTING A DEATH RECORD; OR OTHER CREDIBLE PERSON.)
Rt #2 Box 989 Camas Wash
(STREET ADDRESS, CITY, STATE)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Washington } ss.
County of Clark }

[THIS AFFIDAVIT MUST ALSO BE EXECUTED. (SEE CHAPTER 139, 1937 IDAHO SESSION LAWS.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 8
day of March, 1943.
Yvonne Jackson
Notary Public, residing at Camas
My commission expires
(SEAL)

Signed Alice B. Scott
(SIGNATURE OF ANY CREDIBLE PERSON OTHER THAN PREVIOUS AFFIANT.)
Rt #2 Box 989 Camas Wash
(STREET ADDRESS, CITY, STATE)

Received for filing on ..... By .....
(REGISTRAR'S SIGNATURE)

MAR 16 1943

NOV 9 1948

666 - 2049000

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

PLACE OF BIRTH

County of Shoshone

City of Wallace

No. ____, ____ St.

Hospital Hospital

STATE OF IDAHO

Bureau of Vital Statistics

Form V. S. No. [illegible]

CERTIFICATE OF BIRTH

Registration District No. 28

File No. 9171

Primary Registration District No. 1011

Registered No. 51

FULL NAME OF CHILD Frances Wooley

Sex of Child	Twin, Triplet, or other? (To be answered only in even [illegible])	Legitimate?	Date of birth (Month) (Day) (Year)
Female	and [illegible]	Yes	October 4, 1912

FATHER		MOTHER	
FULL NAME	Bella Wooley	FULL MAIDEN NAME	Margaret Fitzgerald
RESIDENCE	Wallace Ida	RESIDENCE	Wallace Ida
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	36 (Years)	AGE AT LAST BIRTHDAY	22 (Years)
BIRTHPLACE	Kansas	BIRTHPLACE	San Francisco, Cal.
OCCUPATION	Prostitute	OCCUPATION	Housework

Number of child of this mother, including present birth 1

Number of children, of this mother, now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or Stillborn) at 6:15 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Howard E. Hanson M.D.

(Physician or Midwife)

Address Wallace Ida

Given names added from a supplemental report

October 14, 1912

T. Leo Dingley Registrar

Filed Oct. 8, 1912 T. Leo Dingley Registrar

S-Y CO., 16670

JUL 26 1957

FEB 1 1971

235-018-040-318

PLACE OF BIRTH

County of Shoshone

City of Wallace

No. ____, ____ St.

Hospital ____

FULL NAME OF CHILD Doris Slete

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

Form V. S. No. 11—10m-6-20-11

Registration District No. 28 File No. 9172

Primary Registration District No. 10 11 Registered No. 52

Sex of Child: F	Twin, Triplet, or other? one (To be answered only in event of plural births)	and Number in order of birth 2d	Legitimate? yes	Date of birth Oct 18 (Month) (Day) 1912 (Year)

FATHER		MOTHER	
FULL NAME	Stanley Slete	FULL MAIDEN NAME	Nellie Taylor
RESIDENCE	Wallace Ida	RESIDENCE	Wallace Ida
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY	39 (Years)	AGE AT LAST BIRTHDAY	31 (Years)
BIRTHPLACE	Ohio	BIRTHPLACE	Pa.
OCCUPATION	Machinist	OCCUPATION	Housewife

Number of child of this mother, including present birth 2d

Number of children, of this mother, now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 9.15 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Dr Mowery

Physician (Physician or Midwife)

Address Wallace Ida

Given name added from a supplemental report

Oct. 24, 1912

H. Leo Langley Registrar

Filed Oct. 23 1912 H. Leo Langley Registrar

S-Y CO., 16668

MARGIN RESERVED FOR BINDING

WRITE PLAINLY. WITH UNFADING INK—THIS IS A PERMANENT RECORD.

N. B. In case of more than one child at a birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

7-8-41

81

243-118-040-943

Form V. S. No. 11—10m-6-20-11

PLACE OF BIRTH

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

County of Shoshone

City of Wallace

Registration District No. 28 File No. 9173

No. ____ St.

Primary Registration District No. 1011 Registered No. 53

Hospital Providence

FULL NAME OF CHILD Delmar Weston Buckley

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
M	one	3d	yes	Oct 28 1912

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	John Buckley	Carrie Rule
RESIDENCE	Wallace Ida	Wallace, Ida
COLOR	W	W
AGE AT LAST BIRTHDAY (Years)	40	33
BIRTHPLACE	N. Y.	Cal.
OCCUPATION	Miner	Housewife

Number of child of this mother, including present birth 3d

Number of children, of this mother, now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 5.40 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Dr Mowry

Physician

(Physician or Midwife)

Address Wallace Ida

Given name added from a supplemental report

Oct 28 1912

A. Leo Dunphy

Registrar

Filed Oct. 23, 1912 A. Leo Dunphy

Registrar

S-Y CO., 16669

MARGIN RESERVED FOR BINDING

WRITE PLAINLY. WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at a birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

18

MARGIN RESERVED FOR BINDING

WRITE PLAINLY. WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at a birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

349-129-040-693

PLACE OF BIRTH

Form V. S. No. 11—10m-6-20-11

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

County of Shoshone

City of Wallace

Registration District No. 28

File No. 9174

No. ____, ____ St.

Primary Registration District No. 1011

Registered No. 54

Hospital

FULL NAME OF CHILD Melvin Smith

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
M	one	1st	yes	Sept 29, 1912

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	Chas Smith	Mabel Williams
RESIDENCE	Wallace Ida	Wallace Ida
COLOR	W	W
AGE AT LAST BIRTHDAY (Years)	26	20
BIRTHPLACE	Idaho	Iowa
OCCUPATION	Millman	Housewife

Number of child of this mother, including present birth 1st

Number of children, of this mother, now living, including present birth one

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 4P M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given name added from a supplemental report

....., 19.....

.....
Registrar

(Signature) Chas. R. Mowery

Physician
(Physician or Midwife)

Address Wallace Ida

Filed Oct 7, 1912 Ft. Leo Dunphy
Registrar

S-Y CO., 16669

629-105-040-629

PLACE OF BIRTH

Form V. S. No. 11—10m-6-20-11

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

County of Shoshone

City of Wallace

Registration District No. 28

File No. 9175

No. ....., ... St.

Primary Registration District No. 2011

Registered No. 53

Hospital .....

FULL NAME OF CHILD Norval Marion O'Brien

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
M.	One	1st	No	Oct 5 1912

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	William Barry	Nellie O'Brien
RESIDENCE	Garfield, Wash.	Wallace, Ida
COLOR	W	W
AGE AT LAST BIRTHDAY (Years)	28	20
BIRTHPLACE	Iowa	Wash.
OCCUPATION	Farmer	Housewife

Number of child of this mother, including present birth 1st

Number of children, of this mother, now living, including present birth One

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 9:30 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Chas. R. Mowery

Physician (Physician or Midwife)

Address Wallace Ida

Given name added from a supplemental report

....., 19.....

Registrar

Filed Oct. 14, 1912 F. Geo Dunphey

Registrar

S-Y CO., 16669

MARGIN RESERVED FOR BINDING

WRITE PLAINLY. WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at a birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

JUN 8 1954

813-109-029-363

PLACE OF BIRTH

County of Latah

City of Moscow

No. ..... St.

Hospital .....

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

Form V. S. No. 11-[illegible]

CERTIFICATE OF BIRTH

Registration District No. 15

File No. 9176

Primary Registration District No. 1008

Registered No. 931

FULL NAME OF CHILD Ralph Wade Hall

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
M			Yes	Oct 9 1912

FATHER		MOTHER	
FULL NAME	Ralph M. Hall	FULL MAIDEN NAME	Bessie May Collins
RESIDENCE	Moscow	RESIDENCE	Moscow
COLOR	W	COLOR	
AGE AT LAST BIRTHDAY (Years)	25	AGE AT LAST BIRTHDAY (Years)	23
BIRTHPLACE	Idaho	BIRTHPLACE	Wash.
OCCUPATION	Farmer	OCCUPATION	H. W.

Number of child of this mother, including present birth 2

Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Alive (Born alive or stillborn), at 9, 15 A.M. on the date above stated.

(Signature) Joseph Asprey M.D.

(Physician or midwife)

Address Moscow Idaho

Filed Oct 15 19 12

Registrar

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report

..... 19.....

Registrar

S-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

PLACE OF BIRTH

242 - 215 - 029 - 817

Form V. S. No. 11-C—20m-2-15-12

PLACE OF BIRTH

County of Latah

City of Moscow

No. ____ St.

Hospital ____

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 15 — File No. 9177

Primary Registration District No. 15-1 — Registered No. 332

FULL NAME OF CHILD Leora Frances Baken

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
F			yes	Oct 13 1912

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	John T. Baken	Betsy Hagan
RESIDENCE	Moscow	
COLOR	W	W
AGE AT LAST BIRTHDAY (Years)	42	36
BIRTHPLACE	Norway	Minn.
OCCUPATION	Grain Buyer	

Number of child of this mother, including present birth 8 — Number of children of this mother now living, including present birth 8

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was ____ (Born alive or ~~stillborn~~) at 5-9 M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. H. Clarke

(Physician or ~~midwife~~)

Address Moscow

Given names added from a supplemental report

____ 19____

____ Registrar

Filed Oct 20 1912

F. F. Rae
Registrar

S-Y CO. 20174

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

MARGIN RESERVED FOR BINDING

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

JUN 17 1964

613-112-029-253

Form V. S. No. 11-C—20m-2-15-12

PLACE OF BIRTH

County of Lolah

City of Moscow

No. ____ St.

Hospital ____

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 15 File No. 9178

Primary Registration District No. 1008 Registered No. 334

FULL NAME OF CHILD Harold Winefred Walser

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births) and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
M		yes	Oct 12 1912

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	L. H. Walser	Nellie Kettleson
RESIDENCE	Moscow	Moscow
COLOR	W	W
AGE AT LAST BIRTHDAY (Years)	20	20
BIRTHPLACE	Wis.	Minn
OCCUPATION	Laborer	

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was ____ at 5-a ... M. on the date above stated. (Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. U. Clarke

(Physician or midwife)

Address Moscow

Given names added from a supplemental report

....19....

Filed Oct 20 19 12

S-Y CO. 20174 Registrar

Registrar

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. MARGIN RESERVED FOR BINDING

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

APR 20 1950

JUN 9 1950

125-113-029-717

PLACE OF BIRTH

Form V. S. No. 11-C—20m-2-15-12

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Latah

City of Moscow

No. Asprey Hospl. St.

Hospital Asprey

Registration District No. 13 File No. 9179

Primary Registration District No. 1008 Registered No. 336

FULL NAME OF CHILD Harlan Howard Abeling.

Sex of Child	Twin Triplet or other? (To be answered only in event of plural births)	and Number in order of birth 2nd	Legitimate?	Date of Birth (Month) (Day) (Year)
Male			yes	Oct. 13 1912

FATHER	MOTHER
FULL NAME Howard Abeling	FULL MAIDEN NAME Lila Page.
RESIDENCE Moscow Idaho.	RESIDENCE Moscow Idaho.
COLOR ~~Dark~~ White AGE AT LAST BIRTHDAY 27 (Years)	COLOR ~~Light~~ White AGE AT LAST BIRTHDAY 23 (Years)
BIRTHPLACE Cornet Montana	BIRTHPLACE Lester Ia.
OCCUPATION Machinest	OCCUPATION Home wife.

Number of child of this mother, including present birth. Two.

Number of children of this mother now living, including present birth. Two.

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Alive (Born alive or stillborn) on the date above stated. at 8 A M.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Joseph Asprey M.D.
(Physician or midwife)

Address Moscow Idaho

Given names added from a supplemental report

.....19.....

Filed Oct 19.12

.....
Registrar

S-Y CO. 20174

.....
Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

PLACE OF BIRTH

County of

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a CERTIFICATE MUST be made for each and the number of each, in order of birth, stated.

967-223-029-243

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Form V. S. No. 11-C—20m-8-15-12

PLACE OF BIRTH

County of Latah

City of Moscow

No. ____ St.

Hospital ____

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 15 File No. 9180

Primary Registration District No. 1008 Registered No. 340

FULL NAME OF CHILD Orlean Anna

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Female			Yes.	Oct. 23 1912

FATHER		MOTHER	
FULL NAME	Milton Rogers.	FULL MAIDEN NAME	Mabel Bucholy-
RESIDENCE	Moscow-	RESIDENCE	Moscow-
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	20 (Years)	AGE AT LAST BIRTHDAY	20 (Years)
BIRTHPLACE	Washington.	BIRTHPLACE	Washington.
OCCUPATION	Farmer.	OCCUPATION	Housewife

Number of child of this mother, including present birth 1

Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 12:25 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Chas. L. Gritman, M.D.

Physician (Physician or midwife)

Address Moscow, Idaho

Filed Nov 1 19 12 S. F. Rae Registrar

Given names added from a supplemental report

..... 19.....

..... Registrar

S-Y CO. 20174

Form V. S. No. 11-C—20m-2-16-12

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

PLACE OF BIRTH

Form V. S. No. 11-C—Rev-2-15-12

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

BIRTH
Idaho
of Troy
No. ..... St.
Hospital Gritman

Registration District No. 15
Primary Registration District No. 1008
File No. 9181
Registered No. 336

FULL NAME OF CHILD Alma Bernice Johnson

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Male			Yes	Oct. 28 1912

FATHER		MOTHER	
FULL NAME	Carl V. Johnson	FULL MAIDEN NAME	Amy B. Harland
RESIDENCE	Troy - Idaho.	RESIDENCE	Troy - Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	32 (Years)	AGE AT LAST BIRTHDAY	29 (Years)
BIRTHPLACE	Minnesota	BIRTHPLACE	Indiana
OCCUPATION	Druggist	OCCUPATION	Housewife

Number of child of this mother, including present birth 1
Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 10:55 A. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report

..... 19.....

..... Registrar

(Signature) Chas. L. Gritman M.D.
Physician
(Physician or midwife)
Address Moscow, Idaho.
Filed Nov 3 1912 D. F. Lee Registrar

S-Y CO. 20174

MARGIN RESERVED FOR BINDING
WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMAN
N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and of each, in order of birth stated.

MAY 24 1962

AUG 1 0 1943

719-13-029-296

Form V. S. No. 11-C—15m-6-20-11

PLACE OF BIRTH

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

County of Latah

City of Moscow

Registration District No. 15

File No. 9183

No. ____, ____ St.

Primary Registration District No. 1008

Registered No. 339

Hospital

FULL NAME OF CHILD Robert Blaine Parkins Jr.

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Male			Yes	Apr 31 1912

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	Robert Blaine Parkins.	Hattie Louise Brown
RESIDENCE	Moscow Idaho	Moscow Idaho
COLOR	White	White
AGE AT LAST BIRTHDAY (Years)	34	20
BIRTHPLACE	Iowa	Idaho
OCCUPATION	Farmer	Housekeeper

Number of child of this mother, including present birth 1

Number of children, of this mother, now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at one P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) W H Carruthers M.D.

(Physician or Midwife)

Address Moscow Idaho.

Given names added from a supplemental report

....., 19.....

Filed Nov. 19 12 L. D. Drennan

S-Y CO., 16670

Registrar

Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

PLACE OF BIRTH

STATE OF ILL'S

CERTIFICATE OF BIRTH

236-127-010-343

PLACE OF BIRTH

County of Bonneville

City of Ucon

No. ____, ____ St.

Hospital ____

STATE OF IDAHO
Bureau of Vital Statistics
CERTIFICATE OF BIRTH

Form V. S. No. 11-C—15m-6-20-11

Registration District No. 7

File No. 9184

Primary Registration District No. 2029

Registered No. 221

FULL NAME OF CHILD Arthur Alice Stoker

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Male		3rd	Yes	Aug. 27, 1912

	FATHER	MOTHER
FULL NAME	A. M. Stoker	Eva E. Cutler
RESIDENCE	Ucon Idaho	Ucon Idaho
COLOR	White	White
AGE AT LAST BIRTHDAY (Years)	27	23
BIRTHPLACE	Spanish Fork Utah	Willow Creek Ida.
OCCUPATION	Farmer	Farmer's Daughter

Number of child of this mother, including present birth 3rd

Number of children, of this mother, now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 7:30 a. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report

..... 19.....

..... Registrar

(Signature) W. A. Parrett

Physician

(Physician or Midwife)

Address Ucon Idaho.

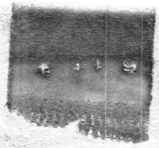
Filed Feb 19 12 [illegible] Registrar

S-Y CO., 16670

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated



Dup of 1912-10455

266 - 101-010-793

PLACE OF BIRTH

Form V. S. No. 11—10m-6-20-11

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

County of Bonneville

City of Milo

No. ____, ____ St.

Hospital ____

Registration District No. 7

Primary Registration District No. 2029

File No. 9185

Registered No. 226

FULL NAME OF CHILD ____

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth
Male			Yes	July 1, 1912 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	William Fowles	FULL MAIDEN NAME	Elizabeth Pitman
RESIDENCE	Milo	RESIDENCE	Milo
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	30 (Years)	AGE AT LAST BIRTHDAY	30 (Years)
BIRTHPLACE	Utah	BIRTHPLACE	Utah
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 5

Number of children, of this mother, now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive ~~or stillborn~~ at 1:40 ~~A~~ M. on the date above stated.

(Born alive ~~or stillborn~~)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) A. M. Palmer M.D.

(Physician or ~~Midwife~~)

Address Rexburg, Ida.

Given name added from a supplemental report

....., 19.....

Filed Oct 30 1912 [illegible]

S-Y CO., 16669

Registrar

Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY. WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at a birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

799 - 205 - 010 - 168

PLACE OF BIRTH

Form V. S. No. 11—10m-6-20-11

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

9186

County of Bonneville

City of Milo

Registration District No. 7

File No.

No. ____, ____ St.

Primary Registration District No. 2029

Registered No. 227

Hospital

FULL NAME OF CHILD Cora Goldie Lily Price

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Female			Yes	Sept 5, 191.7

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	William Price	Ellen Joyce
RESIDENCE	~~Rigby~~ Milo	Milo
COLOR	White	White
AGE AT LAST BIRTHDAY (Years)	48	47
BIRTHPLACE	Utah	England
OCCUPATION	Farmer	Housewife

Number of child of this mother, including present birth 13

Number of children, of this mother, now living, including present birth 12

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 1 a. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) A. M. Palmer M.D.

Rigby, Ida.

(Physician or ~~Midwife~~)

Given name added from a supplemental report

....., 19.....

Registrar

Address .....

Filed Oct 10" 19.12 W. T. Hancock

Registrar

S-Y CO., 16669

MARGIN RESERVED FOR BINDING

WRITE PLAINLY. WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at a birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

MAY 21 1974

IDAHO DEPARTMENT OF HEALTH
BUREAU OF VITAL STATISTICS

RECEIVED
BUREAU OF VITAL STATISTICS
JUL 1 12 48 PM '74

Affidavit to Correct or Amend An Original Certificate of Birth or Death

State of Montana } ss.
County of Cascade }

Certificate No. 9186

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of birth (Birth or Death)
for Unnamed Price (female) (Name on Original Certificate) who was born (Was Born or Died) on Sept. 5, 1912 (Date of Event)
in Milo, Idaho (Place of Event) are erroneous or were omitted; and that to the best of his knowledge, the
true facts are shown by Certif of Baptism & Conf #156 (Bible Record, Insurance Policy, Etc.) prepared on January 8, 1922 (Give Date) Certificate of Blessing #73 December 6, 1912, are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
child's name	Unnamed	Cora Goldie Lily Price

Subscribed and sworn to before me this 28th day of June, 1974

Notary Public, residing at Great Falls, MT
My commission expires 3-30-77
(Seal)

Signed Laura L. Calkins
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

1105 3rd Ave Northwest, Gt Falls, MT
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Montana } ss.
County of Cascade }

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 28th day of June, 1974

Notary Public, residing at Great Falls, MT
My commission expires 3-30-77
(Seal)

Signed Ida C. Price
(Signature of Any Credible Person)

1701 16th Ave So, Gt Falls, MT
(Street Address, City, State)

FORM DN 60-155

CL 5/21/74

JUL 2 1974

Certificate Blessing from LDS Church gives name as Cora Goldie Lily Price daughter of Wm. E. Price and Ellen Joyce. born Sept. 5, 1912 at Milo, Idaho. Was Blessed Dec 1, 1912. viewed by V. S.

Certif. of Baptism and Confirmation from LDS Church gives name as Cora Goldie Lilly Price.daughter of Wm. E. Price and Ellen Joise. born Sept. 5, 192 at Milo, Idaho. Was Baptized Jan. 8, 1922. viewed by V. S.

335-123-010-314

PLACE OF BIRTH

County of Bonneville

City of Milo

No. ..... St.

Hospital .....

Form V. S. No. 11-C—20m-2-15-12

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 7 File No. 9187

Primary Registration District No. 2029 Registered No. 241

FULL NAME OF CHILD Samuel Francis Clegg

Sex of Child	Twin / Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
male			yes	Oct. 23 1912

FATHER		MOTHER	
FULL NAME	Lyman Clegg	FULL MAIDEN NAME	Silvia Campbell
RESIDENCE	Milo	RESIDENCE	Milo
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	27	AGE AT LAST BIRTHDAY (Years)	22
BIRTHPLACE	Utah	BIRTHPLACE	Utah
OCCUPATION	Common Laborer	OCCUPATION	Housewife

Number of child of this mother, including present birth 3 Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was male (Born alive or ~~stillborn~~) at 3:25 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Josephine Thompson

(~~Physician or~~ midwife)

Address Ucon Bonneville Co Idaho

Given names added from a supplemental report

..... 19.....

.....
Registrar

Filed Dec 4 1912

Registrar

S-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Form V. S. No. 11-C—Rev-2-15-12

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

PLACE OF BIRTH

County of

626-210-010-239

PLACE OF BIRTH

Form V. S. No. 11—10m-6-20-11

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

County of Bonneville

City of Coltman

Registration District No. 7

File No. 9188

No. ____, ____ St.

Primary Registration District No. 2029

Registered No. 240

Hospital

FULL NAME OF CHILD Mary Matilda Oswald

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Female			Yes	Oct. 11, 1912

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	Ludwig Oswald	Christina Klingler
RESIDENCE	Coltman	Coltman
COLOR	White	White
AGE AT LAST BIRTHDAY (Years)	41	35
BIRTHPLACE	Germany	Germany
OCCUPATION	Farmer	House Wife

Number of child of this mother, including present birth 9

Number of children, of this mother, now living, including present birth 8

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Alive (Born alive or stillborn), at 7-30 A.M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) M. J. Rawson

Midwife (Physician or Midwife)

Address Idaho Falls R. 5

Given name added from a supplemental report

....., 19.....

Registrar

Filed Nov 6 19 12 M. Kennard Registrar

8-Y CO., 16669

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at a birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

AUG 1 1975

8/5-230-0/0-8/5

PLACE OF BIRTH

County of Bonneville

City of Coltman

No. ..... St.

Hospital Baby

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

Form V. S. No. 11—10m-6-20-11

Registration District No. 7

File No. 9189

Primary Registration District No. 2029

Registered No. 239

FULL NAME OF CHILD Ellen Reta Hansen

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
female			yes	Oct 30, 1912

FATHER		MOTHER	
FULL NAME	Rhenbin Hansen	FULL MAIDEN NAME	Ellen Helm
RESIDENCE	Coltman	RESIDENCE	Coltman
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	22 (Years)	AGE AT LAST BIRTHDAY	21 (Years)
BIRTHPLACE	Utah	BIRTHPLACE	Utah
OCCUPATION	Farmer	OCCUPATION	House Wife

Number of child of this mother, including present birth 2

Number of children, of this mother, now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Alive at 6-30 A.M.
(Born alive or stillborn)
on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) M. J. Rawson

Midwife
(Physician or Midwife)

Address Idaho Falls Idaho R 5

Given name added from a supplemental report

....., 19.....

Registrar

Filed Nov 6 1912

Registrar

S-Y CO., 16669

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at a birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

MARGIN RESERVED FOR BINDING

MAY 12 1942

168-115-010-599

PLACE OF BIRTH

Form V. S. No. 11—10m-6-20-11

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

9190

County of Bonneville

City of Coltman

Registration District No. 7

File No.

No. , St.

Primary Registration District No. 2029

Registered No. 23

Hospital

FULL NAME OF CHILD Joseph Johnson

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Male			Yes	Aug. 15, 1912

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	Chris Johnson	Mary Erickson
RESIDENCE	Coltman	Coltman
COLOR	White	White
AGE AT LAST BIRTHDAY (Years)	48	42
BIRTHPLACE	Norway	Sweden
OCCUPATION	Farmer	House wife

Number of child of this mother, including present birth 13

Number of children, of this mother, now living, including present birth 10

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Alive (Born alive or stillborn) at 7-15 A. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given name added from a supplemental report

....., 19.....

.....
Registrar

(Signature) M. J. Ransom

Midwife
(Physician or Midwife)

Address Idaho Falls R. 5

Filed Aug 6 1912

Registrar

S-Y CO., 16669

MARGIN RESERVED FOR BINDING

WRITE PLAINLY. WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at a birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

255-127-010-294

PLACE OF BIRTH

Form V. S. No. 11—10m-6-20-11

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

County of Bonneville

City of Coltman

No. ____, ____ St.

Hospital ____

Registration District No. 7

Primary Registration District No. 2029

File No. 9191

Registered No. 237

FULL NAME OF CHILD Hyrum Severson

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth
male			yes	Aug. 29 (Month) (Day) 1912 (Year)

FATHER		MOTHER	
FULL NAME	Levi Severson	FULL MAIDEN NAME	Sigird Simonson
RESIDENCE	Coltman	RESIDENCE	Coltman
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	41 (Years)	AGE AT LAST BIRTHDAY	26 (Years)
BIRTHPLACE	Utah	BIRTHPLACE	Norway
OCCUPATION	Farmer	OCCUPATION	House wife

Number of child of this mother, including present birth 3

Number of children, of this mother, now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Alive (Born alive or stillborn) at 6-30 P.M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) W. J. Rawson

midwife (Physician or Midwife)

Address Idaho Falls R. 5.

Given name added from a supplemental report

....., 19.....

Filed Dec 6 19 12 [illegible] Registrar

.....

Registrar

S-Y CO., 16669

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at a birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

MAR 6 1942
APR 18 1942

693 - 227-010 - 363

PLACE OF BIRTH

Form V. S. No. 11—10m-6-20-11

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

County of Bonneville

City of Coltman

No. ..... St.

Registration District No. 7 File No. 9192

Primary Registration District No. 229 Registered No. 236

Hospital .....

FULL NAME OF CHILD Lilly Greene Wilkins

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Female			yes	July 27, 1912

FATHER		MOTHER	
FULL NAME	Andrew Wilkins	FULL MAIDEN NAME	Vida Cole
RESIDENCE	Coltman	RESIDENCE	Coltman
COLOR	White	AGE AT LAST BIRTHDAY (Years)	33
COLOR	White	AGE AT LAST BIRTHDAY (Years)	26
BIRTHPLACE	Utah	BIRTHPLACE	Utah
OCCUPATION	Farmer	OCCUPATION	House wife

Number of child of this mother, including present birth 6

Number of children, of this mother, now living, including present birth 6

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn) at 2-30 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) M. J. Rawson

Midwife (Physician or Midwife)

Address Idaho Falls R. 5

Given name added from a supplemental report

....., 19.....

Filed Nov 6 1912 [illegible] Registrar

.....

Registrar

S-Y CO., 16669

MARGIN RESERVED FOR BINDING

WRITE PLAINLY. WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at a birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

293-125-010-714

PLACE OF BIRTH

Form V. S. No. 11-C—20m-2-15-12

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Bonneville

City of Ucon

No. ..... St.

Hospital .....

Registration District No. 7 File No. 9193

Primary Registration District No. 2029 Registered No. 230

FULL NAME OF CHILD Earnest Floyd Billman

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
male			yes	Oct. 25 1912

FATHER		MOTHER	
FULL NAME	Sidney Billman	FULL MAIDEN NAME	Malinda Gough
RESIDENCE	Ucon	RESIDENCE	Ucon
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	31	AGE AT LAST BIRTHDAY (Years)	29
BIRTHPLACE	Utah	BIRTHPLACE	Utah
OCCUPATION	Farmer	OCCUPATION	House wife

Number of child of this mother, including present birth 5

Number of children of this mother now living, including present birth 5

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was male, at F. A. M. on the date above stated.
(Born alive ~~or stillborn~~)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Josephine Thompson

(~~Physician or~~ midwife)

Address Ucon Bonneville Co. Idaho

Given names added from a supplemental report

..... 19.....

Filed Dec 7 1912 W. H. Brumbaugh

..... Registrar

S-Y CO. 20174

..... Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

433 - 230 - 010 - 412

Form V. S. No. 11-C—20m-2-15-12

PLACE OF BIRTH

County of Bonneville

City of Idaho Falls

No. ..... St.

Hospital General

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 1 File No. 9194

Primary Registration District No. 2027 Registered No. 232

FULL NAME OF CHILD HORTENSE XXXXXXXXXXXXXX McComb

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Female		1	yes	Oct 30 1912

FATHER		MOTHER	
FULL NAME	Thos J McComb	FULL MAIDEN NAME	Olive A Massie
RESIDENCE	Idaho Falls	RESIDENCE	Idaho Falls Ida.
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	33	AGE AT LAST BIRTHDAY (Years)	28
BIRTHPLACE	Pa	BIRTHPLACE	Iowa
OCCUPATION	M. D.	OCCUPATION	Housekeeper

Number of child of this mother, including present birth 1

Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Alive (Born alive or stillborn) at 3 0 M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Thos McComb

(Physician or midwife)

Address Idaho Falls Idaho

Filed Oct 31 1912

Given names added from a supplemental report

..... 19.....

..... Registrar

S-Y CO. 20174

..... Registrar

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH-BUREAU OF VITAL STATISTICS

Affidavit to Correct or Amend an Original Certificate of Birth or Death

State of...California.....)
)ss
County of..Los.Angeles.....)

SEP 25 1941

Certificate No.....9194..

Date Filed September. 22,. 1941

The undersigned does solemnly swear that certain facts on the certificate

of.....birth....for..Frederica.McComb.....who..was.born.....
(birth or death) (Name on original certificate) (was born or died)

on.October.30,.1912.in.Idaho.Falls,.Idahore erroneous or were ommitted;
(Date of event) (Place of event)

and that, to the best of his knowledge, the true facts of the case as shown
Name was changed within a month but we neglected to notify
by..the.Recorder.....prepared on.....are:
(Bible record, insurance plcy.etc.) (Give date)

FACTS TO BE CORRECTED (Name, birthdate,etc.)	FROM (As on original)	TO (The correct facts)
Name	Frederica McComb	Hortense MaComb

Subscribed and sworn to before me this 22 day of September 1941

Signed Olive A. MacComb
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

Agnes E Higgins
Notary Public

Residing at Los Angeles Calif. 3447 Descanso Dr.
(Street address, City, State)

My commission expires July 17, 1943 Los Angeles Calif.

(SEAL)

SUPPORTING AFFIDAVIT OF A SECOND PERSON
(Both affidavits must be completed)

State of...California.....)
)ss
County of..Los.Angeles.....)

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 22 day of September 1941

Signed Thos. F. MaComb
(Signature of any credible person other than the previous affiant.)

Agnes E Higgins
Notary Public

Residing at Los Angeles Calif. 2910 Pasadena Ave Los Angeles Calif.
(Street address, City, State)

My commission expires July 17 1943
(SEAL)

14-1-01

254-217-010-319

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Bonneville

City of Idaho Falls

No. ____ St.

Hospital General

Registration District No. 7

Primary Registration District No. 2227

File No. 9195

Registered No. 231

FULL NAME OF CHILD

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Female		3	yes	Oct 11 1912

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	Robert Reddie	Nora Ward
RESIDENCE	Idaho Falls	Idaho Falls
COLOR	W Lite	W Lite
AGE AT LAST BIRTHDAY (Years)	41	38
BIRTHPLACE	Scotland	England
OCCUPATION	Blacksmith (Farmer)	Housekeeper

Number of child of this mother, including present birth 3

Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn), at 10 A.M. on the date above stated.

(Signature) W M Corn M D

(Physician or midwife)

Address Idaho Falls Idaho

Filed Oct 31 1912 W T Bonnell Registrar

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report

..... 19.....

..... Registrar

S-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH

County of

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Form V. S. No. II-C—20m-2-16-12

814-114-010-613

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

Form V. S. No. 11-C—15m-6-20-11

PLACE OF BIRTH

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

County of Bonneville

City of Idaho Falls

Registration District No. 7

File No. 9196

No. ____, ____ St.

Primary Registration District No. 2027

Registered No. 230

Hospital ____

FULL NAME OF CHILD Delbert Chase Hammon

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Male			yes	Oct 14, 1912

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	Daniel R. Hammon	Sarah Ann Wallis
RESIDENCE	Idaho Falls	Idaho Falls
COLOR	White	White
AGE AT LAST BIRTHDAY (Years)	29	32
BIRTHPLACE	Utah	Utah
OCCUPATION	Farmer	Housewife

Number of child of this mother, including present birth 4

Number of children, of this mother, now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) on the date above stated, at 8 P. M.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) John O Mullenneaux

(Physician or Midwife)

Address Idaho Falls - R1.

Given names added from a supplemental report

....., 19.....

Registrar

Filed Oct 29 1912

Registrar

S-Y CO., 16670

MAR 18 1952

553-221-010-215

PLACE OF BIRTH

Amended 4-23-56

County of Bonneville

City of Ammon

No. ..... St.

Hospital .....

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 7 File No. 9197

Primary Registration District No. 2027 Registered No. 229

FULL NAME OF CHILD EVA THELMA NELSEN
(Certificate of no value without full name of child.)

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Female			Yes	Oct. 21 1912

What bactericidal solution was used in eyes? .....

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

FATHER	MOTHER
FULL NAME: Ace Nelsen	FULL MAIDEN NAME: Mabel Hanson
RESIDENCE: Ammon, Ida.	RESIDENCE: Ammon, Idaho
COLOR: White	COLOR: White
AGE AT LAST BIRTHDAY: 25 (Years)	AGE AT LAST BIRTHDAY: 22 (Years)
BIRTHPLACE: Mautau, Utah	BIRTHPLACE: Utah
OCCUPATION: Farmer	OCCUPATION: Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 11 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Give names added from a supplemental report.

....., 192.....

..... Registrar.

(Signature) Wm. Kincaid

Physician
(Physician or midwife)

Address Idaho Falls, Idaho

Filed Oct. 23 1912 Wm. Kincaid
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH

County of Bannock

City of Omon

No. ..... St.

Hospital .....

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

Form V...

CERTIFICATE OF BIRTH

Registration District No. 7 File No. 9197

Primary Registration District No. 2027 Registered No. 229

FULL NAME OF CHILD .....

Sex of Child Female | Twin, Triplet or other? ..... and Number in order of birth ..... (To be answered only in event of plural births) | Legitimate? Yes | Date of Birth Oct 22 1912 (Month) (Day) (Year)

FATHER	MOTHER
FULL NAME Lee Nelson	FULL MAIDEN NAME Mabel Hanson
RESIDENCE Omon Ida.	RESIDENCE Omon Idaho
COLOR White	COLOR White
AGE AT LAST BIRTHDAY 25 (Years)	AGE AT LAST BIRTHDAY 22 (Years)
BIRTHPLACE Montana, Utah	BIRTHPLACE Utah.
OCCUPATION Farmer	OCCUPATION Housewife

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 11 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Wm Simmons

Physician (Physician or midwife)

Address Idaho Falls Ida.

Given names added from a supplemental report

..... 19.....

..... Registrar

Filed Oct 23 1912 Wm Simmons Registrar

S-Y CO. 20174

APR 23 1958

IDAHO STATE BOARD OF HEALTH
DIVISION OF VITAL STATISTICS

Affidavit to Correct or Amend An Original Certificate of Birth or Death

State of ..... } ss.
County of ..... }

Certificate No. 9197

Date Filed .....

The undersigned does solemnly swear that certain facts on the certificate of birth (Birth or Death)
for Unnamed Nelson (Name on Original Certificate) who was born (Was Born or Died) on October 22, 1912 (Date of Event)
in Ammon, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts are shown by L.D.S. Church records (Bible Record, Insurance Policy, Etc.) prepared on Jan. 26 1913 - April 15, 1956 (Give Date), are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
Child's name	missing	Eva Thelma Nelsen
Eva Thelma Nelsen	Date of birth Oct. 21st.	1912 Ammon, Idaho

Certificate of Baptism Setpember 13, 1924 Viewed by Vital S.

Subscribed and sworn to before me this 17th day of April 1956

Alberta Hood

Notary Public, residing at Idaho Falls Idaho

My commission expires MY COMMISSION EXPIRES NOV. 7, 1958 (Seal)

Signed Mabel Hamson Nelsen
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

576 Cleveland St. Idaho Falls, Ida.
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Idaho
County of Bonneville } ss.

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 17th day of April, 1956

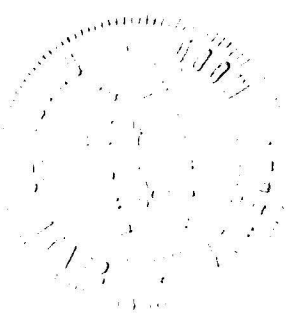
Alberta Hood

Notary Public, residing at Idaho Falls Idaho.

My commission expires MY COMMISSION EXPIRES NOV. 7, 1958 (Seal)

Signed Ace Nelsen
(Signature of Any Credible Person)

Ucon, Idaho
(Street Address, City, State)



366 - 122-010-383

PLACE OF BIRTH

Form V. S. No. 11-C—20m-2-15-12

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Bonneville

City of _____

No. _____ St.

Hospital _____

Registration District No. 7

Primary Registration District No. 2027

File No. 9198

Registered No. 22

FULL NAME OF CHILD _____

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth
Male			Yes	Oct 22 (Month) (Day) 1912 (Year)

FATHER		MOTHER	
FULL NAME	William L. Cooper	FULL MAIDEN NAME	Elsie Tyler
RESIDENCE	Idaho Falls R F D 4	RESIDENCE	Idaho Falls Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	24 (Years)	AGE AT LAST BIRTHDAY	21 (Years)
BIRTHPLACE	Fort Worth - Texas	BIRTHPLACE	Utah
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 2

Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was male child (Born alive or stillborn), at 2 A M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) W. P. Cooper

P. L. Lyman (Physician or midwife)

Address Idaho Falls Idaho

Given names added from a supplemental report

_____ 19____

_____ Registrar

Filed Oct 22 1912 W. P. Cooper Registrar

S-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Form V. S. No. 11-C—20m-2-15-12

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

PLACE OF BIRTH

County of

533-204-010-393

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

[redacted] 20m-2-15-12

CERTIFICATE OF BIRTH

County of Bonneville

City of I. F.

No. 407-N St.

Registration District No. 7

Primary Registration District No. 2027

File No. 9199

Registered No. 221

Hospital

FULL NAME OF CHILD Grace Francis Ellis

Sex of Child Female

Twin, Triplet or other? — and Number in order of birth ✓

(To be answered only in event of plural births)

Legitimate? yes

Date of Birth Oct. 4 (Month) (Day) 1912 (Year)

FATHER	MOTHER
FULL NAME Charles R. Ellis	FULL MAIDEN NAME Stella Lichty
RESIDENCE Ida. Falls Ida.	RESIDENCE Ida. Falls. Ida.
COLOR white	COLOR white
AGE AT LAST BIRTHDAY 31 (Years)	AGE AT LAST BIRTHDAY 30 (Years)
BIRTHPLACE Penn.	BIRTHPLACE Penn.
OCCUPATION Real Estate	OCCUPATION Housework

Number of child of this mother, including present birth 2

Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive Oct. 4 1912, at 11:45 P. M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) O. R. Dodegnon M.D.

(Physician or midwife)

Address Idaho Falls Ida.

Given names added from a supplemental report

.....19.....

.....
Registrar

Filed Oct 14 19 12 D. J. Freeman
Registrar

S-Y CO. 20174

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

MARGIN RESERVED FOR BINDING

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

JUN 3 1975

Amended 2/7/69

665-205

C/C - 533

(Be sure the information is complete and accurate)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 9200
Local Reg. No. 2027
Reg. Dist. No. 7

1. PLACE OF BIRTH

a. COUNTY: Bonneville

b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN: Ammon

c. FULL NAME OF (If NOT in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION:

2. USUAL RESIDENCE OF MOTHER (Where does mother live?)

a. STATE: Idaho b. COUNTY: Bonneville

c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN: Ammon

d. STREET ADDRESS (If rural, give location):

3. CHILD'S NAME (Type or print)

a. (First) Juanita b. (Middle) Grace c. (Last) Owen

4. SEX: Female

5a. THIS BIRTH — SINGLE X TWIN ____ TRIPLET ____

5b. IF TWIN OR TRIPLET (This child born) 1st ____ 2nd ____ 3rd ____

6. DATE OF BIRTH (Month) (Day) (Year): October 8, 1912

FATHER OF CHILD

7. FULL NAME

a. (First) James b. (Middle) A. c. (Last) Owen

8. AGE (At time of this birth): 60 YEARS

9. BIRTHPLACE (State or foreign country) (City or Town): Ogden, Utah

10. USUAL OCCUPATION: Farmer

11. KIND OF BUSINESS OR INDUSTRY:

MOTHER OF CHILD

12. FULL MAIDEN NAME

a. (First) Rosa b. (Middle) c. (Last) Ellingford

13. AGE (At time of this birth): 39 YEARS

14. BIRTHPLACE (State or foreign country) (City or Town): England

15. CHILDREN PREVIOUSLY BORN TO THIS MOTHER (Do NOT include this child)

a. How many OTHER children are now living? 10

b. How many OTHER children were born alive but are now dead? 0

c. How many children were stillborn (born dead after 20 wks. pregnancy)? 0

16. INFORMANT'S SIGNATURE OR NAME (Relationship): Rosa Owen - Mother

I hereby certify that this child was born alive on the date stated above.

17. SIGNATURE: Annie Hiatt

18. ATTENDANT AT BIRTH: M.D. ____ MIDWIFE X OTHER (Specify) ____

19. ADDRESS: Idaho Falls, Idaho

20. DATE SIGNED:

21. DATE REC'D BY LOCAL REG.: 10/12/12

22. REGISTRAR'S SIGNATURE: H. Hammond

23. DATE ON WHICH GIVEN NAME ADDED BY ____ Registrar

Record typewriter ribbon in completing this certificate. This certificate MUST be filed with the district where the birth occurred WITHIN 10 days after the date of birth of the child. Address VITAL STATISTICS, BOISE, IDAHO.

Form [illegible] Rev-2-15-12

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH

County of Bonneville

City of Ammon

No. ..... St.

Hospital .....

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 7 File No. 9200

Primary Registration District No. 2027 Registered No. 224

FULL NAME OF CHILD Juanita Grace Owen

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Female			Yes.	Aug 6 1912

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	James A. Owens	Rosie Ethel Gifford
RESIDENCE	Ammon Idaho	Ammon Idaho
COLOR		
AGE AT LAST BIRTHDAY	60 (Years)	39 (Years)
BIRTHPLACE	Ogden Utah	England
OCCUPATION	Farmer	

Number of child of this mother, including present birth 11

Number of children of this mother now living, including present birth 11

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Female (Born alive or stillborn), at 10:40 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Annie Hiatt.

Midwife (Physician or midwife)

Address Idaho Falls R.F.D. 3.

Given names added from a supplemental report

..... 19.....

Filed Aug 12 1912

..... Registrar

S-Y CO. 20174

Registrar

JUL 7 1967

FEB 12 1969

State of Idaho)
County of Bonneville) ss.

I hereby make the following statements relative to my sister Juanita Grace Owen who is seeking to correct a birth certificate. These facts are known to me personally since I was an adult at the time. I was born May 15, 1892 and am qualified to make the statements set forth in the Affidavit to Correct An Original Birth Certificate.

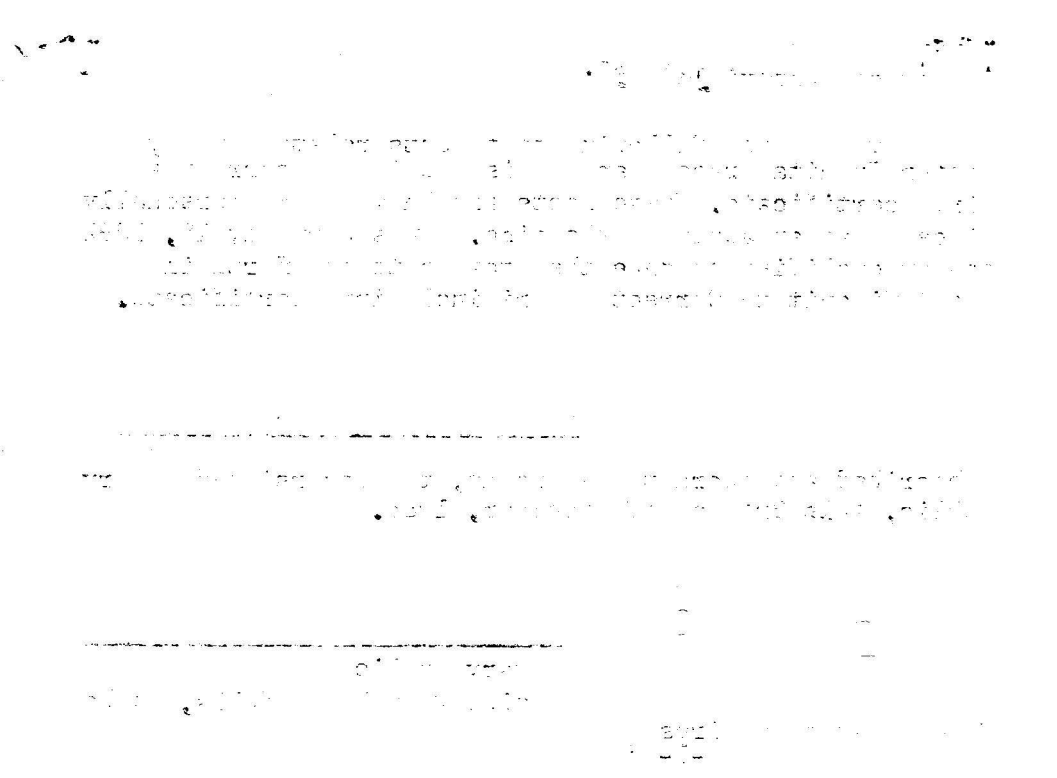
Lovina M. Bingham

Subscribed and sworn to before me, the undersigned Notary Public, this 3rd day of December, 1968.

Afton Lamont

Notary Public
Residing at Idaho Falls, Idaho

My commission expires
12-1-68



IDAHO DEPARTMENT OF HEALTH

BUREAU OF VITAL STATISTICS

Affidavit to Correct or Amend An Original Certificate of Birth or Death

RECEIVED
JAN 13 1969
Bureau of Vital Statistics

State of.....
County of..... } ss.

Certificate No. 9200

Date Filed.....

The undersigned does solemnly swear that certain facts on the certificate of Birth (Birth or Death)

for Juanita Grace Owen (Name on Original Certificate) who was born (Was Born or Died) on Aug. 8, 1912 (Date of Event)

in Ammon, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the true facts are shown by..... (Bible Record, Insurance Policy, Etc.) prepared on..... (Give Date), are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
Child's Date of Birth	Aug. 8, 1912	October 8, 1912
Father's Last Name	Owens	Owen
Full Maiden Name of Mother	Rosie Ellingford	Rosa Ellingford

Subscribed and sworn to before me this.....day of
....., 19.....

.....
Notary Public, residing at.....
My commission expires.....
(Seal)

Signed Lavina M. Bingham
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

.....
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of.....
County of..... } ss.

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this.....day of
....., 19.....

.....
Notary Public, residing at.....
My commission expires.....
(Seal)

Signed.....
(Signature of Any Credible Person)

.....
(Street Address, City, State)

CL 8-16-67. nm

FORM DH 60-155

Certificate of Birth from LDS Church giving name of Juanita Grace Owen, Date of Birth October 8, 1912 - Father's name James A. Owen - Mother, Rosa Ellingford --dated Nov. 10, 1912, as viewed by V.S.

Page out of Family Record on James Akk Albert Owen , obviously very old, viewed by V.S.

Page out of Family Record on Juanita Grace Owen, giving birth date of Oct. 8, 1912, obviously very old, viewed by V.S.

Page out of Family Record on Rosa Ellingford Owen, obviously very old, viewed by V.S.

STATE OF [illegible]

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

Registrar's No. 9201

City of Los Angeles

Registration District No. 7

File No. 9201

No. ____, ____ St.

Primary Registration District No. 227

Registered No. 223

Hospital ____

FULL NAME OF CHILD Angels Ramirez

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month)	(Day)	(Year)
Male			Yes	Oct	2	1912

	FATHER	MOTHER
FULL NAME	John Ramirez	FULL MAIDEN NAME Dolores Mc. Orel
RESIDENCE	Cliff St. (Box 735)	Cliff St Box 735.
COLOR	White	White
AGE AT LAST BIRTHDAY	26 (Years)	21 (Years)
BIRTHPLACE	Los Angeles Cal	Los Angeles Cal.
OCCUPATION	Laborer	Housewife

Number of child of this mother, including present birth 1

Number of children, of this mother, now living, including present birth 1

CERTIFICATE OF ATTENDING ~~PHYSICIAN~~ OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born Alive (Born alive or stillborn) at 2 30 P.M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report

....., 19.....

.....
Registrar

(Signature) Anna Finlay

Midwife
(Physician or Midwife)

Address 265 Cliff St

Filed Oct 12 1912

Registrar

SYMS - YORK CO., PTRS. & BDRS. 17326

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

MAR 2 5 1974

FEB 15 1944

693-527-010-371

PLACE OF BIRTH

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Bonneville

City of Idaho Falls

No. ____ St.

Hospital ____

Registration District No. 7

Primary Registration District No. 2027

File No. 9202

Registered No. 222

FULL NAME OF CHILD ____

Sex of Child: Boy

Twin, Triplet or other? and Number in order of birth: 2nd (To be answered only in event of plural births)

Legitimate? Yes

Date of Birth: July (Month) 29 (Day) 1912 (Year)

FATHER	MOTHER
FULL NAME: Andrew Steven Wilkinson	FULL MAIDEN NAME: Oralie Amelia Cragin
RESIDENCE: Idaho Falls, Idaho.	RESIDENCE: Idaho Falls, Idaho.
COLOR: White	COLOR: White
AGE AT LAST BIRTHDAY: 24 (Years)	AGE AT LAST BIRTHDAY: 21 (Years)
BIRTHPLACE: Utah	BIRTHPLACE: Utah
OCCUPATION: Car Foreman	OCCUPATION: Housewife

Number of child of this mother, including present birth: 2

Number of children of this mother now living, including present birth: 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) on the date above stated. at 11.30 A.M.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Thomas G. Wilson

Physician (Physician or midwife)

Address Idaho Falls, Idaho.

Given names added from a supplemental report

..... 19....

..... Registrar

Filed Oct 15 1912 J. D. Hammond Registrar

8-Y CO. 20174

238 - 223010 - 52

PLACE OF BIRTH

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

County of Bonneville,

City of Idaho Falls,

No. ____, ____ St.

Hospital ____

Registration District No. 7

Primary Registration District No. 2027

File No. 9203

Registered No. 220

FULL NAME OF CHILD ____

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth
Female	XXXX	XXXXX	Yes	Oct. 3rd, 1912 (Month) (Day) (Year)

FATHER	MOTHER
FULL NAME: Carl Schniter,	FULL MAIDEN NAME: Eunice West,
RESIDENCE: Idaho Falls, Ida.	RESIDENCE: Idaho Falls, Ida.
COLOR: White,	COLOR: White
AGE AT LAST BIRTHDAY: 32. (Years)	AGE AT LAST BIRTHDAY: 25. (Years)
BIRTHPLACE: Utah.	BIRTHPLACE: Utah.
OCCUPATION: Laborer.	OCCUPATION: House-wife.

Number of child of this mother, including present birth.... 2

Number of children, of this mother, now living, including present birth.. 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Alive, (Born alive or stillborn) 10/3/12, at 8.30 a. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) D. M. Rodgers.

(Physician or Midwife)

Address Idaho Falls, Idaho.

Given names added from a supplemental report

....., 19.....

Registrar

Filed Oct 9 1912

Registrar

S-Y CO., 16670

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

SEP 1 2 1974

519-125-010-6573

PLACE OF BIRTH

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

9204

County of Bonneville

City of Lincoln

Registration District No. 7

File No.

No. ____, ____ St.

Primary Registration District No. 2027

Registered No. 219

Hospital

FULL NAME OF CHILD Milton H Earl

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Male			Yes	Sept 25, 1912

FATHER		MOTHER	
FULL NAME	M. W. Earl	FULL MAIDEN NAME	Emma Nelling
RESIDENCE	Lincoln	RESIDENCE	Lincoln
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	37 (Years)	AGE AT LAST BIRTHDAY	35 (Years)
BIRTHPLACE	Utah	BIRTHPLACE	Utah
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 6

Number of children, of this mother, now living, including present birth 6

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 2 A. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) John O. Miller, MD

(Physician or Midwife)

Address Idaho Falls, Ida.

Given names added from a supplemental report

....., 19.....

Filed Oct 9 19 12 [signature] Registrar

.....
Registrar

S-Y CO., 16670

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

NOV 4 1958

294-224-010-714

PLACE OF BIRTH — STATE OF IDAHO — Form V. S. No. H-C—Modified

County of Bonneville

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

City of Idaho Falls

Registration District No. 1 — File No. 9205

No. ____, ____ St.

Primary Registration District No. 2027 — Registered No. 214

Hospital

FULL NAME OF CHILD Boy Vaughn Brunt

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Female			Yes	Sept 1, 1912

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	Joseph A. Brunt	Fanny Gudmundsen
RESIDENCE	Idaho Falls	Idaho Falls
COLOR	White	W.
AGE AT LAST BIRTHDAY (Years)	29	22
BIRTHPLACE	Utah	Utah
OCCUPATION	Merchant	Housewife

Number of child of this mother, including present birth 2

Number of children, of this mother, now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive at 11:45 P. M. on the date above stated.

(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report

....., 19.....

..... Registrar

(Signature) John O. Mellor

(Physician or Midwife)

Address Idaho Falls, Ida

Filed Oct 9 1912 [illegible] Registrar

S-Y CO., 16670

MARGIN RESERVED FOR BINDING

WRITE PLAINLY. WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

OCT 10 1974

662-227010-256

PLACE OF BIRTH

STATE OF IDAHO

BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

9206

County of Bonneville

City of Idaho Falls

Registration District No. 7 File No.

No. St.

Primary Registration District No. 227 Registered No. 217

Hospital

FULL NAME OF CHILD

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Female		1	yes	9 27 1912

FATHER		MOTHER	
FULL NAME	C. Willard Hostes	FULL MAIDEN NAME	Rachel Knowels
RESIDENCE	Idaho Falls	RESIDENCE	Idaho Falls
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	20	AGE AT LAST BIRTHDAY (Years)	18
BIRTHPLACE	Idaho	BIRTHPLACE	Idaho
OCCUPATION	Laborer	OCCUPATION	Housekeeper

Number of child of this mother, including present birth 1

Number of children of this mother now living, including present birth

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn) at 1 P M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) K M Combs

Physician

(Physician or midwife)

Address Idaho Falls Idaho

Given names added from a supplemental report

19

Registrar

Filed Oct 5 1911

Registrar

S-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

569-123-010-462

PLACE OF BIRTH — STATE OF IDAHO — Form V.S. No. 11-C—10m-6-40-41

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

County of Bonneville

City of Idaho Falls

No. ____, ____ St.

Hospital ____

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

Registration District No. 7 — File No. 9208

Primary Registration District No. 27 — Registered No. 233

FULL NAME OF CHILD Claude J. Norton

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Male			Yes	Oct. 23 — 1912

	FATHER	MOTHER
FULL NAME	John W. Norton	FULL MAIDEN NAME Jennie M. Moss
RESIDENCE	Idaho Falls, Ida.	Idaho Falls, Ida.
COLOR	White	White
AGE AT LAST BIRTHDAY (Years)	23	24
BIRTHPLACE	Iona, Ida.	Woodruff, Utah.
OCCUPATION	Farmer	Housewife

Number of child of this mother, including present birth 3

Number of children, of this mother, now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 4:30 a. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. C. Hollister

(Physician or Midwife)

Address Idaho Falls, Idaho

Given names added from a supplemental report

....., 19.....

Registrar

Filed Nov. 2 1912 Registrar

S-Y CO., 16670

FEB 12 1943

762-2242-10-812

PLACE OF BIRTH

Form V. S. No. 11-C—10m-8-7-11

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

County of Bonneville

City of Idaho Falls

No. 2nd E. Lee St.

Hospital

Registration District No. 7 File No. 9209

Primary Registration District No. 227 Registered No. 234

FULL NAME OF CHILD Jennie Mae Pospesil

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Female				Yes	10 24 1912

FATHER	MOTHER
FULL NAME: James Pospesil	FULL MAIDEN NAME: Martha Ellen Hawkins
RESIDENCE: 2 E Lee St - Idaho Falls	RESIDENCE: 2 E Lee St - Idaho Falls
COLOR: White	COLOR: White
AGE AT LAST BIRTHDAY: 35 (Years)	AGE AT LAST BIRTHDAY: 25 (Years)
BIRTHPLACE: Kewenna Wis	BIRTHPLACE: Bingham Co. Idaho
OCCUPATION: Carpenter	OCCUPATION: Housewife

Number of child of this mother, including present birth: 2

Number of children, of this mother, now living, including present birth: 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born Alive (Born alive or stillborn), at 11 20 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report

....., 19.....

.....
Registrar

(Signature) Annie Finlay

Midwife
(Physician or Midwife)

Address 265 Cliff St

Filed Dec 4 19 12

Registrar

SYMS - YORK CO., PTRS. & BDRS. 17326

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

OCT 6 1944

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

[redacted]CE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

Form V. S. No. 11-C—2m-2-10-12

CERTIFICATE OF BIRTH

County of Lincoln

City of Rupert

366 - 231 - 032 - 345

No. ..... St.

Registration District No. 29 File No. 9210

Primary Registration District No. 2015 Registered No. 81

Hospital .....

FULL NAME OF CHILD MARGUERITE CHRISTINA Cook

Sex of Child Female

Twin Triplet or other? (To be answered only in event of plural births) and Number in order of birth

Legitimate? Yes

Date of Birth Oct. 31 (Month) (Day) 1912 (Year)

FATHER	MOTHER
FULL NAME Henry Cook	FULL MAIDEN NAME Jessie Duncan
RESIDENCE Rupert Idaho	RESIDENCE Rupert Idaho
COLOR White	AGE AT LAST BIRTHDAY 39 (Years)
COLOR White	AGE AT LAST BIRTHDAY 28 (Years)
BIRTHPLACE Germany	BIRTHPLACE Kansas
OCCUPATION Livestock	OCCUPATION Housewife

Number of child of this mother, including present birth 4th

Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was ..... (Born alive or ~~stillborn~~) at 8 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) C. H. Scott M.D.

Rupert Idaho

(Physician or ~~midwife~~)

Given names added from a supplemental report

..... 19.....

Address .....

Filed Nov 1 1912 W. R. Killeen

..... Registrar

Registrar

8-Y CO. 20174

Form V. S. No. 11-C—Rev. 6-15-12

STATE OF IDAHO

BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

PLACE OF BIRTH

MAY 19 1943

STATE OF IDAHO

DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of Idaho } ss.
County of Bannock }

Certificate No. 9210

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of Birth (BIRTH OR DEATH)
for Marguerite Christean Cook (NAME ON ORIGINAL CERTIFICATE) who Born (WAS BORN OR DIED) on October 31st 1912 (DATE OF EVENT)
in Rupert Idaho (PLACE OF EVENT) are erroneous or were omitted; and that, to the best of his knowledge, the true facts as shown by Family Record (BIBLE RECORD, INSURANCE POLICY, ETC.) prepared on ..... (GIVE DATE), are:

FACTS TO BE CORRECTED ("NAME", "BIRTH DATE", "CAUSE OF DEATH", ETC.)	FROM (AS ON ORIGINAL)	TO (THE CORRECT FACTS)
Name	Christean	Marguerite Christina Cook

Subscribed and sworn to before me this 14th day of April, 19 43.

A B Chase

Notary Public, residing at Pocatello Idaho

My commission expires 6-20-46.
(SEAL)

Signed Esther Cook
(SIGNATURE OF PARENT OR ATTENDANT IF CORRECTING A BIRTH RECORD; OF ATTENDANT, FUNERAL DIRECTOR, INFORMANT IF CORRECTING A DEATH RECORD; OR OTHER CREDIBLE PERSON.)

(STREET ADDRESS, CITY, STATE)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of ..... } ss.
County of ..... }

[THIS AFFIDAVIT MUST ALSO BE EXECUTED. (SEE CHAPTER 139, 1937 IDAHO SESSION LAWS.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this ..... day of ....., 19 .....

Notary Public, residing at .....

My commission expires .....
(SEAL)

Signed .....
(SIGNATURE OF ANY CREDIBLE PERSON OTHER THAN PREVIOUS AFFIANT.)

(STREET ADDRESS, CITY, STATE)

Received for filing on MAY 19 1943 By .....
(REGISTRAR'S SIGNATURE)

JUN 8 1943

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Form V. S. No. 11-C—20m-2-15-12

PLACE OF BIRTH

266 - 229-032 - 817

County of .....

City of Rupert

No. ..... St.

Hospital .....

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 29 File No. 9211

Primary Registration District No. 2015 Registered No. 79

FULL NAME OF CHILD Edna Day Bowlby

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and (Number in order of birth)	Legitimate?	Date of Birth (Month) (Day) (Year)
Female			Yes	Oct. 29 1912

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	George Bowlby	Ray Hagan
RESIDENCE	Rupert Ida	Rupert Ida
COLOR	White	White
AGE AT LAST BIRTHDAY (Years)	31	19
BIRTHPLACE	Oregon	Idaho
OCCUPATION	U S R S Employee	Housewife

Number of child of this mother, including present birth .....

Number of children of this mother now living, including present birth .....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was ..... (Born alive ~~or stillborn~~), at 1:30 A. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) C. E. Scott M.D.

Rupert Ida (Physician ~~or midwife~~)

Given names added from a supplemental report

..... 19.....

..... Registrar

Address .....

Filed Nov. 1 1912 E. R. Killen Registrar

S-Y CO. 20174

OCT 7 1958

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

County of _____

City of Minneapolis Registration District No. 29 File No. 9212

No. _____, _____ St. Primary Registration District No. 2013 Registered No. 28

Hospital _____

FULL NAME OF CHILD Horace E Bixby Jr.

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Male			Yes	Oct 29, 1912

FATHER		MOTHER	
FULL NAME	Horace E Bixby	FULL MAIDEN NAME	Hallie W Smith
RESIDENCE	Minneapolis Minn	RESIDENCE	Minneapolis Minn
COLOR	White	AGE AT LAST BIRTHDAY (Years)	25
COLOR	White	AGE AT LAST BIRTHDAY (Years)	24
BIRTHPLACE	Kansas	BIRTHPLACE	Kansas
OCCUPATION	Electrical Engineer	OCCUPATION	Housewife

Number of child of this mother, including present birth 1st. Number of children, of this mother, now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was _____ (Born alive or stillborn) at 12 M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) O. L. Scott M.D.

Rural Route 1 Minneapolis Minn

(Physician or Midwife)

Given names added from a supplemental report

_____, 19____ Address _____

_____ Registrar

Filed Nov. 1 1912 C. R. Killam Registrar

AUG 1 6 1976

455-228-032-298

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Lincoln

City of Rupert

No. ..... St.

Hospital .....

Registration District No. 29 File No. 9213

Primary Registration District No. 2015 Registered No. 77

FULL NAME OF CHILD .....

Sex of Child Female | Twin Triplet or other? | and | Number in order of birth (To be answered only in event of plural births) | Legitimate? Yes | Date of Birth Oct. 28 (Month) (Day) 191 2 (Year)

FATHER	MOTHER
FULL NAME William H Dennison	FULL MAIDEN NAME Anna King
RESIDENCE Rupert	RESIDENCE Rupert
COLOR White	AGE AT LAST BIRTHDAY 33 (Years)
BIRTHPLACE Tennessee	COLOR White
OCCUPATION Plasterer	AGE AT LAST BIRTHDAY 29 (Years)
	BIRTHPLACE Salt Lake City
	OCCUPATION Housewife

Number of child of this mother, including present birth 5 Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 6. p. m. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. B. Kenagy

Physician

(Physician or midwife)

Address Rupert Ida.

Given names added from a supplemental report

..... 19.....

Filed Nov. 1 1912 J. P. Killen

Registrar

..... Registrar

S-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

243-219-032-292

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

County of _____

City of Rupert

Registration District No. 29 File No. _____

No. _____, _____ St.

Primary Registration District No. 2015 Registered No. 1

Hospital _____

FULL NAME OF CHILD ~~Edith~~ Bernice Arbeth Bullock,

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Female			yes	Oct. 19, 1912

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	William J Bullock	Emily Sibley
RESIDENCE	Rupert	Rupert
COLOR	White	White
AGE AT LAST BIRTHDAY (Years)	31	40
BIRTHPLACE	England	England
OCCUPATION	Farming	Housewife

Number of child of this mother, including present birth 7th

Number of children, of this mother, now living, including present birth 7

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was ..... (Born alive ~~or stillborn~~), at 11 P M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) C. L. Scott M.D.

Rupert, Idaho

(Physician ~~or Midwife~~)

Given names added from a supplemental report

....., 19.....

Address .....

Filed Nov. 1 1912 J. R. Killam

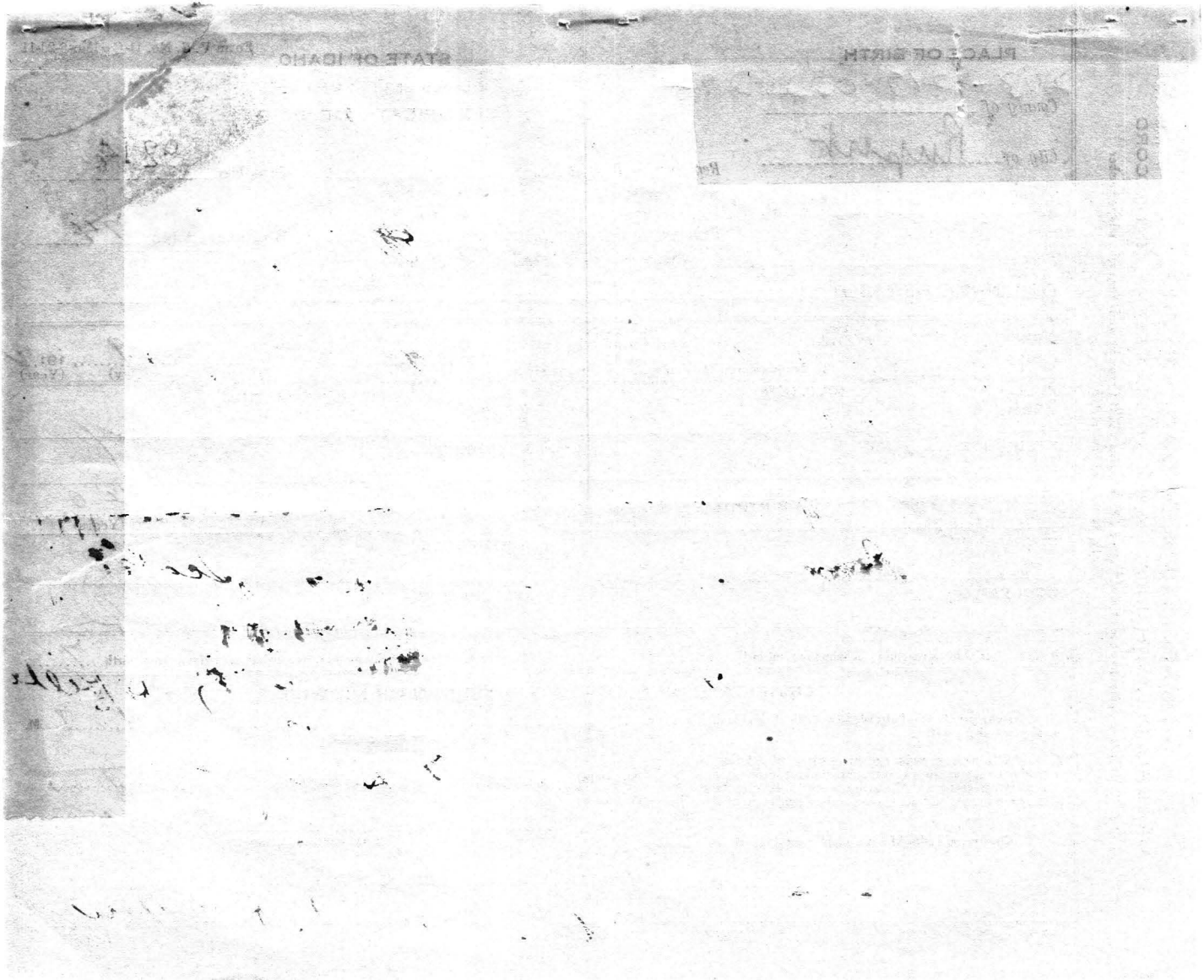
S-Y CO., 16670 Registrar

Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated



STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH — BUREAU OF VITAL STATISTICS

Affidavit to Correct or Amend an Original Certificate of Birth or Death

State of CALIFORNIA } ss.
County of LOS ANGELES }

Certificate No. 9214
Date Filed

The undersigned does solemnly swear that certain facts on the certificate of Birth (Birth or death) for Edith Bullock (Name on original certificate) who Born (Was born or died) on Oct. 19, 1912 (Date of event) in Rupert, Idaho (Place of event) are erroneous or were omitted; and that, to the best of his knowledge, the true facts as shown by Bible Record (Bible record, insurance policy, etc.) prepared on Oct. 21, 1912 (Give date), are:

FACTS TO BE CORRECTED ("Name", "birth date", "cause of death", etc.	FROM (As on original)	TO (The correct facts)
name to be corrected	Edith Bullock	Bernice Ardeth Bullock

Subscribed and sworn to before me this 8TH day of August, 19 41

Emma M. Shields

Notary Public, residing at North Hollywood, Cal.

My commission expires July 29, 1942

[SEAL]

Signed x Pearl L Carmody
(Signature of parent or attendant if correcting a birth record; or attendant, funeral director, informant if correcting a death record; or other credible person)

6621 Benan. N Hollywood
(Street Address, City, State)

Supporting Affidavit of a Second Person

State of ..... } ss.
County of ..... }

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this ..... day of ....., 19.....

.....

Notary Public, residing at .....

My commission expires .....

[SEAL]

Signed Pearl L Carmody
(Signature of any credible person other than the previous affiant)

6621 Benan. N Hollywood
(Street Address, City, State)

Received for filing on ..... by .....
(Registrar's signature)

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH

141-205-03½-391

County of Lincoln

City of Rupert

No. ..... St.

Hospital .....

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 29 File No. 9215

Primary Registration District No. 2015 Registered No. 72

FULL NAME OF CHILD Royce Willow Adams

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Female			Yes	Oct 5 1913

FATHER		MOTHER	
FULL NAME	Roy W. Adams	FULL MAIDEN NAME	Grace Crawford
RESIDENCE	Rupert	RESIDENCE	Rupert
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	36	AGE AT LAST BIRTHDAY (Years)	29
BIRTHPLACE	Iowa	BIRTHPLACE	Wash.
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 9 a M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. B. Kennedy M.D.

(Physician or midwife)

Address Rupert Ida

Given names added from a supplemental report

..... 19.....

..... Registrar

Filed Nov. 1 1913

V. R. Kellum

Registrar

5-Y CO. 20174

SEP 10 1947

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

County of Lincoln

City of Rupert

283-117-232-466 No. ____, ____ St.

Registration District No. 29 File No. 9216

Primary Registration District No. 2015 Registered No. 73

Hospital ____

FULL NAME OF CHILD John T. Kyles

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Male			Yes	Oct 17, 1912

FATHER		MOTHER	
FULL NAME	William Kyles	FULL MAIDEN NAME	Ruth L Moore
RESIDENCE	Rupert Ida	RESIDENCE	Rupert Ida
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	28 (Years)	AGE AT LAST BIRTHDAY	22 (Years)
BIRTHPLACE	North Carolina	BIRTHPLACE	North Carolina
OCCUPATION	Clergyman	OCCUPATION	Housewife

Number of child of this mother, including present birth ____

Number of children, of this mother, now living, including present birth ____

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was ____ (Born alive or ~~stillborn~~) at 10 A M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) R T Scott M D

Rupert Ida (Physician or Midwife)

Given names added from a supplemental report

____, 19____

____ Registrar

Address ____

Filed Nov 1 1912 V R Kellam Registrar

S-Y CO., 16670

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth, a separate return must be made for each.

JUN 13 1961

RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

PLACE OF BIRTH 793-22-4-072-599

County of Lincoln

City of Heyburn

No. ..... St.

Hospital .....

STATE OF IDAHO

Form V. S. No. 11-C

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

Registration District No. 29 File No. 9217

Primary Registration District No. 2102 Registered No. 75

FULL NAME OF CHILD Anona Lillian Gill

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Female			Yes	Oct 24, 1912

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	Amos Gill	Jennie Triggard
RESIDENCE	Heyburn Ida	Heyburn Ida
COLOR	White	White
AGE AT LAST BIRTHDAY (Years)	31	31
BIRTHPLACE	Iowa	Nebraska
OCCUPATION	Farmer	Housewife

Number of child of this mother, including present birth 2

Number of children, of this mother, now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 4 A. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) V. R. Killen

Physician

(Physician or Midwife)

Address Heyburn

Given names added from a supplemental report

..... 19.....

Filed Nov. 1 1912 V. R. Killen

Registrar

S-Y CO., 16870

Registrar

JUN 19 1941

PLACE OF BIRTH
763-96 032-533

STATE OF IDAHO

Form V. S. No. 11-C

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

County of Lincoln

City of ____

No. ____, ____ St.

Hospital ____

Registration District No. 29

Primary Registration District No. 2182

File No. 9218

Registered No. 76

FULL NAME OF CHILD ____

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Male			yes	Oct 26, 1912

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	R. T. Pollard	Annie Ellis
RESIDENCE	Hayburn Ida	Hayburn Ida
COLOR	White	White
AGE AT LAST BIRTHDAY (Years)	43	41
BIRTHPLACE	Kansas	Kansas
OCCUPATION	Farmer	Housewife

Number of child of this mother, including present birth 7

Number of children, of this mother, now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*.

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 3 45 a. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report

....., 19....

.....
Registrar

(Signature) V. R. Killen

Physician
(Physician or Midwife)

Address Hayburn

Filed Nov. 1 1912 V. R. Killen
Registrar

S-Y CO., 18670

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

599-29-032-54

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

County of Lincoln

City of Hayburn

No. ____, ____ St.

Hospital ____

Registration District No. 29 File No. 9219

Primary Registration District No. 2102 Registered No. 80

FULL NAME OF CHILD Carl Oscar Erickson

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day), 1912 (Year)
Male			Yes	Oct. 29

FATHER		MOTHER	
FULL NAME	Carl Ludwig Erickson	FULL MAIDEN NAME	Hilda Andrason
RESIDENCE	Hayburn Ida	RESIDENCE	Hayburn Ida
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	40 (Years)	AGE AT LAST BIRTHDAY	36 (Years)
BIRTHPLACE	Sweden	BIRTHPLACE	Sweden
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 3

Number of children, of this mother, now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 3 30 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) V. R. Killam

Physician

(Physician or Midwife)

Given names added from a supplemental report

..... 19.....

Address .....

Filed Nov 1 1912 V. R. Killam

Registrar

5-Y CO., 16670

Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

7-17-41

MAY 8 1967

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

[redacted]

STATE OF IDAHO

Form V. S. 214 1-C. 20-6-21-11

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

County of Bannock

City of Pocatello

Registration District No. 2

File No. 9220

No. 793-215-014-367 St.

Primary Registration District No. 2

Registered No. 13

Hospital

FULL NAME OF CHILD Edna Almeda Gilbert

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Female			Yes	Oct 15, 1912

	FATHER	MOTHER
FULL NAME	William H Gilbert	FULL MAIDEN NAME Maggie Coggburn
RESIDENCE	Pocatello, Idaho.	RESIDENCE Pocatello Idaho
COLOR	White	COLOR White
AGE AT LAST BIRTHDAY	37 (Years)	AGE AT LAST BIRTHDAY 24 (Years)
BIRTHPLACE	Ohio	BIRTHPLACE Iowa
OCCUPATION	Painter	OCCUPATION Housework

Number of child of this mother, including present birth 3

Number of children, of this mother, now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive at 10:55 P. M. on the date above stated.

(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) [illegible]

(Physician or Midwife)

Address [illegible]

Given names added from a supplemental report

....., 19.....

Filed Oct 16, 1912

.....
Registrar

S-Y CO., 16670

Registrar

CERTIFICATE OF BIRTH

79[illegible]03-014-419

PLACE OF BIRTH

Form V. S. No. 11-C—10m-8-7-11

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

9221

County of [illegible]

City of Payette

No. Sixth & 4th Ave. North St. Lucile

Registration District No. [illegible] File No. [illegible]

Hospital [illegible] Primary Registration District No. [illegible] Registered No. 130

FULL NAME OF CHILD Helen Lucile Griggs

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Female			Yes	Oct. 3 1912

FATHER	MOTHER
FULL NAME: Will Griggs	FULL MAIDEN NAME: Elva Davis
RESIDENCE: Near 6th St. + 4th Ave North, Payette	RESIDENCE: With husband
COLOR: White	COLOR: White
AGE AT LAST BIRTHDAY: 32 (Years)	AGE AT LAST BIRTHDAY: 29 (Years)
BIRTHPLACE: Kansas	BIRTHPLACE: Minnesota
OCCUPATION: Butcher	OCCUPATION: Housewife.

Number of child of this mother, including present birth: 2

Number of children, of this mother, now living, including present birth: 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) on the date above stated, at 10 a. M.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report

....., 19.....

(Signature) O. H. Avery, Physician (Physician or Midwife)

Address Payette Idaho

Filed Oct 15 1912 E. R. Woodward Registrar

.....

Registrar

STATE - YORK CO., PTRS. & BOOKS. [illegible]

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the order of each, in order of birth stated

MAY 2 4 1966

MARGIN RESERVED FOR BINDING

WRITE PLAINLY. WITH UNFADING INK—THIS IS A PERMANENT RECORD.

N. B.—In case of more than one child at birth, a SEPARATE RETURN must be made for each additional child.

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

618-110-064-314

PLACE OF BIRTH

Form V. S. No. 11-C—10m-8-7-11

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

County of Canyon

City of Payette

No 1335, N. Ninth St.

Registration District No 2

File No. 9222

Primary Registration District No. 2

Registered No. 120

Hospital

FULL NAME OF CHILD [redacted] J. Theodore Wayne

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Male			yes	Oct. 10 1912

FATHER	MOTHER
FULL NAME: C. F. Wayne	FULL MAIDEN NAME: Cora Lamb
RESIDENCE: 1335 N Ninth St. Payette.	RESIDENCE: With husband
COLOR: White	AGE AT LAST BIRTHDAY (Years): 38
AGE AT LAST BIRTHDAY (Years): 50	COLOR: White
BIRTHPLACE: Illinois	BIRTHPLACE: Illinois
OCCUPATION: Nurseryman	OCCUPATION: Housewife

Number of child of this mother, including present birth: 9

Number of children, of this mother, now living, including present birth: 7

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 4 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) O. H. Avery

Physician (Physician or Midwife)

Given names added from a supplemental report

....., 19.....

Address Payette Idaho

Filed ..... 19.....

SYMS - YORK CO., PTRS. & BDRS. 17326

Registrar

Registrar

MAR 19 1942

JAN 20 1956

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

819-230-014-968

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

County of Canyon

City of Payette

Registration District No. 22 File No. 9223

No. R.7. W#1 St.

Primary Registration District No. 2005 Registered No. 144

Hospital

FULL NAME OF CHILD Josephine Hart

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Fem			Yes	Oct. 30, 1912

FATHER		MOTHER	
FULL NAME	Harry W Hart	FULL MAIDEN NAME	Myrtle Royston
RESIDENCE	Payette R 7 W #1	RESIDENCE	Payette R 7 W #1
COLOR	White	AGE AT LAST BIRTHDAY (Years)	36
BIRTHPLACE	New York	COLOR	White
OCCUPATION	Mechanic	AGE AT LAST BIRTHDAY (Years)	23
		BIRTHPLACE	Neb.
		OCCUPATION	Housewife

Number of child of this mother, including present birth 1

Number of children, of this mother, now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive, at 6 a. M. on the date above stated.

(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J R Woodward MD

(Physician or Midwife)

Address Payette Idaho

Given names added from a supplemental report

....., 19.....

Registrar

Filed Oct 30 1912 J R Woodward

Registrar

S-Y CO., 16670

PLACE OF BIRTH

STATE OF IDAHO

Form V. S. No. II C.-Ihs-29-11

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

863-223-014-251

PLACE OF BIRTH

Form V. S. No. 11-C—10m-8-7-11

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

County of Canyon

City of (Near) Payette

No ....., ... St.

Hospital .....

Registration District No 22 File No. 9224

Primary Registration District No. 2007 Registered No. 143

FULL NAME OF CHILD Unnamed Ennice Fairy Holmes

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Female			Yes	Oct. 23 1912

FATHER	MOTHER
FULL NAME Geo. O. Holmes	FULL MAIDEN NAME Estella Beata
RESIDENCE Near Payette, Idaho	RESIDENCE with husband
COLOR white	COLOR white
AGE AT LAST BIRTHDAY 51 (Years)	AGE AT LAST BIRTHDAY 36 (Years)
BIRTHPLACE Illinois	BIRTHPLACE Oregon
OCCUPATION Farmer	OCCUPATION Housewife

Number of child of this mother, including present birth 5

Number of children, of this mother, now living, including present birth 5

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 7 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report

....., 19.....

..... Registrar

(Signature) O. H. Avery

A Physician Payette, Idaho (Physician or Midwife)

Address Payette Idaho

Filed Dec 29 19 12 S R Wood Registrar

SYMS - YORK CO., PTRS. & BDRS. 17826

APR 23 1942

OCT 30 1974

242-218-014-693

PLACE OF BIRTH

Form V. S. No. 11-C—10m-8-7-11

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

9225

County of Canyon

City of Payette

No 1027, Center Ave St.

Registration District No 3

File No.

Primary Registration District No 20-5

Registered No. 142

Hospital

FULL NAME OF CHILD Margaret Ann Ellen BUSSEY Bussey

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Female			yes	Oct. 18, 1912

FATHER	MOTHER
FULL NAME: Orrin E. BUSSEY Bussey	FULL MAIDEN NAME: Maggie Williams
RESIDENCE: 1027 Center Ave, Payette, Idaho	RESIDENCE: with husband
COLOR: White	COLOR: White
AGE AT LAST BIRTHDAY: 26 (Years)	AGE AT LAST BIRTHDAY: 25 (Years)
BIRTHPLACE: Wyoming	BIRTHPLACE: Nebraska
OCCUPATION: Clerk	OCCUPATION: Housewife

Number of child of this mother, including present birth 1

Number of children, of this mother, now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 4 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) O. H. Avery

Physician (Physician or Midwife)

Address Payette, Idaho

Given names added from a supplemental report

....., 19.....

Filed Dec 29 1912 S. V. R. Woodward Asst. Registrar

.....
Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY. WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

SYMS - YORK CO., PTRS. & SORS. 17889

MARRIAGE RECORD

WHITE PRINTING, WITH LITHOGRAPHING

THE ROTOR PRESS, BOISE, IDAHO

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

Certificate No. 9225

State of Oregon }
County of Marion } ss.

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of birth (Birth or Death) for Margaret Ann Ellen Bussey (Name on Original Certificate) who was born (Was Born or Died) on October 18, 1912 (Date of Event) in Payette, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the true facts are shown by (Bible Record, Insurance Policy, Etc.) prepared on (Give Date), are:

FACTS TO BE CORRECTED ("Name", "Birth Date", "Cause of Death", Etc.)	FROM (As on Original)	TO (The Correct Facts)
Surname	Bussy	Bussey

Subscribed and sworn to before me this 22d day of May, 19 42.

Notary Public, residing at Salem, Oregon

My commission expires April 1, 1945
(Seal)

Signed Irma E. Bussey
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

Route #1, Box 28, Turner, Oregon
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Oregon }
County of Marion } ss.

[This Affidivat **MUST** Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 22d day of May, 19 42.

Notary Public, residing at Salem, Oregon

My commission expires April 1, 1945.
(Seal)

Signed Ray S. Griffith
(Signature of Any Credible Person Other Than Previous Year)

260 Mission St. Salem, Ore
(Street Address, City, State)

MAY 25 1942

MAY 27 1942

PLACE OF BIRTH
259-216-004 #619

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

County of Canyon

City of Payette

No. 1013 1st Ave. N. St.

Hospital

AMENDED 2/14/46

CERTIFICATE OF BIRTH

Registration District No. 22 File No. 9226

Primary Registration District No. 2008 Registered No. 141

FULL NAME OF CHILD Jean Ward Berrey
(Certificate of no value without full name of child.)

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Female			Yes	Oct. 16, 1912

What bactericidal solution was used in eyes?

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

FATHER	MOTHER
FULL NAME: J. Weldon Berrey	FULL MAIDEN NAME: Florence Ward
RESIDENCE: 1013 1st Ave. North, Payette	RESIDENCE: with husband
COLOR: White	COLOR: White
AGE AT LAST BIRTHDAY: 37 (Years)	AGE AT LAST BIRTHDAY: 37 (Years)
BIRTHPLACE: Virginia	BIRTHPLACE: Illinois
OCCUPATION: Tea Salesman	OCCUPATION: Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 6 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) O. H. Avey

Physician
(Physician or midwife)

Address Payette, Idaho

Filed Oct. 29, 1912 I. R. Woodward, Dep.
Registrar.

Give names added from a supplemental report.

....., 192.....

.....
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each, and the number of each, in order of birth stated.

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

PLACE OF BIRTH

Form V. S. No. 11-C—10m-8-7-11

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

9226

County of Canyon

City of Payette

No 1013, 1st ave. N. St.

Hospital

Registration District No. 22

Primary Registration District No. 2006

File No.

Registered No. 141

FULL NAME OF CHILD Unnamed

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Female				yes	Oct. 16 1912

FATHER	MOTHER
FULL NAME: J. Welden Berry	FULL MAIDEN NAME: Florence Ward
RESIDENCE: 1013 1st ave. North, Payette Ida.	RESIDENCE: with husband.
COLOR: White	COLOR: White
AGE AT LAST BIRTHDAY: 37 (Years)	AGE AT LAST BIRTHDAY: 37 (Years)
BIRTHPLACE: Virginia	BIRTHPLACE: Illinois
OCCUPATION: Gen Salesman	OCCUPATION: Housewife

Number of child of this mother, including present birth: 2

Number of children, of this mother, now living, including present birth: 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 6 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report

....., 19.....

(Signature) O. H. Avery

Physician

(Physician or Midwife)

Address Payette, Idaho

Filed Oct 29 19 S R Wood

Registrar

Dep. Registrar

SYMS - YORK CO., PTRS. & BDRS 17326

FEB 13 1946

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS No Money Enclosed

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of Oregon
County of Multnomah } ss.

Certificate No. 9226
Date Filed Feb 11, 1946

The undersigned does solemnly swear that certain facts on the certificate of Birth (Birth or Death)
for Jean Berry Pollock (Name on Original Certificate) who born (Was Born or Died) on Oct 16, 1912 (Date of Event)
in Payette, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts are shown by Bible Record (Bible Record, Insurance Policy, Etc.) prepared on Oct 16 (16) 1912 (Give Date), are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
Name	Unnamed Berry	Jean Ward Berry
Jean Ward Berrey		Jean Ward Berrey

Subscribed and sworn to before me this 11 day of February, 19 46
Mary W. Courtright
Notary Public, residing at 504 Lewis Bldg
My commission expires Nov. 13, 1949
(Seal)

Signed Florence Ward Berry
(Signature of parent or attendant if correcting birth record; of attendant, funeral director, informant if correcting death record; or other credible person.)
723 NE 9th, Portland Ore.
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Oregon
County of Multnomah } ss.

[This Affidavit **MUST** Also be Executed.
(See Chapter 139, 1937 Idaho Session Laws,)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.
Subscribed and sworn to before me this 11 day of February, 19 46
Mary W. Courtright
Notary Public, residing at 504 Lewis Bldg.
My commission expires Nov. 13, 1949
(Seal)

Signed Grace C. Collier
(Signature of Any Credible Person)
1420 N.E. 15th Ave.
(Street Address, City, State)
Portland, Oregon

MAY 12 1975

FEB 14 1975

313-120-04-[illegible]

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

PLACE OF BIRTH

County of Canyon

City of Payette

No. ____, ____ St.

Hospital ____

STATE OF IDAHO

Bureau of Vital Statistics

Form V. S. No. 11-C-10m-6-20-11

CERTIFICATE OF BIRTH

Registration District No. 22

File No. 9227

Primary Registration District No. 2008

Registered No. 150

FULL NAME OF CHILD Clark Lenard Talbot,

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Male		3	Yes	Oct 26, 1912

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	George M Talbot	Fannie Griggs
RESIDENCE	Payette Ida	Payette Ida,
COLOR	White	White
AGE AT LAST BIRTHDAY (Years)	32	25
BIRTHPLACE	Iowa	Iowa
OCCUPATION	Farmer	Housewife

Number of child of this mother, including present birth 3

Number of children, of this mother, now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born Alive (Born alive or stillborn) at 3A. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. Elmer Crouch

Physician

(Physician or Midwife)

Address Payette Ida.

Given names added from a supplemental report

..... 19....

Filed Nov 6 19 12 E. R. Wardman Deputy Registrar

..... Registrar

S-Y CO., 16670

AUG 2 8 1974

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

355-196-014-318

County of Canyon

City of Payette

No. ____, ____ St.

Hospital ____

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

Registration District No. 22 File No. 9228

Primary Registration District No. 2005 Registered No. 133

FULL NAME OF CHILD Albert Lloyd Pence, Jr

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Male			yes	Oct 6, 191?

FATHER		MOTHER	
FULL NAME	Albert Lloyd Pence	FULL MAIDEN NAME	Carrie E Taylor
RESIDENCE	Payette Idaho	RESIDENCE	Payette Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	32	AGE AT LAST BIRTHDAY (Years)	32
BIRTHPLACE	Idaho	BIRTHPLACE	Iowa
OCCUPATION	Sheep raising	OCCUPATION	Housewife

Number of child of this mother, including present birth 5

Number of children, of this mother, now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Boy alive (Born alive or stillborn) at 2 30 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J R Woodward

Phys

(Physician or Midwife)

Address Payette Ida

Given names added from a supplemental report

....., 19.....

Registrar

Filed Oct 6 1912 J R Woodward

Registrar

S-Y CO., 16670

JAN 10 1955

132-101-014-281

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH

County of Canyon

City of Twin Falls

No. ..... St.

Hospital .....

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 22 File No. 9229

Primary Registration District No. 2227 Registered No. 13

FULL NAME OF CHILD Lawrence Paul Albee

Sex of Child	Twin / Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Male			Yes	Oct. 1st 1912

FATHER		MOTHER	
FULL NAME	Albert Raymond Albee	FULL MAIDEN NAME	Myrtle May Shaw
RESIDENCE	Twin Falls, Idaho	RESIDENCE	Twin Falls, Idaho
COLOR	White	AGE AT LAST BIRTHDAY (Years)	26
COLOR	White	AGE AT LAST BIRTHDAY (Years)	25
BIRTHPLACE	Newton, Iowa	BIRTHPLACE	Warren, Illinois
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 3

Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 9 a. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Crispin Wright, M. D.

Twin Falls, Idaho
(Physician or midwife)

Given names added from a supplemental report

..... 19.....

..... Registrar

Address .....

Filed Nov 11 19 12

Registrar

S-Y CO. 20174

11/27/40 H.C.

515 - 204 - 014 - 415

Form V. S. No. 11-C—20m-2-15-12

PLACE OF BIRTH

County of Canyon

City of Fruitland.

No. ..... St.

Hospital .....

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 22 File No. 9230

Primary Registration District No. 2009 Registered No. 137

FULL NAME OF CHILD Jean Davis Van Der Kar

Sex of Child	Twin / Triplet or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Female	—	—	Yes	Oct. 4th 1912

FATHER		MOTHER	
FULL NAME	Paul Nathan VanderKar	FULL MAIDEN NAME	Mary Ruth Davis
RESIDENCE	Fruitland, Idaho	RESIDENCE	Fruitland, Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	27 (Years)	AGE AT LAST BIRTHDAY	25 (Years)
BIRTHPLACE	Waterford, N.Y.	BIRTHPLACE	Commonsville, N.Y.
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 1

Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 10 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Crispin Wright, M.D.
Fruitland, Idaho
(Physician or midwife)

Given names added from a supplemental report

..... 19.....

..... Registrar

Address .....

Filed 10/11 19 12 F. R. Woodward Dep. Registrar

S-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

c.c. 5/21/41. w.h.

AUG 25 1947

693-129-044-819

PLACE OF BIRTH

Form V. S. No. 11-C—10m-8-7-11

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

9231

County of Canyon

City of

No ____, ____ St.

Hospital

Registration District No 22 File No.

Primary Registration District No. 2209 Registered No. 137

FULL NAME OF CHILD Unnamed Theodore Kent Wilcox

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Male			Yes	Oct 29 1912

FATHER	MOTHER
FULL NAME: Arthur L. Wilcox	FULL MAIDEN NAME: Maude Harry
RESIDENCE: One mile west of Fruitland, Ida.	RESIDENCE: With husband.
COLOR: White	AGE AT LAST BIRTHDAY (Years): 35
COLOR: White	AGE AT LAST BIRTHDAY (Years): 33
BIRTHPLACE: Kansas	BIRTHPLACE: Michegan
OCCUPATION: Farmer	OCCUPATION: Housewife

Number of child of this mother, including present birth 3

Number of children, of this mother, now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born Alive (Born alive or stillborn), at 5 A. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report

....., 19.....

.....
Registrar

(Signature) O. H. Avery

Physician

(Physician or Midwife)

Address Payette, Idaho

Filed Nov 9 19 13 R [illegible]
Registrar

SYMS - YORK CO., PTRS. & BDRS. 17826

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RE...

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at a birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

PLACE OF BIRTH

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

County of Canyon

City of Emmett Registration District No. 22 File No. 9232

No. ..... St. Primary Registration District No. 2010 Registered No. 145

Hospital .....

FULL NAME OF CHILD Ruth Virginia Phipps

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Girl			yes	10 - 3 - 1912

FATHER		MOTHER	
FULL NAME	William J. Phipps	FULL MAIDEN NAME	Tamsidonia Cox
RESIDENCE	Emmett	RESIDENCE	Emmett
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY	29 (Years)	AGE AT LAST BIRTHDAY	24 (Years)
BIRTHPLACE	Va	BIRTHPLACE	Va
OCCUPATION	Bridge builder	OCCUPATION	Wife

Number of child of this mother, including present birth 1

Number of children, of this mother, now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn) at 10:00 M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. L. Reynolds

(Physician or Midwife)

Address Emmett Idaho

Given name added from a supplemental report

..... 19.....

Filed Nov. 2 1912 J. L. Reynolds Local Registrar

..... Registrar

S-Y CO., 15669

STATE OF IDAHO

DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of Idaho } ss.
County of Gem }

Certificate No. 9232

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of Birth (Birth or Death)
for Virginia Phipps (Name on Original Certificate) who born (Was Born or Died) on 10-3-1912 (Date of Event)
in Emmett, Ida. (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts are shown by Physician (Bible Record, Insurance Policy, Etc.) prepared on (Give Date), are:

FACTS TO BE CORRECTED ("Name", "Birth Date", "Cause of Death", Etc.)	FROM (As on Original)	TO (The Correct Facts)
Name	Virginia Phipps	Ruth Virginia Phipps

Subscribed and sworn to before me this
day of , 19 .

Notary Public, residing at

My commission expires
(Seal)

Signed J. F. Reynolds M.D.
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Oregon } ss.
County of Baker }

[This Affidivat **MUST** Also be Executed.
(See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 23rd
day of October , 1971

Notary Public, residing at Huntington, Oreg

My commission expires 6-3-72
(Seal)

Signed Russell M. Rose
(Signature of Any Credible Person Other Than Previous Year)

Box 203 Huntington Oreg
(Street Address, City, State) 97907

DEC 27 1971

Own childs birth certificate Kathrine Louise McIntire born July 31, 1933 in Emmett, Idaho State Filed No. 214058, gives mothers name as Ruth Virginia Phipps.
Viewed by VS

Social Security Card. No. 518-05-7987 , OA-702.1 Rev. (11-61) gives name as Ruth P. McIntire(Ruth Phipps McIntire)
Viewed by VS

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

PLACE OF BIRTH 266-106-014-249

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

County of Canyon

City of Emmett

Registration District No. 22

File No. 9233

No. ____, ____ St.

Primary Registration District No. 2010

Registered No. 146

Hospital ____

FULL NAME OF CHILD Arthur Raymond Booyer

Sex of Child	Twin, Triplet, or other? *** and Number in order of birth *** (To be answered only in event of plural births)	Legitimate?	Date of birth (Month) Sept. (Day) 6 (Year) 1912
Male		yes	

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	Jachob Booyer	Ellen Burl
RESIDENCE	Emmett Ida.	same
COLOR	W.	W.
AGE AT LAST BIRTHDAY (Years)	34	22
BIRTHPLACE	Ark.	Ida.
OCCUPATION	Rancher	Hw.

Number of child of this mother, including present birth 4

Number of children, of this mother, now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn) at 8. P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) B. O. Clark M.D.

(Physician or Midwife)

Address Emmett Ida.

Given names added from a supplemental report

....., 19.....

Registrar

Filed Nov. 2 1912 J. R. Woodward

Registrar

S-Y CO., 16670

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

869-104-014-573

STATE OF IDAHO

Bureau of Vital Statistics

1

CERTIFICATE OF BIRTH

County of Canyon

City of Emmett

Registration District No. 22

File No. 9234

No. ____, ____ St.

Primary Registration District No. 2010

Registered No. 147

Hospital ____

FULL NAME OF CHILD Everett William Yergenson

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day)
Male	**	**	yes	Aug. 4

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	William Yergenson	Hattie Extrum
RESIDENCE	Errett da.	same
COLOR	W.	W.
AGE AT LAST BIRTHDAY (Years)	30	27
BIRTHPLACE	Ida.	Utah
OCCUPATION	Rancher	Hw.

Number of child of this mother, including present birth 1

Number of children of this mother, now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn) at 12.30 A.M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) B O Clark M.D.

(Physician or Midwife)

Address Emmett Ida

Given names added from a supplemental report

....., 19.....

Filed Nov. 2 19.12 J R Woodward

Registrar

S-Y CO., 16670

Registrar

JAN 9 1942

2 copies

795-120-014-569

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

County of Canyon

City of Emmett

Registration District No. [illegible]

File No. 9235

No. ____, ____ St.

Primary Registration District No. 2010

Registered No. 148

Hospital ____

FULL NAME OF CHILD Phillip Emeroy Gierman

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
male	**	*	yes	Aug. 20

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	Emeroy Gierman	Laila Ewing
RESIDENCE	Emmett Ida	Emmett Ida.
COLOR	W.	W.
AGE AT LAST BIRTHDAY (Years)	27	25
BIRTHPLACE	Ill	Mo.
OCCUPATION	Rancher	Hw.

Number of child of this mother, including present birth 3

Number of children, of this mother, now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was aliv* (Born alive or stillborn) at 1.00P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) B O Clark M D

(Physician or Midwife)

Address Emmett Ida

Given names added from a supplemental report

..... 19.....

..... Registrar

Filed Nov 2 19 12 E R Woodward Dep. Registrar

S-Y CO., 16670

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

APR 10 1942

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

465-215-014-666

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

County of Canyon

City of Emmett — Registration District No. 22 — File No. 9236

No. ____, ____ St. — Primary Registration District No. 210 — Registered No. 149

Hospital ____

FULL NAME OF CHILD Hazel Irene Monroe

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	and { Number in order of birth }	Legitimate?	Date of birth (Month) (Day) (Year)
Girl			yes	10-15-12 19[illegible]

FATHER

FULL NAME Benjamin Monroe

RESIDENCE Emmett Ida

COLOR W — AGE AT LAST BIRTHDAY 29 (Years)

BIRTHPLACE ~~Miss~~ Tenn.

OCCUPATION Laborer

MOTHER

FULL MAIDEN NAME Julia Woods

RESIDENCE Emmett

COLOR W — AGE AT LAST BIRTHDAY 20 (Years)

BIRTHPLACE N.C.

OCCUPATION Wife

Number of child of this mother, including present birth 3

Number of children, of this mother, now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Alive (Born alive or stillborn) on the date above stated. 10-15-12 at 6 A M.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. L. Reynolds M.D.

(Physician or Midwife)

Address Emmett Idaho

Given names added from a supplemental report

____ 19____

____ Registrar

Filed 11-16 — 1912 — J. L. Reynolds Registrar

Nov. 2 — 1912 — S R Wood Local Registrar

S-Y CO., 16670

Form V. S. No. 11-C—10m-1-20-41

STATE OF IDAHO

1 2 1942

PLACE OF BIRTH

434-10 [redacted] F-867

[redacted]

State of Idaho

BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

City of Weotlare — Registration District No. 2042 — File No. 9237

No. ____ St. — Primary Registration District No. 10 — Registered No. 187

Hospital ____

FULL NAME OF CHILD Douglas McMurray

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births) and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Male		Yes	Oct 5 1912

FATHER		MOTHER	
FULL NAME	Wm A McMurray	FULL MAIDEN NAME	Sula B Hopperstead
RESIDENCE	Weotlare Idaho	RESIDENCE	same
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	37 (Years)	AGE AT LAST BIRTHDAY	27 (Years)
BIRTHPLACE	Kansas	BIRTHPLACE	Minn
OCCUPATION	Clergyman	OCCUPATION	Wife

Number of child of this mother, including present birth 4 — Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) on the date above stated., at 3-40 P M.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) H B Blake

(Physician or ~~midwife~~)

Address Kentsville Idaho

Given names added from a supplemental report

....., 19.....

Filed Oct 7th 1912 — G S Stockton, Registrar

H B Blake

S-Y CO. 20174

Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

PLACE OF BIRTH

County of

City of

No. St.

Registration Dist.

Primary Registration

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Ada

City of Meotlake

Registration District No. 2042 File No. 9238

No. ____ St.

Primary Registration District No. 10 Registered No. 188

Hospital ____

FULL NAME OF CHILD Valda Lorene Hulick

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Female			Yes	Oct 6 191

FATHER	MOTHER
FULL NAME Edward Lewis Hulick	FULL MAIDEN NAME Marceline Theresa Nagel
RESIDENCE Meotlake Idaho	RESIDENCE Same
COLOR White	COLOR White
AGE AT LAST BIRTHDAY 34 (Years)	AGE AT LAST BIRTHDAY 24 (Years)
BIRTHPLACE Oregon	BIRTHPLACE Idaho
OCCUPATION Farmer	OCCUPATION Housewife

Number of child of this mother, including present birth 4

Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) on the date above stated., at 1:30 A.M.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) H B Blake

(Physician or ~~midwife~~)

Address Kuna Meridian Idaho

Given names added from a supplemental report

....., 19.....

Filed Oct 8 1912 G E Stockton Registrar

.....
Registrar

S-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

K

Dep. #1912 - 116272

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

[redacted] BIRTH

[redacted] STATE OF IDAHO

[redacted] eau of Vital Stat[redacted]

[redacted] IFICATE OF [redacted]

County of Idaho

City of Ferdinand

434-130-025-175 No. ____, ____ St.

Registration District No. [redacted] File No. 9239

Primary Registration District No. 10 Registered No. 189

Hospital Home

FULL NAME OF CHILD ADRIAN RANDALL McMURRAY

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
boy			Yes	Sept 30, 1912

FATHER		MOTHER	
FULL NAME	Mont M McMurray	FULL MAIDEN NAME	Rose Agee
RESIDENCE	Ferdinand Ida	RESIDENCE	Ferdinand Ida
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	32 (Years)	AGE AT LAST BIRTHDAY	30 (Years)
BIRTHPLACE	Asheville N. C.	BIRTHPLACE	Ft. Smith Ark.
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth Three

Number of children, of this mother, now living, including present birth Three

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 2.30 P.M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) C. H. Carlisle M.D.

Physician.

(Physician or Midwife)

Address Ferdinand Idaho

Given names added from a supplemental report

....., 19.....

Filed Oct 8 1912 G.S. Stockton Registrar

per W.B. Blake Asst Reg

.....

Registrar

[redacted] CO., 16670

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH — BUREAU OF VITAL STATISTICS

Affidavit to Correct or Amend an Original Certificate of Birth or Death

State of Idaho } ss.
County of Nez Perce }

NOV 6 1941 RECEIVED

Certificate No. 7
Date Filed

The undersigned does solemnly swear that certain facts on the certificate of birth (Birth or death)
for (Unnamed) McMurran who was born on September 30 1912
(Name on original certificate) (Was born or died) (Date of event)
in Ferdinand Idaho are ~~erroneous~~ or were omitted; and that, to the best of his knowledge, the true
(Place of event)
facts as shown by Bible Record prepared on October 6th 1912, are:
(Bible record, insurance policy, etc.) (Give date)

FACTS TO BE CORRECTED ("Name", "birth date", "cause of death", etc.)	FROM (As on original)	TO (The correct facts)
Christian name	Unnamed	Adrian Randall
Donald McMurray		McMurray

Subscribed and sworn to before me this 3
day of Nov. 1941
John A. Rhodes
Notary Public, residing at Lewiston, Ida.
My commission expires 6-21-45
[SEAL]

Signed Rose McMurray (Mother)
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person)
Clarkston, Washington
(Street Address, City, State)
1100 - 8th St.

Supporting Affidavit of a Second Person

State of Idaho }
County of Nez Perce } ss.

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 3
day of Nov. 1941
John A. Rhodes
Notary Public, residing at Lewiston, Ida.
My commission expires 6-21-45
[SEAL]

Signed Stanley D. McMurray
(Signature of any credible person other than the previous affiant)
1910 - 9th, Lewiston Ida
(Street Address, City, State)

Received for filing on ..... by .....
(Registrar's signature)

Higinbotham Certificate
NOV 26 1941

238-14-225-396

PLACE OF BIRTH

Form V. S. No. 11-C—10m-9-7-11

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

County of Idaho

City of Grangeville

No. ....., ... St.

Registration District No. 10 File No. 9240

Primary Registration District No. 1001 Registered No. 193

Hospital .....

FULL NAME OF CHILD Paul ~~Dave~~ Carlos Schmaderka

Sex of Child	Twin, Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of birth (Month) (Day) (Year)
Male	1st	yes	Oct 14, 1912

FATHER	MOTHER
FULL NAME: Clarence George Schmaderka	FULL MAIDEN NAME: Mary Dorcas Cross
RESIDENCE: Grangeville Ida	RESIDENCE: Grangeville Ida
COLOR: white AGE AT LAST BIRTHDAY: 25 (Years)	COLOR: white AGE AT LAST BIRTHDAY: 27 (Years)
BIRTHPLACE: Idaho	BIRTHPLACE: Iowa
OCCUPATION: Banker	OCCUPATION: Housewife

Number of child of this mother, including present birth: 1

Number of children, of this mother, now living, including present birth: 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was ~~born alive~~ (Born alive or stillborn) on the date above stated, at 10:30 A. M.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) C. W. Slusser M. D.

(Physician or ~~Midwife~~)

Address Grangeville Idaho

Given names added from a supplemental report

....., 19.....

Filed Nov 2 19 12 G S Stockton

Registrar

Registrar

SVMS - YORK CO., PTRS. & BDRS. 17826

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

MARGIN RESERVED FOR BINDING

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

432-21-025-265

PLACE OF BIRTH

Form V. S. No. 11-C—10m-8-7-11

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

County of Idaho

City of —

No. ____, ____ St.

Hospital ____

Registration District No. 10 File No. 9241

Primary Registration District No. 2044 Registered No. 192

FULL NAME OF CHILD Geneal [illegible] D. McKinney

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
female		1st	yes	October 13 1912

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	Fred Baldwin McKinney	Mabel Elizabeth Smith
RESIDENCE	Idaho County	Idaho County
COLOR	white	white
AGE AT LAST BIRTHDAY (Years)	32	27
BIRTHPLACE	Minnesota	Illinois
OCCUPATION	Rancher	Housewife

Number of child of this mother, including present birth 1

Number of children, of this mother, now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn), at 10 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) A. N. Slusser M.D.

(Physician or Midwife)

Given names added from a supplemental report

....., 19.....

Address Grangeville Idaho

Filed Nov 2 1912 G S Stockton

Registrar

SYMS - YORK CO., PTRS. & BDRS. 17326

Registrar

MAR 15 1951

915-131-025-285

Form V. S. No. 11-C 40m-2-19-21

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Idaho

City of Grangeville

Registration District No. 10 File No. 9242

No. ____ St.

Primary Registration District No. 2044 Registered No. 191

Hospital ____

FULL NAME OF CHILD [illegible]

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Male			Yes	Oct 31 1912

FATHER		MOTHER	
FULL NAME	Frank G Ranch	FULL MAIDEN NAME	Mary Shearer
RESIDENCE	Grangeville	RESIDENCE	Grangeville
COLOR	white	COLOR	white
AGE AT LAST BIRTHDAY (Years)	44	AGE AT LAST BIRTHDAY (Years)	24
BIRTHPLACE	Oregon	BIRTHPLACE	Idaho
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 2

Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 4-40 a. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) G S Stockton

(Physician or midwife)

Address Grangeville Idaho

Given names added from a supplemental report

..... 19.....

Filed Nov 1 1912 G S Stockton

..... Registrar

Registrar

S-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

493-131-025-049

PLACE OF BIRTH

County of Idaho

City of Green Creek

No. ____ St.

Hospital ____

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

Form V. S. No. 11-C—20m-9-15-12

CERTIFICATE OF BIRTH

Registration District No. 10 File No. 9243

Primary Registration District No. 2044 Registered No. 190

FULL NAME OF CHILD George Lee Miller

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Male			Yes	Oct 31 1912

FATHER		MOTHER	
FULL NAME	Harvey W Miller	FULL MAIDEN NAME	Jennie Doncith
RESIDENCE	Green Creek	RESIDENCE	Green Creek
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	41	AGE AT LAST BIRTHDAY (Years)	30
BIRTHPLACE	Illinois	BIRTHPLACE	Iowa
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 3

Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 6:50 A. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) G B Stockton

(Physician or midwife)

Address Grangeville Idaho

Given names added from a supplemental report

....19....

Filed Nov 1 1912 G B Stockton

Registrar

S-Y CO. 20174

Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

AUG 4 1976

Form V. S. No. 11-C—20m-2-15-12

PLACE OF BIRTH 417-12-02-5-434

County of Idaho

City of Grangeville

No. _____ St.

Hospital _____

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 10 File No. 9244

Primary Registration District No. 2044 Registered No. 186

FULL NAME OF CHILD Robert Loy Maxey

Sex of Child	Twin / Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Male			Yes	Oct 20 1912

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	Robert L Maxey	Nellie G McMullen
RESIDENCE	Grangeville Ida	Grangeville
COLOR	White	White
AGE AT LAST BIRTHDAY (Years)	28	26
BIRTHPLACE	Kansas	Iowa
OCCUPATION	Farmer	Housewife

Number of child of this mother, including present birth 2

Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) on the date above stated, at 4.40 P. M.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) G S Stockton

(Physician ~~or midwife~~)

Address Grangeville Idaho

Given names added from a supplemental report

..... 19.....

Filed Oct 30 1912 G S Stockton

..... Registrar

Registrar

S-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH

STATE OF IDAHO

Form V. S. No. 11-C—50m-3-15-12

Form V. S. No. 11-C—20m-2-15-12

PLACE OF BIRTH 446-229-025-445

County of Idaho

City of Grangeville

No. _____ St.

Hospital _____

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

9245

Registration District No. 10 File No. _____

Primary Registration District No. 1001 Registered No. 185

FULL NAME OF CHILD Racheal Ilma Dufur

Sex of Child	Twin / Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Female			Yes	Oct 29 1912

FATHER		MOTHER	
FULL NAME	Alfred D Dufur	FULL MAIDEN NAME	Emma E Dunlap
RESIDENCE	Grangeville	RESIDENCE	Grangeville
COLOR	White	AGE AT LAST BIRTHDAY (Years)	27
COLOR	White	AGE AT LAST BIRTHDAY (Years)	23
BIRTHPLACE	Nebraska	BIRTHPLACE	Idaho
OCCUPATION	Merchant	OCCUPATION	Housewife

Number of child of this mother, including present birth 1

Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 7 40a. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) G S Sloan

(Physician ~~or midwife~~)

Address Grangeville Idaho

Given names added from a supplemental report

_____ 19____

Filed Oct 30 1912 G S Sloan Registrar

_____ Registrar

S-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

APR 29 1955

433-126-025-419

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

* PLACE OF BIRTH

County of Idaho

City of Grangeville

No. ..... St.

Hospital .....

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 10 File No. 9246

Primary Registration District No. 2044 Registered No. 184

FULL NAME OF CHILD Marshall James McCulley

Sex of Child: Male | Twin / Triplet or other? / and / Number in order of birth (To be answered only in event of plural births) | Legitimate? Yes | Date of Birth: Oct 26 (Month) (Day) 1912 (Year)

FATHER		MOTHER	
FULL NAME	H. F. McCulley	FULL MAIDEN NAME	Sarah Helen Marshall
RESIDENCE	Grangeville	RESIDENCE	Grangeville
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	25	AGE AT LAST BIRTHDAY (Years)	22
BIRTHPLACE	Iowa	BIRTHPLACE	Missouri
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 1

Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 8-40a M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) G. S. Stockton

(Physician ~~or midwife~~)

Address Grangeville Idaho

Given names added from a supplemental report

..... 19.....

..... Registrar

Filed Oct 30 1912 G S Stockton Registrar

S-Y CO. 20174

10-22-41

917 - 201-025-313

PLACE OF BIRTH

Form V. S. No. 11-C—20m-6-15-12

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Idaho

City of Grangeville

Registration District No. 10 File No. 9247

No. ____ St.

Primary Registration District No. 1001 Registered No. 183

Hospital ____

FULL NAME OF CHILD Luella Ivla Rape

Sex of Child	Twin / Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Female			Yes	Oct 1 1912

FATHER		MOTHER	
FULL NAME	Oscar B Rape	FULL MAIDEN NAME	Mattie L Collins
RESIDENCE	Grangeville	RESIDENCE	Grangeville
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	42	AGE AT LAST BIRTHDAY (Years)	36
BIRTHPLACE	Illinois	BIRTHPLACE	Nebraska
OCCUPATION	Laborer	OCCUPATION	Housewife

Number of child of this mother, including present birth 6

Number of children of this mother now living, including present birth 5

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 1,30 A. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) G. S. Stockton

(Physician ~~or midwife~~)

Address Grangeville Idaho

Given names added from a supplemental report

....., 19.....

Registrar

Filed Oct 8 1912 G S Stockton

Registrar

8-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Form V. S. No. 11-C—20m-8-16-12

STATE OF IDAHO

PLACE OF BIRTH

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH

893-202-025-681

County of Idaho

City of Grangeville

No. ..... St.

Hospital .....

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

Registration District No. 10

Primary Registration District No. 1007

9248

File No. .....

Registered No. 182

FULL NAME OF CHILD Dorothy Violet Hillaker

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Female			yes	Oct 2 1912

FATHER		MOTHER	
FULL NAME	O. L. Hillaker	FULL MAIDEN NAME	Edna O'Hare
RESIDENCE	Grangeville	RESIDENCE	Grangeville
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	26	AGE AT LAST BIRTHDAY (Years)	26
BIRTHPLACE	Michigan	BIRTHPLACE	Missouri
OCCUPATION	Salesman	OCCUPATION	Housewife

Number of child of this mother, including present birth 5

Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 1.30 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) G. S. Stockton

(Physician or ~~midwife~~)

Address Grangeville Idaho

Given names added from a supplemental report

..... 19.....

Filed Oct 8 1912

G S Stockton
Registrar

..... Registrar

S-Y CO. 20174

JUL 1 6 1971

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

996-187825-152

PLACE OF BIRTH

Form V. S. No. 11-C—20m-2-10-12

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

9249

County of Idaho

City of Grangeville Registration District No. 10 File No.

No. St. Primary Registration District No. 1061 Registered No. 181

Hospital

FULL NAME OF CHILD Thomas Clay Irwin

Sex of Child	Twin / Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Male			Yes	Oct 7 1912

FATHER		MOTHER	
FULL NAME	Wm J Irwin	FULL MAIDEN NAME	Rosie Jones
RESIDENCE	Grangeville	RESIDENCE	Grangeville
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	36	AGE AT LAST BIRTHDAY (Years)	26
BIRTHPLACE	Missouri	BIRTHPLACE	Arkansas
OCCUPATION	Baggage Hustler	OCCUPATION	Housewife

Number of child of this mother, including present birth 2

Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 9 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) G S Stockman

(Physician or ~~midwife~~)

Address Grangeville Idaho

Given names added from a supplemental report

.....19.....

.....
Registrar

Filed Oct 30 1912 G S Stockman
Registrar

S-Y CO. 20174

APR 2 1969

395-201-025-236

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH

County of Idaho

City of Grangeville

No. ____ St.

Hospital ____

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 10 File No. 9250

Primary Registration District No. 2044 Registered No. 180

FULL NAME OF CHILD Grace Lindermulder

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Female			Yes	Oct 1 1912

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	Peter Lindermulder	Jennie Bloot
RESIDENCE	Grangeville	Grangeville
COLOR	white	white
AGE AT LAST BIRTHDAY (Years)	27	22
BIRTHPLACE	Holland	Holland
OCCUPATION	Farmer	Housewife

Number of child of this mother, including present birth 2

Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 1:30 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) G. S. Stockton

(Physician or ~~midwife~~)

Address Grangeville Idaho

Given names added from a supplemental report

....., 19.....

Registrar

Filed Oct 8 1912 G S Stockton

Registrar

S-Y CO. 20174

962-22-4825-463

PLACE OF BIRTH

Form V. S. No. 11-C—10m-8-7-11

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

County of Idaho

City of Miles

No ....., ... St.

Hospital .....

Registration District No 10 File No. 9251

Primary Registration District No. 201 Registered No. 178

FULL NAME OF CHILD Jennavene Christena Roberts

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
girl	and	one	yes	August 24 1912

FATHER		MOTHER	
FULL NAME	John Robert	FULL MAIDEN NAME	Christena Mueller
RESIDENCE	Miles	RESIDENCE	Miles
COLOR	white	AGE AT LAST BIRTHDAY (Years)	30
BIRTHPLACE	Hamtown Penn	COLOR	white
OCCUPATION	Warehouseman	AGE AT LAST BIRTHDAY (Years)	28
		BIRTHPLACE	Center Kansas
		OCCUPATION	Domestic

Number of child of this mother, including present birth ... first

Number of children, of this mother, now living, including present birth ... 6

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn), at 12 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) mrs C. A. A. Lyle

(Physician or Midwife)

Address Miles Idaho

Given names added from a supplemental report

....., 19.....

Filed Sept 8, 1912 Houston E. Snyder

Registrar

Registrar

SYMS - YORK CO., PTRS. & BDRS. 17826

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

2 FIRST NAME
FATHER = ROBERT

dup of 1912-D55-247

Form V. S. No. 11-C—20m-2-15-12

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH

399-22-0025-433

County of Idaho

City of Stites

No. ..... St.

Hospital .....

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

Registration District No. 10 File No. 9252

Primary Registration District No. 2101 Registered No. 177

FULL NAME OF CHILD Edna Mary Crittenden

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births) and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Female		Yes	Sept. 27 1912

FATHER		MOTHER	
FULL NAME	Edward R. Crittenden	FULL MAIDEN NAME	May McCann
RESIDENCE	Stites Idaho	RESIDENCE	Stites Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	38	AGE AT LAST BIRTHDAY (Years)	36
BIRTHPLACE	Ohio	BIRTHPLACE	Canada
OCCUPATION	Brakesman	OCCUPATION	Housework

Number of child of this mother, including present birth 2

Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 7 20 a M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. M. Vanbenthuysen

(Physician or midwife)

Address Stites Idaho

Given names added from a supplemental report

..... 19.....

Filed Oct 15 1912 G S Blackman

Registrar

..... Registrar

S-Y CO. 20174

AUG 30 1945

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

465-238-025-468

PLACE OF BIRTH

County of Idaho

City of Kooskia

No. ..... St.

Hospital .....

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 10 File No. 9253

Primary Registration District No. 2101 Registered No. 176

FULL NAME OF CHILD Edna B. Montgomery

Sex of Child	Twin / Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Female			Yes	Sept 28 1912

FATHER		MOTHER	
FULL NAME	Owen W. Montgomery	FULL MAIDEN NAME	Estella Moyer
RESIDENCE	Kooskia Idaho	RESIDENCE	Kooskia - Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	45 (Years)	AGE AT LAST BIRTHDAY	30 (Years)
BIRTHPLACE	Oregon	BIRTHPLACE	Iowa
OCCUPATION	Laborer	OCCUPATION	Housework

Number of child of this mother, including present birth 6 Number of children of this mother now living, including present birth 5

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 3 40 a. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Jas Verbrugge

(Physician or midwife)

Address Kooskia - Idaho

Given names added from a supplemental report

..... 19.....

Filed Oct 15 1912 G S Blackburn

Registrar

..... Registrar

S-Y CO. 20174

AUG 1 0 1943

466-217-025-757

PLACE OF BIRTH

Form V. S. No. 11-C—10m-8-7-11

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

County of Idaho

City of Stites

No ....., ... St.

Registration District No 10 File No. 9254

Primary Registration District No. 2101 Registered No. 179

Hospital .....

FULL NAME OF CHILD Hazel Jane Moore

Sex of Child	Twin, Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of birth (Month) (Day) (Year)
Female		Yes	9 17 1912

FATHER		MOTHER	
FULL NAME	Hebert M. Moore	FULL MAIDEN NAME	Sara L. Piper
RESIDENCE	Stites Idaho	RESIDENCE	Stites Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	31 (Years)	AGE AT LAST BIRTHDAY	32 (Years)
BIRTHPLACE	Iowa	BIRTHPLACE	Nebraska
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 1

Number of children, of this mother, now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive, at 7:00 A.M. on the date above stated.

(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Houston E. Snyder M.D.

(Physician or Midwife)

Address Stites Idaho

Given names added from a supplemental report

....., 19.....

Filed Oct 7 1912 Houston E. Snyder

Registrar

.....

Registrar

SYMS-YORK CO., PTRS. & BDRS. 17326

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

Form V. S. No. 11-C - 10m 8-7-12

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

File No. .....

Registered No. .....

PLACE OF BIRTH

Name of Child .....

Sex .....

Twin, Triplet or Quad (or Single)

Color or Race .....

Date of Birth .....

(Month) (Day) (Year)

Name of Father .....

Color or Race .....

Age at Last Birthday .....

Birthplace .....

Occupation .....

Name of Mother .....

Color or Race .....

Age at Last Birthday .....

Birthplace .....

Occupation .....

Number of children born to this mother, including present birth .....

Number of children of this mother living, including present birth .....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child who was born alive at ..... M. on the date above given.

Signature .....

Address .....

Date signed .....

Filed ..... 19 .....

Registrar

Registrar

WORLD PRINTING & SUPPLY 17398

PLEASE WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

465-134-025-315

PLACE OF BIRTH

Form V. S. No. 11-C—20m-2-1[illegible]

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Idaho

City of Kooskia

No. ____ St.

Hospital ____

Registration District No. 10 File No. 9255

Primary Registration District No. 2101 Registered No. 195

FULL NAME OF CHILD Charles F. Moe

Sex of Child	Twin / Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Male			yes	OCT 24 191[illegible]

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	Clarence Moe	Dora Canfield
RESIDENCE	Kooskia - Idaho	Kooskia Idaho
COLOR	white	white
AGE AT LAST BIRTHDAY (Years)	40	35
BIRTHPLACE	Michigan	Michigan
OCCUPATION	Laborer	Housewife

Number of child of this mother, including present birth 11 Number of children of this mother now living, including present birth 8

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive, at 2 P. M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. M. Vanderveer
(Physician or midwife)

Address Kooskia - Idaho

Given names added from a supplemental report

....., 19.....

Filed Nov 8 1912 G S Steele
Registrar

.....
Registrar

8-Y CO. 20174

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

MARGIN RESERVED FOR BINDING

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

one copy 10/28/40 L. B.

766 - 120
0.25 - 4169

Amended 4/9/76

(Be sure the information is complete and accurate)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 9256
Local Reg. No.
Reg. Dist. No. 10

1. PLACE OF BIRTH

a. COUNTY: Idaho

b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN: Tahoe Ridge

c. FULL NAME OF (If NOT in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION:

2. USUAL RESIDENCE OF MOTHER (Where does mother live?)

a. STATE: Idaho b. COUNTY: Idaho

c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN: Tahoe Ridge

d. STREET ADDRESS (If rural, give location):

3. CHILD'S NAME (Type or print)

a. (First): Arthur b. (Middle): Borden c. (Last): Goode

4. SEX: Male

5a. THIS BIRTH: SINGLE ____ TWIN ____ TRIPLET ____

5b. IF TWIN OR TRIPLET (This child born) 1st ____ 2nd ____ 3rd ____

6. DATE OF BIRTH (Month) (Day) (Year): Oct. 20, 1912

FATHER OF CHILD

7. FULL NAME

a. (First): Charles b. (Middle): c. (Last): Goode

8. AGE (At time of this birth): 35 YEARS

9. BIRTHPLACE (State or foreign country) (City or Town): England

10. USUAL OCCUPATION: Farmer

11. KIND OF BUSINESS OR INDUSTRY:

MOTHER OF CHILD

12. FULL MAIDEN NAME

a. (First): Isabelle b. (Middle): c. (Last): Morrison

13. AGE (At time of this birth): 25 YEARS

14. BIRTHPLACE (State or foreign country) (City or Town): Glascow, Scotland

15. CHILDREN PREVIOUSLY BORN TO THIS MOTHER (Do NOT include this child)

a. How many OTHER children are now living? 1

b. How many OTHER children were born alive but are now dead?

c. How many children were stillborn (born dead after 20 wks. pregnancy?)

16. INFORMANT'S SIGNATURE OR NAME (Relationship):

I hereby certify that this child was born alive on the date stated above.

17. SIGNATURE: J. M. Verberkmoes

18. ATTENDANT AT BIRTH: M.D. X MIDWIFE ____ OTHER (Specify) ____

19. ADDRESS: Kooskia, Idaho

20. DATE SIGNED:

21. DATE REC'D BY LOCAL REG.: Nov 8, 1912

22. REGISTRAR'S SIGNATURE: G. S. Stockton

23. DATE ON WHICH GIVEN NAME ADDED BY ____ Registrar

...rict where the birth occurred WITHIN 10 days after the date of birth of the child. Address ...TAL STATISTICS, BOISE, IDAHO.

Form V. S. No. 11-C—20m-2-15-12

PLACE OF BIRTH

County of Idaho

~~City of~~ Tahoe Ridge

No. ..... St.

Hospital .....

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 10 File No. 9256

Primary Registration District No. 2101 Registered No. 194

FULL NAME OF CHILD Arthur Morrison Goode

Sex of Child	Twin / Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Male			yes	Oct 20 1912

FATHER		MOTHER	
FULL NAME	Charles Goode	FULL MAIDEN NAME	Isabella Morrison
RESIDENCE	Barkhill - Canada	RESIDENCE	Tahoe Ridge
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	35 (Years)	AGE AT LAST BIRTHDAY	25 (Years)
BIRTHPLACE	England	BIRTHPLACE	Glasgow Scotland
OCCUPATION	Rancher	OCCUPATION	Housewife

Number of child of this mother, including present birth 2

Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive, at 10 a M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J M Robertson
(Physician or midwife)

Address Hankin - Idaho

Given names added from a supplemental report

..... 19.....

Filed Nov 8 1912 G S Stockton
Registrar

..... Registrar

S-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

OCT 31 1967

IDAHO DEPARTMENT OF HEALTH

BUREAU OF VITAL STATISTICS

Affidavit to Correct or Amend An Original Certificate of Birth or Death

RECEIVED
MAR 29 1976
Bureau of Vital Statistics

State of Province of Alberta } ss.
County of Judicial District of Lethbridge

Certificate No. 9256

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of birth (Birth or Death)
for Arthur Morrison Goode (Name on Original Certificate) who was born (Was Born or Died) on Oct 20, 1912 (Date of Event)
in Tahoe Ridge (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts are shown by Cradle Roll, Insurance Policy (Bible Record, Insurance Policy, Etc.) prepared on Apr 6, 1913 & Feb 28, 1945 (Give Date) are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
child's middle name	Morrison	Borden

Subscribed and sworn to before me this 22 day of March 19 76.

Notary Public, residing at Lethbridge, Alberta

My commission expires Does not expire

(Seal)

Signed Archie H Warren
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

IRON SPRINGS, ALBERTA.
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Province of Alberta } ss.
County of Judicial District of Lethbridge

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 22nd day of March 19 76.

Notary Public, residing at Lethbridge, Alberta

My commission expires Does not expire

(Seal)

Signed
(Signature of Any Credible Person)

540 Crescent Ave. Picture Butte Alberta
(Street Address, City, State)

FORM DH 60-155

CL 3/5/76 nm

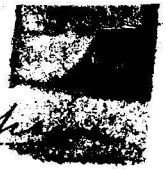
Life insurance policy from Sun Life Assurance Co. of Canada gives name as Arthur Borden Goode. dated Feb 28, 1945. viewed by B.V.S.

APR 9 1976

Cradle Roll Certificate of the East Main Bible school gives name a Arthur Borden Goode. born Oct. 20, 1912. Entered on April 6, 1913. viewed by V. S.

365 - 130
006 - 555

PLACE OF BIRTH



Form V. S. No. 11-C—20m-2-15-12

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

9257

County of Bingham

City of Aberdeen — Registration District No. 13 — File No.

No. ____ St. — Primary Registration District No. 2029 — Registered No. 217

Hospital

FULL NAME OF CHILD Paul Toevs.

Sex of Child	Twin / Triplet or other?	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Male	—	—	Yes	Oct 30 1912

(To be answered only in event of plural births)

FATHER	MOTHER
FULL NAME: Peter Frank Toevs	FULL MAIDEN NAME: Katrina Enno
RESIDENCE: Aberdeen. Ida.	RESIDENCE: Aberdeen Idaho
COLOR: White	COLOR: White
AGE AT LAST BIRTHDAY: 47 (Years)	AGE AT LAST BIRTHDAY: 41 (Years)
BIRTHPLACE: Russia	BIRTHPLACE: Russia
OCCUPATION: Farmer	OCCUPATION: Housewife

Number of child of this mother, including present birth: 9th

Number of children of this mother now living, including present birth: 9

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 5 30 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) M. C. MacKinnon, M.D.

(Physician or midwife)

Address Aberdeen - Ida -

Given names added from a supplemental report

....., 19.....

Filed Oct 30 1912

S-Y CO. 20174

Registrar

M. C. MacKinnon
Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

JAN 5 1942

415-223-006-575

Form V. S. No. 11-C—20m-2-15-12

PLACE OF BIRTH

County of Bingham

City of Aberdeen

No. — St.

Hospital —

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

Registration District No. 13 File No. 9258

Primary Registration District No. 2029 Registered No. 214

FULL NAME OF CHILD Virginia ANN Davis

Sex of Child	Twin / Triplet or other?	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
female	—	— (To be answered only in event of plural births)	yes	Oct 23 1912

FATHER	MOTHER
FULL NAME: Edward Luther Davis	FULL MAIDEN NAME: Hazel Van Orman
RESIDENCE: Aberdeen Ida.	RESIDENCE: Aberdeen Ida
COLOR: white	COLOR: White
AGE AT LAST BIRTHDAY: 33 (Years)	AGE AT LAST BIRTHDAY: 26 (Years)
BIRTHPLACE: Ohio	BIRTHPLACE: Illinois
OCCUPATION: Farmer & Grain Merchant	OCCUPATION: Housewife

Number of child of this mother, including present birth: 2nd

Number of children of this mother now living, including present birth: 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) on the date above stated, at 3:30 P. M.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) M. C. Mortensen, M.D.

(Physician or midwife)

Address Aberdeen Ida

Given names added from a supplemental report

....., 19.....

Filed Oct 23 19 12 M. C. Mortensen Registrar

S-Y CO. 20174 Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

MAY 18 1944

719-218-006-269

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Form V. S. No. 13-[illegible]

PLACE OF BIRTH

County of Bingham

City of Aberdeen

No. ..... St.

Hospital .....

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 13 File No. 9259

Primary Registration District No. 2029 Registered No. 212

FULL NAME OF CHILD Alice OPAL Parrish

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Female			Yes	Oct 18 1912

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	William Manly Parrish	Helena Swift
RESIDENCE	Aberdeen, Ida.	Aberdeen Ida.
COLOR	White	White
AGE AT LAST BIRTHDAY (Years)	40	40
BIRTHPLACE	Utah	England
OCCUPATION	Farmer & Miner	Housewife

Number of child of this mother, including present birth 9th

Number of children of this mother now living, including present birth 9

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 10 30 A.M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Dr. C. MacKinnon, M.D.

(Physician or midwife)

Address Aberdeen, Ida.

Given names added from a supplemental report

..... 19.....

..... Registrar

Filed Oct 18 1912 M. MacKinnon Registrar

S-Y CO. 20174

AUG 9 1944

235-204-006-693

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

MARGIN RESERVED FOR BINDING

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH

County of Bingham

City of Blackfoot Ward

No. No St.

Hospital No

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 13 File No. 9260

Primary Registration District No. 2053 Registered No. 207

FULL NAME OF CHILD Emanuel Steffen

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
M			Yes	Oct 4 1912

	FATHER	MOTHER
FULL NAME	Arthur Steffen	FULL MAIDEN NAME Minnie Williams
RESIDENCE	Blkfoot	RESIDENCE Blkfoot
COLOR	W	COLOR W
AGE AT LAST BIRTHDAY	26 (Years)	AGE AT LAST BIRTHDAY 19 (Years)
BIRTHPLACE	Sweden	BIRTHPLACE Utah
OCCUPATION	Laborer	OCCUPATION Housewife

Number of child of this mother, including present birth 1

Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born Alive (Born alive or stillborn) at 9 A. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) B. Davis M.D.

Phys (Physician or midwife)

Address Blackfoot Idaho

Given names added from a supplemental report

.....19.....

.....
Registrar

Filed Oct 14 19 12 M E Patrie
Registrar

S-Y CO. 20174

753-668-806-265

PLACE OF BIRTH

Form V. S. No. 11-C

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Bingham

City of Thomas Ward Registration District No. 23 File No. 9261

No. No St. Primary Registration District No. 2053 Registered No. 208

Hospital No

FULL NAME OF CHILD ~~[illegible]~~ ADRIAN NELS Peterson

Sex of Child	Twin / Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Male	—	—	Yes	Oct 8 1912

FATHER

FULL NAME Lars V. Peterson

RESIDENCE Blackfoot R.F.D. # 2

COLOR White AGE AT LAST BIRTHDAY (Years)

BIRTHPLACE Winchester, Kansas

OCCUPATION Farmer

MOTHER

FULL MAIDEN NAME Effie Sova

RESIDENCE do

COLOR White AGE AT LAST BIRTHDAY (Years)

BIRTHPLACE Winchester, Kansas

OCCUPATION Housewife

Number of child of this mother, including present birth 2

Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 1-15 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) M. E. Patrie

Phys (Physician or midwife)

Address Blackfoot Idaho

Filed Oct 15 1912 M. E. Patrie Registrar

Given names added from a supplemental report

..... 19.....

..... Registrar

S-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

1C

Form V.S. No. H-C—20m-9-35-12

STATE OF IDAHO

PLACE OF BIRTH

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of Idaho } ss.
County of Twin Falls }

Certificate No. 9261
Date Filed MAR 3 1942

The undersigned does solemnly swear that certain facts on the certificate of Birth (BIRTH OR DEATH)
for Adrian Nels Peterson (NAME ON ORIGINAL CERTIFICATE) who born (WAS BORN OR DIED) on Oct 8, 1912 (DATE OF EVENT)
in Blackfoot, Idaho (PLACE OF EVENT) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts as shown by mother's personal knowledge (BIBLE RECORD, INSURANCE POLICY, ETC.) prepared on ..... (GIVE DATE), are:

that she is the mother of Adrian Nels Peterson

FACTS TO BE CORRECTED ("NAME", "BIRTH DATE", "CAUSE OF DEATH", ETC.)	FROM (AS ON ORIGINAL)	TO (THE CORRECT FACTS)
Name	Unnamed Peterson	Adrian Nels Peterson
Mother's name	not given	Effie Sova
Birthplace of parents	not given	---- Winchester, Kansas

Subscribed and sworn to before me this 1st
day of March, 1942
Fanny Benoit
Notary Public, residing at Twin Falls, Ida.
My commission expires June 21, 1943
(SEAL)

Signed Effie Sova Secord
(SIGNATURE OF PARENT OR ATTENDANT IF CORRECTING A BIRTH RECORD; OF ATTENDANT, FUNERAL DIRECTOR, INFORMANT IF CORRECTING A DEATH RECORD; OR OTHER CREDIBLE PERSON.)
355-6th W. Twin Falls, Idaho
(STREET ADDRESS, CITY, STATE)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Idaho } ss.
County of Twin Falls }

[THIS AFFIDAVIT MUST ALSO BE EXECUTED. (SEE CHAPTER 139, 1937 IDAHO SESSION LAWS.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 1st
day of March, 1942
Fanny Benoit

Signed Ruth E. Lewis
(SIGNATURE OF ANY CREDIBLE PERSON OTHER THAN PREVIOUS AFFIANT.)

21 - 206-006-415

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Form V. S. No. [redacted]

PLACE OF BIRTH

County of Bingham

City of Thomas Ward

No. No St.

Hospital No

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 13 File No. 9262

Primary Registration District No. 2053 Registered No. 202

FULL NAME OF CHILD Wanetta Baker

Sex of Child	Twin, Triplet or other?	and Number in order of birth	Legitimate	Date of Birth (Month) (Day) (Year)
Female	— (To be answered only in event of plural births)	—	Yes	Oct 6 1912

FATHER		MOTHER	
FULL NAME	John E. Baker	FULL MAIDEN NAME	Ida May Davidson
RESIDENCE	Blackfoot R.F.D. No 2 Idaho	RESIDENCE	Do
COLOR	White	COLOR	W
AGE AT LAST BIRTHDAY	37 (Years)	AGE AT LAST BIRTHDAY	30 (Years)
BIRTHPLACE	Kansas	BIRTHPLACE	Idaho
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 6

Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 2 15 P M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) W. E. Petrie

Phys

(Physician or midwife)

Address Blackfoot Idaho

Given names added from a supplemental report

.....19.....

.....
Registrar

Filed Oct 15 1912

W. E. Petrie
Registrar

S-Y CO. 20174

APR 3 1944

815 - 105-006 - 355

Form V. S. No. 11-C

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Bingham

City of Blackfoot River

Registration District No. 13

File No. 9263

No. No St.

Primary Registration District No. 2053

Registered No. 210

Hospital No

FULL NAME OF CHILD Unnamed Hanson

Sex of Child	Twin / Triplet or other?	and	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Male	—		—	Yes	Oct 5 1912

(To be answered only in event of plural births)

FATHER	MOTHER
FULL NAME: William Enoch Hanson	FULL MAIDEN NAME: Barbara Ellen Staples
RESIDENCE: Blackfoot River	RESIDENCE: Do
COLOR: White	COLOR: White
AGE AT LAST BIRTHDAY: 25 (Years)	AGE AT LAST BIRTHDAY: 23 (Years)
BIRTHPLACE: Idaho	BIRTHPLACE: Utah
OCCUPATION: Farmer	OCCUPATION: Housewife

Number of child of this mother, including present birth: 2

Number of children of this mother now living, including present birth: 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 11 a M. on the date above stated.

(Signature) W. E. Patrie

Phys (Physician or midwife)

Address Blackfoot Idaho

Filed Oct 15 19 12 W. E. Patrie Registrar

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report

..... 19.....

..... Registrar

S-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

FEB 23 1968

Amended 9-29-59

PLACE OF BIRTH

141-216-006-418

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Bingham

City of Riverside Ward

No. ____ St. Registration District No. 13 File No. 9264

Hospital ____ Primary Registration District No. 2053 Registered No. 211

FULL NAME OF CHILD Lula Clara Adams
(Certificate of no value without full name of child.)

Sex of Child	Twin / Triplet / or other? (To be answered only in event of plural births)	and	Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Female				Yes	Oct. 16, 1912

What bactericidal solution was used in eyes? ____

Number of child of this mother, including present birth 3 Number of children of this mother now living, including present birth 3

FATHER	MOTHER
FULL NAME: Lot P. Adams	FULL MAIDEN NAME: Myra L. Dayley
RESIDENCE: Blackfoot, R.F.D. #2	RESIDENCE: Same
COLOR: White	COLOR: White
AGE AT LAST BIRTHDAY: 27 (Years)	AGE AT LAST BIRTHDAY: 22 (Years)
BIRTHPLACE: Utah	BIRTHPLACE: Idaho
OCCUPATION: Farmer	OCCUPATION: Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born Alive (Born alive or stillborn), at 3:45 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) W.E. Patrie

Physician
(Physician or midwife)

Address Blackfoot, Idaho

Filed Oct. 16, 1912 W.E. Patrie
Registrar.

Give names added from a supplemental report.

....., 192....

.....
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Form V. S. No. 11-C—20m-2-15-12

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Bingham

City of Riverside Ward — Registration District No. 43 — File No. 9264

No. No St. — Primary Registration District No. 2043 — Registered No. 911

Hospital No

FULL NAME OF CHILD Lulu Adams

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Female	—	—	Yes	Oct 16 1912

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	Lot P. Adams	Myra L. Daly
RESIDENCE	Blackfoot R F D #2	Do
COLOR	White	White
AGE AT LAST BIRTHDAY (Years)	27	22
BIRTHPLACE	Utah	Idaho
OCCUPATION	Farmer	Housewife

Number of child of this mother, including present birth 3

Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 3 45 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) W. E. Patrie

Phys (Physician or midwife)

Address Blackfoot Idaho

Given names added from a supplemental report

.....19.....

Filed Oct 16 19 12 W. E. Patrie

.....
Registrar

S-Y CO. 20174

.....
Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Documents listed on back -

IDAHO STATE BOARD OF HEALTH
DIVISION OF VITAL STATISTICS

Affidavit to Correct or Amend An Original Certificate of Birth or Death

State of Idaho
County of Bonneville } ss.

Certificate No. 9264

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of Birth (Birth or Death)
for Lulu Adams (Name on Original Certificate) who born (Was Born or Died) on Oct. 16, 1912 (Date of Event)
in Riverside, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts are shown by Church Records - Bible Record (Bible Record, Insurance Policy, Etc.) prepared on January 5, 1913 (Give Date), are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
Full Name of Child	Lulu Adams	Lula Clara Adams
Full Maiden Name of Mother	Myra L. Daly	Myra L. Dayley

Subscribed and sworn to before me this ..... day of ....., 19.....

Notary Public, residing at .....
My commission expires .....
(Seal)

Signed Myra L Dayley Adams
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person)

192 No Poplar - Blackfoot Idaho
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Idaho
County of Bonneville } ss.

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 21st day of May, 1959

Notary Public, residing at Ida. Falls
My commission expires 4-6-60
(Seal)

Signed H. Frank Adams
(Signature of Any Credible Person)

3708 Hawthorne Boise Idaho
(Street Address, City, State)

FORM OPH 55.155 CL 7-10-59. nm

Child's Birth Cert. on file, #35458 gives mother's name as Myra Dayley - viewed by V.S. We are only correcting the spelling of the Last Name.

L.D.S. Certificate of Blessing of Lula Clara Adams, Jan. 5, 1913 gives mother's name as Myra Dayley - viewed by V.S.

L.D.S. Church Sealing of Children to Parents, Aug. 29, 1941 in the Salt Lake City Utah Temple, gives parent's names as Darrel Pomeroy Ockerman and mother's maiden name as Lula Clara Adams - information recorded on Record Sheet - viewed by V.S.

351-212-006-993

PLACE OF BIRTH

Form V. S. No. 11-C—10m-8-7-11

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

9265

County of Bingham

City of Moreland

Registration District No. 13 File No.

No. St.

Hospital Home Primary Registration District No. 2053 Registered No. 213

FULL NAME OF CHILD Gertrud Genevve Leavett

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Girl			Yes	Oct. 12, 1912

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	Alva F. Leavett	Mattie Richardson
RESIDENCE	Moreland	Moreland
COLOR	White	White
AGE AT LAST BIRTHDAY	26 (Years)	21 (Years)
BIRTHPLACE	Utah	Utah
OCCUPATION	Farmer	Housewife

Number of child of this mother, including present birth... one

Number of children, of this mother, now living, including present birth... one

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn) at 10 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Mrs. L. P. Batway

Midwife (Physician or Midwife)

Given names added from a supplemental report

....., 19.....

Address .....

Filed Oct 20 1912 W. E. Patric

.....
Registrar

.....
Registrar

SYMS - YORK CO., PTRS. & BDRS. 17326

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

168-218-006-255

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

Form V. S. No. 11-C—10m-8-7-[illegible]

PLACE OF BIRTH

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

County of Bingham

City of Blackfoot

No. R.F.D. # 1 St.

Hospital

Registration District No. 13 File No. 9266

Primary Registration District No. 2053 Registered No. 215

FULL NAME OF CHILD Katie Lamerton

Sex of Child: Female	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth: 3	Legitimate? Yes	Date of birth: Oct (Month) 18 (Day) 1912 (Year)	

FATHER		MOTHER	
FULL NAME	James A. Lamerton	FULL MAIDEN NAME	Katie Bennett
RESIDENCE	Portneuf	RESIDENCE	Portneuf
COLOR	white	COLOR	white
AGE AT LAST BIRTHDAY	44 (Years)	AGE AT LAST BIRTHDAY	32 (Years)
BIRTHPLACE	Scotland	BIRTHPLACE	Utah
OCCUPATION	Farming	OCCUPATION	Housewife

[Number of child of this mother, including present birth 3

Number of children, of this mother, now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Alive (Born alive or stillborn), at [illegible] M. on the date above stated.

(Signature) Jeane E. Brown

midwife (Physician or Midwife)

Address Blackfoot Idaho

Filed Oct 23 1912 W. E. Patrie Registrar

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report

....., 19.....

Registrar

SYMS - YORK CO., PTRS. & BDRS. 17326

SEP 13 1966

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

318-108-006-113

Form V. S. No. 11-C—10m-8-7-11

PLACE OF BIRTH

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

County of Blackfoot Bingham

City of Blackfoot

No. R.F.D. St.

Registration District No. 13

File No. 9267

Primary Registration District No. 2053

Registered No. 216

Hospital U.C.

FULL NAME OF CHILD Rolland Taylor

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Male		3	Yes	Oct 8 1912

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	Charles Taylor	Hattie Jackman
RESIDENCE	Conterville	Conterville
COLOR	white	white
AGE AT LAST BIRTHDAY (Years)	30	22
BIRTHPLACE	Utah	Utah
OCCUPATION	Farming	Home Wife

[Number of child of this mother, including present birth 3

Number of children, of this mother, now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn), at 2:45 P.M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report

....., 19.....

(Signature) Mary E. Brown

Midwife

(Physician or Midwife)

Address Blackfoot Idaho

Filed Oct 23 1912 W. E. Parkie

Registrar

SYMS - YORK CO., PTRS. & BDRS. 17326 Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

AUG 0 6 2014

962-123-006-553

Form V. S. No. 11-C—20m-2-15-12

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Bingham

City of Thomas Ward

Registration District No. 13 File No. 9268

No. 176 St.

Primary Registration District No. 2053 Registered No. 218

Hospital No

FULL NAME OF CHILD FLOYD SYLVESTER Robertson

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate	Date of Birth (Month) (Day) (Year)
Male	—	—	Yes	Oct 23 1912

FATHER		MOTHER	
FULL NAME	Isaac L. Robertson	FULL MAIDEN NAME	Malvina E. Nelson
RESIDENCE	Blackfoot R 7 Id. No. 2	RESIDENCE	do
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	38	AGE AT LAST BIRTHDAY (Years)	26
BIRTHPLACE	Utah	BIRTHPLACE	Utah
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 3

Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 9 55 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) M. E. Patrick MD

(Physician or midwife)

Address Black Foot Idaho

Given names added from a supplemental report

....., 19.....

Filed Oct 31 1912 M. E. Patrick

Registrar

S-Y CO. 20174

Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of Wyoming }
County of Teton } ss.

Certificate No. 9268

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of Birth (Birth or Death)
for unnamed Robertson (Name on Original Certificate) who Was born (Was Born or Died) on Oct. 23, 1912 (Date of Event)
in Thomas Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts are shown by Family Record (Bible Record, Insurance Policy, Etc.) prepared on at time of birth (Give Date), are:

FACTS TO BE CORRECTED ("Name", "Birth Date", "Cause of Death", Etc.)	FROM (As on Original)	TO (The Correct Facts)
Name	Unnamed	Floyd Sylvester Robertson

Subscribed and sworn to before me this 1st
day of June, 19 42

E. N. Moody.
Notary Public, residing at Jackson, Wyo.

My commission expires Oct. 26, 1942
(Seal)

Signed Melvina Robertson Mother
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of }
County of } ss.

[This Affidivat **MUST** Also be Executed.
(See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this
day of , 19

Notary Public, residing at

My commission expires
(Seal)

Signed
(Signature of Any Credible Person Other Than Previous Year)

(Street Address, City, State)

243-1.26-006-243

Form V. S. No. 11-C—20m-2-15-12

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Bingham

City of Thomas Ward

Registration District No. 13

File No. 9269

No. Nr St.

Primary Registration District No. Dr 53

Registered No. 219

Hospital No

FULL NAME OF CHILD PHILIP Sullivan

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Male	—	—	Yes	Oct 26 1912

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	David D. Sullivan	Mundu Buckland
RESIDENCE	Blackfoot R 7 D. No 2	Do
COLOR	White	White
AGE AT LAST BIRTHDAY (Years)	32	32
BIRTHPLACE	Idaho	Utah
OCCUPATION	Farmer	Housewife

Number of child of this mother, including present birth 7

Number of children of this mother now living, including present birth 7

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 1 1/2 P.M. on the date above stated.

(Signature) M. E. Patrie

Phys (Physician or midwife)

Address Blackfoot Idaho

Filed Oct 31 19 12 M. E. Patrie Registrar

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report

.....19.....

.....Registrar

S-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of Washington } ss. JAN 2[illegible]42 Certificate No. 9269
County of Pierce } Date Filed

The undersigned does solemnly swear that certain facts on the certificate of Birth (BIRTH OR DEATH)
for Philip Sullivan (NAME ON ORIGINAL CERTIFICATE) who born (WAS BORN OR DIED) on Oct. 26, 1912 (DATE OF EVENT)
in Blackfoot, Idaho (PLACE OF EVENT) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts as shown by F mily record (BIBLE RECORD, INSURANCE POLICY, ETC.) prepared on Oct. 26, 1912 (GIVE DATE), are:

FACTS TO BE CORRECTED ("NAME", "BIRTH DATE", "CAUSE OF DEATH", ETC.)	FROM (AS ON ORIGINAL)	TO (THE CORRECT FACTS)
Name	Unnamed Sullivan	Philip Sullivan

Subscribed and sworn to before me this 20th day of January, 1942

Notary Public, residing at Tacoma, Wash.

My commission expires April 1, 1945 (SEAL)

Signed Maud Sullivan (Parent)
(SIGNATURE OF PARENT OR ATTENDANT IF CORRECTING A BIRTH RECORD; OF ATTENDANT, FUNERAL DIRECTOR, INFORMANT IF CORRECTING A DEATH RECORD; OR OTHER CREDIBLE PERSON.)

3806 South M. St., Tacoma, Wash.
(STREET ADDRESS, CITY, STATE)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Washington } ss.
County of Pierce }

[THIS AFFIDAVIT MUST ALSO BE EXECUTED. (SEE CHAPTER 139, 1937 IDAHO SESSION LAWS.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 20th day of January, 1942

Notary Public, residing at Tacoma, Wash.

My commission expires April 1, 1945 (SEAL)

Signed D. D. Sullivan
(SIGNATURE OF ANY CREDIBLE PERSON OTHER THAN PREVIOUS AFFIANT.)

3806 South M. St., Tacoma, Wash.
(STREET ADDRESS, CITY, STATE)

Received for filing on JAN 23 1942 By
(REGISTRAR'S SIGNATURE)

395-231-006-713

Form V. S. No. 11-C—20m-2-15-12

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

9270

County of Bingham

City of Blackfoot Rural — Registration District No. 13 — File No.

No. No St. — Primary Registration District No. 2053 — Registered No. 220

Hospital No

FULL NAME OF CHILD Ophelia Helen Livingstone

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Female	—	—	Yes	Oct 3, 12

FATHER		MOTHER	
FULL NAME	James Livingstone	FULL MAIDEN NAME	Nancy Ellen Palmer
RESIDENCE	Blackfoot Idaho	RESIDENCE	Do
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	30	AGE AT LAST BIRTHDAY (Years)	27
BIRTHPLACE	Utah	BIRTHPLACE	Idaho
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 4 — Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 2. a. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) W. G. Patrick

Phys (Physician or midwife)

Address Blackfoot Idaho

Given names added from a supplemental report

.....19.....

.....
Registrar

Filed Oct 31 19 12 — W. G. Patrick
Registrar

8-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

FEB 1 1965

MARGIN RESERVED FOR BINDING

WRITE PLAINLY. WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Form V. S. No. 11-C—20m-2-15-12

PLACE OF BIRTH 449-131-206-385

County of Bingham

City of Blkfoot

No. R F D 2 St.

Hospital —

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

Registration District No. 13 File No. 9271

Primary Registration District No. 2053 Registered No. 221

FULL NAME OF CHILD Armand Murdock

Sex of Child	Twin / Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
M	—	—	Yes	Oct 31 1912

FATHER	MOTHER
FULL NAME Roy J. Murdock	FULL MAIDEN NAME Melissa Cheney
RESIDENCE Blackfoot Ida R F D 2	RESIDENCE Idaho
COLOR W AGE AT LAST BIRTHDAY 25 (Years)	COLOR W AGE AT LAST BIRTHDAY 24 (Years)
BIRTHPLACE Utah	BIRTHPLACE Idaho
OCCUPATION Farmer	OCCUPATION Housewife

Number of child of this mother, including present birth 1

Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 2 a M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) B B Davis M D

(Physician or midwife)

Address Blackfoot Idaho

Given names added from a supplemental report

....., 19.....

Filed Nov 5th 1912 M E Patric

Registrar

S-Y CO. 20174

Registrar

Amended 11/13/72

365-104-006-229

(Be sure the information is complete and accurate)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 9272
Local Reg. No.
Reg. Dist. No. 13

1. PLACE OF BIRTH

a. COUNTY: Bingham

b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN: Blackfoot

c. FULL NAME OF (If NOT in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION:

2. USUAL RESIDENCE OF MOTHER (Where does mother live?)

a. STATE: Idaho b. COUNTY: Bingham

c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN: Blackfoot

d. STREET ADDRESS (If rural, give location):

3. CHILD'S NAME *(Type or print)*

a. (First): Purd b. (Middle): D. c. (Last): Totten

4. SEX	5a. THIS BIRTH	5b. IF TWIN OR TRIPLET (This child born)	6. DATE OF BIRTH (Month) (Day) (Year)
M	SINGLE ____ TWIN ____ TRIPLET ____	1st ____ 2nd ____ 3rd ____	Sept. 4, 1912

FATHER OF CHILD

7. FULL NAME

a. (First): William b. (Middle): c. (Last): Totten

8. AGE (At time of this birth)	9. BIRTHPLACE (State or foreign country) (City or Town)	10. USUAL OCCUPATION	11. KIND OF BUSINESS OR INDUSTRY
28 YEARS	Idaho	Laborer	

MOTHER OF CHILD

12. FULL MAIDEN NAME

a. (First): Gertie b. (Middle): c. (Last): Skinner

13. AGE (At time of this birth)	14. BIRTHPLACE (State or foreign country) (City or Town)	15. CHILDREN PREVIOUSLY BORN TO THIS MOTHER (Do NOT include this child)		
		a. How many OTHER children are now living?	b. How many OTHER children were born alive but are now dead?	c. How many children were stillborn (born dead after 20 wks. pregnancy?)
24 YEARS	Nebraska	2		

16. INFORMANT'S SIGNATURE OR NAME (Relationship):

I hereby certify that this child was born alive on the date stated above.

17. SIGNATURE: B. Davis

18. ATTENDANT AT BIRTH: M.D. ____ MIDWIFE ____ OTHER (Specify) ____

19. ADDRESS:

20. DATE SIGNED:

21. DATE REC'D BY LOCAL REG.: Oct. 6, 1912

22. REGISTRAR'S SIGNATURE: W. E. Putrie

23. DATE ON WHICH GIVEN NAME ADDED BY ____ Registrar

Record typewriter ribbon in completing this certificate. This certificate MUST be filed with the district where the birth occurred WITHIN 10 days after the date of birth of the child. Address VITAL STATISTICS, BOISE, IDAHO.

Form No. 5 No. 11-C—10m-9-11

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

PLACE OF BIRTH.

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

County of Bingham

City of Blackfoot

Registration District No 13

File No. 9272

No No St.

Primary Registration District No 1007

Registered No. 206

Hospital No

FULL NAME OF CHILD Welham Totten

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
M			Yes	Sept 4 1912

FATHER		MOTHER	
FULL NAME	Welham Totten	FULL MAIDEN NAME	Gertie Skinner
RESIDENCE	Taylorst Blackfoot Ida	RESIDENCE	Blackfoot Ida
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY	28 (Years)	AGE AT LAST BIRTHDAY	24 (Years)
BIRTHPLACE	Idaho	BIRTHPLACE	Nebraska
OCCUPATION	Laborer	OCCUPATION	Housewife

Number of child of this mother, including present birth 4

Number of children, of this mother, now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born Alive (Born alive or stillborn) at 12 30 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J B Davis

(Physician or Midwife)

Given names added from a supplemental report

....., 19.....

Address .....

Filed Oct 6 1912 W. E. Petrie

Registrar

BYNS - YORK CO., PTRS. & BORS. 17020 Registrar

AUG 4 1961

NOV 13 1972

IDAHO DEPARTMENT OF HEALTH

BUREAU OF VITAL STATISTICS

RECEIVED
BUREAU OF
VITAL STATISTICS
OCT 30 11 10 AM '72

Affidavit to Correct or Amend An Original Certificate of Birth or Death

State of ..... } ss.
County of ..... }

Certificate No. 9272

Date Filed .....

The undersigned does solemnly swear that certain facts on the certificate of birth (Birth or Death)
for William Totten (Name on Original Certificate) who was born (Was Born or Died) on Sept. 4, 1912 (Date of Event)
in Blackfoot, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts are shown by ..... (Bible Record, Insurance Policy, Etc.) prepared on ..... (Give Date), are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
Child's name	Williams Totten	Purd D. Totten

Subscribed and sworn to before me this 21st day of October, 1972

Martha E. Foley

Notary Public, residing at Yakima

My commission expires 10/19/76

(Seal)

Signed Purd Dorr Totten
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Washington } ss.
County of Yakima }

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 31st day of October, 1972

Martha E. Foley

Notary Public, residing at Yakima

My commission expires 10/19/1976

(Seal)

Signed Gertrude Del Totten (Mother)
(Signature of Any Credible Person)

709 North 4th Ave Yakima Wa 98902
(Street Address, City, State)

FORM DH 60-155 CL 9/28/72 NM

Certified copy of birth from Washington gives child's name as Beverly Jean Totten born Aug. 27, 1935. Father's name given as Purd Dorr Totten and the mother's name as Rosabel Violet Agnes Haule. Dated May 7, 1937. Viewed by V, S.

Letter from Minidoka County Schools, Rupert, Idaho. Gives child's name as Purd D. Totten. Son of William S. Totten and Gertrude Dot Skinner. Was born Sept. 4, 1912. Record taken betweeen yeard 1918 and 1924. Viewed by V. S.

PLACE OF BIRTH

Form V. S. No. 11-C—20m-2-15-12

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Bannock

City of Bancroft

157-204

No. 003-317 St.

Registration District No. 11

File No. 9273

Primary Registration District No. 2048

Registered No. 327

Hospital

FULL NAME OF CHILD Vera Jeppesen

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth
Girl			Yes	November 6 (Month) (Day) 1912 (Year)

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	Hyrum W Jeppsen	Dora B Larsen
RESIDENCE	Bancroft Idaho	Bancroft Idaho
COLOR	White	White
AGE AT LAST BIRTHDAY	30 (Years)	26 (Years)
BIRTHPLACE	Denmark	Logan Utah
OCCUPATION	Farmer	Housewife

Number of child of this mother, including present birth 3

Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Vera Jeppson alive, at 9:15 P. M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Alice Carlson

midwife
(Physician or midwife)

Given names added from a supplemental report

.....19.....

Address Bancroft

Filed 11-10-1912

Ellis Kackley
Registrar

Ellis Kackley
Registrar

S-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Dup of 1912 - 322949

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Form V. S. No. 11-C—20m-2-15-12

PLACE OF BIRTH 433-116-003-249

County of Bannock

City of Bancroft

No. ..... St.

Hospital .....

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

Registration District No. 11 — File No. 9274

Primary Registration District No. 2048 — Registered No. 328

FULL NAME OF CHILD Wallace Leon McClain

Sex of Child	Twin / Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Male			yes	Oct 16 1912

FATHER		MOTHER	
FULL NAME	Calvert David McClain	FULL MAIDEN NAME	Mary Estella Smith
RESIDENCE	Central Idaho	RESIDENCE	Central
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	29 (Years)	AGE AT LAST BIRTHDAY	20 (Years)
BIRTHPLACE	Fairview Utah	BIRTHPLACE	Logan Utah
OCCUPATION	Farmer	OCCUPATION	House Wife

Number of child of this mother, including present birth 2

Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Wallace Leon McClain alive (Born alive or stillborn), at 8 A. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Alice Aston

midwife (Physician or midwife)

Address Bancroft

Given names added from a supplemental report

..... 19.....

Ellis Kackley Registrar

Filed 11-10-1912 Ellis Kackley Registrar

S-Y CO. 20174

Form V. S. No. 11-C—30m-2-16-12

STATE OF IDAHO

PLACE OF BIRTH

Form V. S. No. 11-C—20m-2-15-12

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

PLACE OF BIRTH

319-24-003-364

County of Bannock

City of Treasureton — Registration District No. 11 — File No. 9275

No. ____ St.

Primary Registration District No. 2048 — Registered No. 393

Hospital ____

FULL NAME OF CHILD Alta Cornish Larsen

Sex of Child	Twin / Triplet or other? (To be answered only in event of plural births) and Number in order of birth	Legitimate?	Date of Birth
Girl		Yes	Nov. (Month) 1 (Day) 1912 (Year)

FATHER		MOTHER	
FULL NAME	Hyrum Kristofer Larsen	FULL MAIDEN NAME	Caroline Cornish
RESIDENCE	Treasureton	RESIDENCE	Treasureton
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	40 (Years)	AGE AT LAST BIRTHDAY	41 (Years)
BIRTHPLACE	Logan Utah	BIRTHPLACE	Franklin Utah
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 11 — Number of children of this mother now living, including present birth 8

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was a Live (Born alive or stillborn), at 8:30 P.M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Mary Lundgreen
Midwife
(Physician or midwife)

Address Treasureton Idaho

Given names added from a supplemental report

..... 19.....

Ellis Kackley
Registrar

Filed 11-10 1912 Ellis Kackley
Registrar

S-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

FEB 4 1959

BW 8-S YAM

PLACE OF BIRTH
363-102-003-493

County of Bannock

City of Treasureton

No. ____ St.

Hospital ____

Form V. S. No. 11-C—20m-2-15-12

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 11 File No. 9276

Primary Registration District No. 2048 Registered No. 332

FULL NAME OF CHILD Percy Richard Cole

Sex of Child	Twin Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Boy			yes	Nov. 2 1912

FATHER		MOTHER	
FULL NAME	John Alford Cole	FULL MAIDEN NAME	Jane Millington
RESIDENCE	Treasureton	RESIDENCE	Treasureton
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	38 (Years)	AGE AT LAST BIRTHDAY	31 (Years)
BIRTHPLACE	Willard Utah	BIRTHPLACE	Idaho
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 5

Number of children of this mother now living, including present birth 5

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn) on the date above stated, at 8.30 A. M.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Mary Lundgreen

Midwife (Physician or midwife)

Address Treasureton Idaho

Given names added from a supplemental report

..... 19.....

Ellis Kackley Registrar

Filed 11-10 1912 Ellis Kackley Registrar

8-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

MAY 28 1965

289-130-003-119

PLACE OF BIRTH

Form V. S. No. 11-C—15m-6-20-11

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

County of Bannock

City of Chesterfield Registration District No. 11 File No. 9277

No. ____, ____ St. Primary Registration District No. 2048 Registered No. 331

Hospital ____

FULL NAME OF CHILD James Jarvie Sterling

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	and	Number in order of birth	Legitimate?	Date of birth
M				Yes	Oct 30 (Month) (Day) 1912 (Year)

FATHER		MOTHER	
FULL NAME	John Sterling	FULL MAIDEN NAME	Jenny Jarvie
RESIDENCE	Chesterfield	RESIDENCE	Chesterfield
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY	27 (Years)	AGE AT LAST BIRTHDAY	26 (Years)
BIRTHPLACE	Scotland	BIRTHPLACE	Scotland
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 1

Number of children, of this mother, now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 2.35 P.M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) L. F. Smith (Physician or Midwife)

Given names added from a supplemental report

Address Lava Hot Springs, Ida

____ 19____

Ellis Kackley Registrar

Filed 11-10 19 12 Ellis Kackley Registrar

S-Y CO., 16670

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

MAY 2 8 1971

251-219-003-515

PLACE OF BIRTH

STATE OF IDAHO

Form V. S. No. 10-C—Rev. 3-31-11

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

County of Bannock

City of Bancroft.

Registration District No. 11 File No. 9278

No. ____, ____ St.

Primary Registration District No. 2048 Registered No. 330

Hospital ____

FULL NAME OF CHILD Celestine Marie Beamer

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) Oct (Day) 19 (Year) 12
F			Yes	

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	James D Beamer	Mae Celestine Vanauken
RESIDENCE	Bancroft	Bancroft
COLOR	W	W
AGE AT LAST BIRTHDAY (Years)	30	32
BIRTHPLACE	Ontario Can.	Utah
OCCUPATION	Farmer	Housewife

Number of child of this mother, including present birth 2

Number of children, of this mother, now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 7:30 a.m. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Dr R J Smith

(Physician or Midwife)

Address Bancroft

Given names added from a supplemental report

____, 19____

Ellis Kackley Registrar

Filed 11-10-19 12 Ellis Kackley Registrar

S-Y CO., 16670

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

759-130-003-393

Form V. S. No. 11-C—10m-6-20-11

PLACE OF BIRTH

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

County of Bannock

City of Chesterfield

No. ____, ____ St.

Registration District No. 11 — File No. 9279

Primary Registration District No. 2048 — Registered No. 329

Hospital ____

FULL NAME OF CHILD Milton Harvey Perkins

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
m			Yes	Oct 30 1912

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	Howard N. Perkins	Maud E. Tite
RESIDENCE	Chesterfield	Chesterfield
COLOR	W	W
AGE AT LAST BIRTHDAY (Years)	40	26
BIRTHPLACE	Utah	England
OCCUPATION	Chapman	Housewife

Number of child of this mother, including present birth 5

Number of children of this mother, now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 11 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) D. H. Smith

(Physician or Midwife)

Given names added from a supplemental report

..... 19.....

Address Preston Ida

Ellis Kackley
Registrar

Filed 11-10- 19 12 Ellis Kackley
Registrar

S-Y CO., 16670

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

JUL 2 3 1975

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

92-207-003-433

Form V. S. No. 11-C—20m-2-15-12

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Bannock

City of Inter

Registration District No. 11 File No. 9280

No. ____ St.

Primary Registration District No. 2048 Registered No. 308

Hospital ____

FULL NAME OF CHILD ~~XXXXXXXXXXXXX~~ Gibbs RUTH GIBBS

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Female			yes	Sept 7 1912

FATHER		MOTHER	
FULL NAME	John C. Gibbs	FULL MAIDEN NAME	Clara McClellan
RESIDENCE	Inter / Idaho	RESIDENCE	Inter
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	28 (Years)	AGE AT LAST BIRTHDAY	26 (Years)
BIRTHPLACE	Idaho	BIRTHPLACE	Utah
OCCUPATION	Farmer	OCCUPATION	Housekeeper

Number of child of this mother, including present birth 3rd

Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 6 a. M. on the date above stated.

(Signature) John H Hubbard M D

Physician (Physician or midwife)

Address Grace Idaho

Filed 11-10-1912 Ellis Kankley Registrar

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report

....19.... Ellis Kankley Registrar

S-Y CO. 20174

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of California } ss.
County of Los Angeles }

Certificate No. 9280

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of birth for Josephine Gibbs (NAME ON ORIGINAL CERTIFICATE) who was born (WAS BORN OR DIED) on Sept 7 1912 (DATE OF EVENT) in Grace Idaho (PLACE OF EVENT) are erroneous or were omitted; and that, to the best of his knowledge, the true facts as shown by Family record (BIBLE RECORD, INSURANCE POLICY, ETC.) prepared at time of birth (GIVE DATE), are:

FACTS TO BE CORRECTED ("NAME", "BIRTH DATE", "CAUSE OF DEATH", ETC.)	FROM (AS ON ORIGINAL)	TO (THE CORRECT FACTS)
Name	Josephine Gibbs	Ruth Gibbs

Subscribed and sworn to before me this 7th day of Feb, 19 42

Notary Public, residing at Los Angeles

My commission expires 1/27/1942
(SEAL)

Signed Clara M Gibbs
(SIGNATURE OF PARENT OR ATTENDANT IF CORRECTING A BIRTH RECORD; OF ATTENDANT, FUNERAL DIRECTOR, INFORMANT IF CORRECTING A DEATH RECORD; OR OTHER CREDIBLE PERSON.)

1516 3/4 So Menlo Los Angeles Calif
(STREET ADDRESS, CITY, STATE)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of California } ss.
County of Los Angeles }

[THIS AFFIDAVIT MUST ALSO BE EXECUTED. (SEE CHAPTER 139, 1937 IDAHO SESSION LAWS.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 7th day of Feb, 19 42

Notary Public, residing at Los Angeles

My commission expires 1/27/1942
(SEAL)

Signed George K Goon
(SIGNATURE OF ANY CREDIBLE PERSON OTHER THAN PREVIOUS AFFIANT.)

2223 Fulton St Berkeley Calif
(STREET ADDRESS, CITY, STATE)

Received for filing on FEB By
(REGISTRAR'S SIGNATURE)

FEB 10 1942

MAR 2 1972

336 - 105 - 003 - 5 5 - 4

PLACE OF BIRTH

Form V. S. No. 11-C—20m-9-15-12

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

9281

County of Bannock

City of Gray

Registration District No. 11 File No.

No. St.

Primary Registration District No. 2048 Registered No. 307

Hospital

FULL NAME OF CHILD Archie Winslow Lloyd

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Male.	—	—	Yes.	Sept 3 1912

FATHER		MOTHER	
FULL NAME	Archie E Lloyd.	FULL MAIDEN NAME	Agnes E Dodds.
RESIDENCE	Gray - Idaho.	RESIDENCE	Gray.
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	34 (Years)	AGE AT LAST BIRTHDAY	24 (Years)
BIRTHPLACE	Utah.	BIRTHPLACE	Utah.
OCCUPATION	Farmer	OCCUPATION	Housekeeper.

Number of child of this mother, including present birth 3rd

Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 3 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) John H Hubbard M D

(Physician or midwife)

Address Grace, Idaho

Given names added from a supplemental report

19

Ellis Kuckley Registrar

Filed 11-10- 19 12 Ellis Kuckley Registrar

8-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

JUL 9 1954

SEP 4 1956

JUL 8 - 1954

JUL 20 1962

415-202-003-353

PLACE OF BIRTH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

AMENDED July 30, 1946

County of Bannock
City of Wayan
No. ____ St.
Hospital ____

Registration District No. 11
Primary Registration District No. 2048
File No. 9282
Registered No. 298

FULL NAME OF CHILD Emma Elizabeth Daniels
(Certificate of no value without full name of child.)

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Female	–	–	Yes	Oct. 9 1912

What bactericidal solution was used in eyes? ____

Number of child of this mother, including present birth 3 — Number of children of this mother now living, including present birth 3

FATHER	MOTHER
FULL NAME: Albert S. Daniels	FULL MAIDEN NAME: Daphne Nelson
RESIDENCE: Wayan	RESIDENCE: Wayan
COLOR: White — AGE AT LAST BIRTHDAY: 28 (Years)	COLOR: White — AGE AT LAST BIRTHDAY: 22 (Years)
BIRTHPLACE: Idaho	BIRTHPLACE: Idaho
OCCUPATION: Rancher	OCCUPATION: Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 12 M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Give names added from a supplemental report.

..... , 192....

..... Registrar.

(Signature) Mrs. J. Sibbett

Midwife
(Physician or midwife)

Address Wayan

Filed Nov. 10 1912 Ellis Kackley
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Form V. S. No. 11-C—20m-2-15-12

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH

County of Bannock

City of Wayan

No. ____ St.

Hospital ____

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 11 File No. 9282

Primary Registration District No. 2048 Registered No. 298

FULL NAME OF CHILD Connie Elizabeth Daniels

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Fem.	—	—	yes	Oct 9 1912

FATHER		MOTHER	
FULL NAME	Albert Daniels	FULL MAIDEN NAME	Delphine Gray
RESIDENCE	Wayan	RESIDENCE	Wayan
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY (Years)	28	AGE AT LAST BIRTHDAY (Years)	22
BIRTHPLACE	Idaho	BIRTHPLACE	Idaho
OCCUPATION	Rancher	OCCUPATION	Wife

Number of child of this mother, including present birth 3

Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Alive (Born alive or stillborn), at 12 M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Mrs. J. Sublett

Midwife (Physician or midwife)

Address Wayan

Given names added from a supplemental report

....., 19.....

Ellis Kasley
Registrar

Filed Nov. 10, 1912 Ellis Kasley
Registrar

8-Y CO. 20174

JUL 3 1945

FEB 15 1945

JUL 27 1946

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

No Money Enclosed

State of Idaho
County of Caribou } ss.

Certificate No. 9282

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of Birth (Birth or Death)
for Annie Elizabeth Daniels (Name on Original Certificate) who was Born (Was Born or Died) on Oct. 9, 1912 (Date of Event)
in (Near) Thayne, Idaho (Place of Event) are erroneous or were omitted: and that, to the best of his knowledge, the
true facts are shown by Family Record (Bible Record, Insurance Policy, Etc.) prepared on or about Oct. 15, 1914 (Give Date), are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
Name	Annie Elizabeth Daniels	Emma Elizabeth Daniels
Mother's Name	Daphne Gray	Daphne Nelson
Father's Name	Albert Daniels	~~Albert~~ Albert S. Daniels

Subscribed and sworn to before me this 22nd day of July, 1946

L. D. Gardner
Notary Public, residing at Soda Springs, Ida.
My commission expires Dec. 1, 1948
(Seal)

Signed Mrs. Albert S. Daniels
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)
Grace, Idaho
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Idaho
County of Caribou } ss.

[This Affidavit **MUST** Also be Executed.
(See Chapter 139, 1937 Idaho Session Laws,)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 22nd day of July, 1946

L. D. Gardner
Notary Public, residing at Soda Springs, Ida.
My commission expires Dec. 1, 1948
(Seal)

Signed Russell Tuft
(Signature of Any Credible Person)
Soda Springs, Idaho
(Street Address, City, State)

JUL 31 1946

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

356-209-403-391

Form V. S. No. 11-C—20m-2-15-12

PLACE OF BIRTH

County of Bannock

City of Soda Springs

No. ..... St.

Hospital .....

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

Registration District No. 11 File No. 9283

Primary Registration District No. 2048 Registered No. 299

FULL NAME OF CHILD Mildred Lewis

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
F	—	—	Yes	Oct 9, 1912

FATHER		MOTHER	
FULL NAME	Edward Lewis	FULL MAIDEN NAME	Edith Crane
RESIDENCE	Wayan	RESIDENCE	Wayan
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY	47 (Years)	AGE AT LAST BIRTHDAY	37 (Years)
BIRTHPLACE	Utah	BIRTHPLACE	Idaho
OCCUPATION	Rancher	OCCUPATION	Wife

Number of child of this mother, including present birth 1

Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive, at 4 9 M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Ellis Kaneday

(Physician or ~~midwife~~)

Address Soda Springs

Given names added from a supplemental report

..... 19.....

Ellis Kaneday
Registrar

Filed Nov. 16, 1912 Ellis Kaneday
Registrar

S-Y CO. 20174

STATE OF IDAHO

PLACE OF BIRTH

336-201-003-249

Form V. S. No. 11-C—20m-8-10-12

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

MARGIN RESERVED FOR BINDING

Note.—In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number stated, in order of birth stated.

PLACE OF BIRTH

County of Bannock

City of Central

No. _____ St.

Hospital _____

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 11 File No. 9284

Primary Registration District No. 2048 Registered No. 2951

FULL NAME OF CHILD Lena Lloyd

Sex of Child	Twin / Triplet / or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
F	—	—	yes	Oct 1 1912

FATHER

FULL NAME Edward Lloyd

RESIDENCE Central

COLOR W AGE AT LAST BIRTHDAY 35 (Years)

BIRTHPLACE Wis.

OCCUPATION Rancher

MOTHER

FULL MAIDEN NAME Lena Smith

RESIDENCE Central

COLOR W AGE AT LAST BIRTHDAY 24 (Years)

BIRTHPLACE Utah

OCCUPATION Wife

Number of child of this mother, including present birth 7

Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn), at 8 A M. on the date above stated.

(Signature) Ellis Kanley

(Physician or midwife)

Address Soda Springs Ida

Filed Nov 10 1912 Ellis Kanley Registrar

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report

_____ 19____

Ellis Kanley Registrar

S-Y CO. 20174

465-115-003-336

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Form V. S. No. 11-C—20m-2-15-12

PLACE OF BIRTH

County of Bannock

City of Alexander

No. ..... St.

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 11 File No. 9285

Primary Registration District No. 2048 Registered No. 296

Hospital .....

FULL NAME OF CHILD Dubert Mowrer

Sex of Child	Twin / Triplet / or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
M			yes	Oct 15, 1912

FATHER		MOTHER	
FULL NAME	Dubert Mowrer	FULL MAIDEN NAME	Lauriet Lloyd
RESIDENCE	Alexander	RESIDENCE	Alexander
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY (Years)	24	AGE AT LAST BIRTHDAY (Years)	20
BIRTHPLACE	Wisc	BIRTHPLACE	Utah
OCCUPATION	Rancher	OCCUPATION	Wife

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Alive (Born alive or stillborn) at 10 9 M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Ellis Kaney

(Physician or midwife)

Address Soda Springs

Given names added from a supplemental report

..... 19.....

Ellis Kaney
Registrar

Filed Nov. 10, 1912

Ellis Kaney
Registrar

S-Y CO. 20174

412 - [redacted] - 003 - 459

Form V. S. No. 11-C—20m-2-10-12

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH

County of Bannock

City of Soda Springs

No. ____ St.

Hospital ____

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 11 — File No. 9286

Primary Registration District No. 2048 — Registered No. 297

FULL NAME OF CHILD Fred Macon MAKIN

Sex of Child	Twin / Triplet or other? (To be answered only in event of plural births)	and — Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
M	—	—	yes	Nov. 4, 1912

FATHER		MOTHER	
FULL NAME	Fred Macon MAKIN	FULL MAIDEN NAME	Mary Merrell
RESIDENCE	Soda Springs	RESIDENCE	Soda Springs
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY (Years)	47	AGE AT LAST BIRTHDAY (Years)	35
BIRTHPLACE	Or.	BIRTHPLACE	Nevada
OCCUPATION	Mechanic	OCCUPATION	Wife

Number of child of this mother, including present birth 2

Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn), at 7:30 A. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Ellis Kaercy (Physician or midwife)

Address Soda Springs

Given names added from a supplemental report

....., 19.....

Ellis Kaercy Registrar

Filed Nov. 10, 1912 Ellis Kaercy Registrar

8-Y CO. 20174

OCT 23 1942

STATE OF IDAHO

DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of California } ss.
County of Santa Cruz }

Certificate No. 9286

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of _____ (Birth or Death)

for _____ (Name on Original Certificate) who _____ (Was Born or Died) on _____ (Date of Event)

in _____ (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the true facts are shown by _____ (Bible Record, Insurance Policy, Etc.) prepared on _____ (Give Date), are:

FACTS TO BE CORRECTED ("Name", "Birth Date", "Cause of Death", Etc.)	FROM (As on Original)	TO (The Correct Facts)
Surname	Macon	Makin

Subscribed and sworn to before me this 20 day of October, 1942

Laura E. Maulton

Notary Public, residing at Santa Cruz, Cal.

My commission expires June 4, 1945.
(Seal)

Signed Mary Makin O'Connell
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

180 So. Branciforte Ave, Santa Cruz California
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of California } ss.
County of Santa Cruz }

[This Affidivat **MUST** Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 20 day of October, 1942

Laura E. Maulton

Notary Public, residing at Santa Cruz, Cal.

My commission expires June 4, 1945.
(Seal)

Signed Mrs. Nesbeth Yantis.
(Signature of Any Credible Person Other Than Previous Year)

182 - So. Branciforte ave.
(Street Address, City, State)

Santa Cruz California

MARGIN RESERVED FOR BINDING
WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Form V. S. No. 11-C—20m-2-15-12

PLACE OF BIRTH Amended 2/18/70
956-212-0037266

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Bannock

City of Way

Registration District No. 11

File No. 9287

No. ..... St.

Primary Registration District No. 2048

Registered No. 326

Hospital .....

FULL NAME OF CHILD Elsie Marie Rhoades

Sex of Child: Female | Twin / Triplet / or other? | and Number in order of birth | (To be answered only in event of plural births) | Legitimate? yes | Date of Birth: Oct (Month) 12 (Day) 1912 (Year)

	FATHER	MOTHER
FULL NAME	George Edward Rhoades	FULL MAIDEN NAME Grace Alta Bowers
RESIDENCE	Way Idaho.	RESIDENCE Way Idaho.
COLOR	White	COLOR White
AGE AT LAST BIRTHDAY	42 (Years)	AGE AT LAST BIRTHDAY 22 (Years)
BIRTHPLACE	Burlington Iowa	BIRTHPLACE Kingsville, Mo.
OCCUPATION	Farmer	OCCUPATION Housewife

Number of child of this mother, including present birth 1

Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was ..... (Born alive or stillborn) on the date above stated. Oct 12, at ..... M.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Lydia A. Bowers

Midwife
(Physician or midwife)

Address Way Idaho

Given names added from a supplemental report

..... 19.....

Ellis Kackley
Registrar

Filed 11-10 1912

Ellis Kackley
Registrar

S-Y CO. 20174

AUG 27 1942

IDAHO DEPARTMENT OF HEALTH

BUREAU OF VITAL STATISTICS

Affidavit to Correct or Amend An Original Certificate of Birth or Death

State of OREGON } ss.
County of MARION }

Certificate No. 9287

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of birth (Birth or Death)
for Elsie Marie Rhoads (Name on Original Certificate) who was born (Was Born or Died) on Oct. 12, 1912 (Date of Event)
in Way, ID (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts are shown by Confirmation Certificate (Bible Record, Insurance Policy, Etc.) prepared on Dec. 25, 1951 (Give Date) are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
Child's name	Elsie Marie Rhoads	Elsie Marie Rhoades
Father's name	George Edward Rhoads	George Edward Rhoades

Subscribed and sworn to before me this 19TH day of JANUARY, 1970

Notary Public, residing at WOODBURN, OREG.
My commission expires 12-12-72
(Seal)

X Signed Grace A. Rhoades
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

225 Mill St. Woodburn Oregon 97071
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of ..... } ss.
County of ..... }

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this ..... day of ....., 19.....

Notary Public, residing at .....
My commission expires .....
(Seal)

Signed .....
(Signature of Any Credible Person)

.....
(Street Address, City, State)

FORM DH 60-155 CL 1/13/70 nm

Certificate of Confirmation gives name a Elsie Marie Jamieson nee Rhoades. from the Evangelical Lutheran Church, St. Paul Lutheran Church, Cohrill, WA. Dated December 25, 1951. Signed by William A. Foege, Pastor. XXX Parents George Rhoades and Grace Bowers. Born October 12, 1912, Way Idaho. Viewed by V. S.

FEB 18 1970

Eastern Washington College of Education, Cherry, Washington gives name as Elsie XXXXX Rhoades Jamieson. Six-Year Standard Elementary Certificate. Signed by Ralph E. Tiege August 16, 1942. Viewed by V. S.

Memebership to Masons Lodge No. 109 gives name as George E. Rhoades. Dated March 1. 1904. Signed by. Fred F. Fazelle, W.M. Viewed by V. S.

PLACE OF BIRTH
389-191-005-814

STATE OF IDAHO — Form V. S. No. 11-C

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

County of Bannock

City of Mink Creek. Registration District No. 11 File No. 9288

No. ____, ____ St. Primary Registration District No. 2048 Registered No. 324

Hospital ____

FULL NAME OF CHILD Allen Henry Christensen.

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Male			yes	Oct. 1, 1912

FATHER		MOTHER	
FULL NAME	Lars Henry Christensen	FULL MAIDEN NAME	Serena Hammersmark.
RESIDENCE	Mink Creek	RESIDENCE	Mink Creek
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	28 (Years)	AGE AT LAST BIRTHDAY	25 (Years)
BIRTHPLACE	Mink Creek	BIRTHPLACE	Norway
OCCUPATION	Farming	OCCUPATION	Housewife

Number of child of this mother, including present birth 1

Number of children, of this mother, now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive. (Born alive or stillborn) at 8 p. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report

....., 19.....

Ellis Kankley Registrar

S-Y CO., 16670

(Signature) Allen Cutler

Physician (Physician or Midwife)

Address Preston, Idaho

Filed 11-10 19 12 Ellis Kankley Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

Form V. S. No. 11-C—20m-8-10-12

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH

213-207-003-236

County of Bannock

City of Chesterfield

No. ..... St.

Hospital .....

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

Registration District No. 11 File No. 9289

Primary Registration District No. 2048 Registered No. 323

FULL NAME OF CHILD Dora Baby

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
girl		2	yes	Feb 7 1912

	FATHER	MOTHER
FULL NAME	John Baby	FULL MAIDEN NAME Lelia Stoddard
RESIDENCE	Chesterfield	RESIDENCE Chesterfield Ida
COLOR	White	COLOR White
AGE AT LAST BIRTHDAY (Years)	22	21
BIRTHPLACE	Brigham City Utah	BIRTHPLACE Farmington Utah
OCCUPATION	Farmer	OCCUPATION Home Wife

Number of child of this mother, including present birth 6

Number of children of this mother now living, including present birth 6

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Dora Baby alive (Born alive or stillborn) at 8 15 P M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Alice Aalon

(Physician ~~or midwife~~)

Address Bancroft

Given names added from a supplemental report

..... 19.....

Ellis Rackley Registrar

Filed 11-10- 19 12 Ellis Rackley Registrar

S-Y CO. 20174

JAN 17 1975

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

213-207-003-736

Form V. S. No. 11-C—2m-2-15-12

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Bannock / Chesterfield

City of Chesterfield

No. ..... St.

Registration District No. 11 — File No. 9290

Primary Registration District No. 2048 — Registered No. 322

Hospital .....

FULL NAME OF CHILD Ora Raby

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth
girl			yes	Sept 7 (Month) (Day) 1912 (Year)

FATHER

FULL NAME: John Raby

RESIDENCE: Chesterfield Idaho

COLOR: White — AGE AT LAST BIRTHDAY: 27 (Years)

BIRTHPLACE: Brigham City Utah

OCCUPATION: farmer

MOTHER

FULL MAIDEN NAME: Lellia Stoddard

RESIDENCE: Chesterfield

COLOR: White — AGE AT LAST BIRTHDAY: 31 (Years)

BIRTHPLACE: Farmington Utah

OCCUPATION: House wife

Number of child of this mother, including present birth: 6 — Number of children of this mother now living, including present birth: 5

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE:

I hereby certify that I attended the birth of this child, who was Ora Raby alive, at 7 P. M. (Born alive or stillborn) on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report

..... 19.....

Ellis Kackley Registrar

S-Y CO. 20174

(Signature) Wice Liston

(Physician or midwife)

Address 13 Bancroft

Filed 11-10- 19 12 Ellis Kackley Registrar

BATY

Dup. #1912 - DE65-556

55-1-107
003-234

PLACE OF BIRTH

STATE OF IDAHO
Bureau of Vital Statistics
CERTIFICATE OF BIRTH

Form V. S. No. 11-C—15m-6-20-11

County of Bannock.

City of Mc Cammon. Registration District No. 11 File No. 9291

No. ....., ... St. Primary Registration District No. 2047 Registered No. 302

Hospital .....

FULL NAME OF CHILD Opal. Evans.

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	and (Number in order of birth)	Legitimate?	Date of birth (Month) (Day) (Year)
Male			Yes	9 - 7 - 1912

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	Jno. Evans	Irene. Shumway
RESIDENCE	Arimo. Ida.	Arimo. Ida
COLOR	W.	W
AGE AT LAST BIRTHDAY (Years)	24	20
BIRTHPLACE	Arimo	Franklyn Ida
OCCUPATION	Farmer	House wife

Number of child of this mother, including present birth ..... 1 Number of children, of this mother, now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born Alive (Born alive or stillborn) at 8 a.m. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) G H Cowen

Physician (Physician or Midwife)

Address Mc Cammon. Ida

Given names added from a supplemental report

....., 19.....

Ellis Rackley Registrar

Filed Nov 10 1912 Ellis Rackley Registrar

S-Y CO., 16670

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

DUP OF 1912-DE55-302

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

PLACE OF BIRTH
219-202-003-956

Form V. S. No. 11-C—15m-6-20-11

STATE OF IDAHO
Bureau of Vital Statistics
CERTIFICATE OF BIRTH

County of Bannock.

City of * McCammon. Registration District No. 11 File No. 9292

No. ....., ... St. Primary Registration District No. 2047 Registered No. 306

Hospital .....

FULL NAME OF CHILD Mary Sorton

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Female.			Yes.	10 – 2 –, 1912

FATHER		MOTHER	
FULL NAME	Ernest Sorton	FULL MAIDEN NAME	Myrtle Rowe.
RESIDENCE	McCammon	RESIDENCE	McCammon
COLOR	W.	COLOR	White.
AGE AT LAST BIRTHDAY (Years)	22 –	AGE AT LAST BIRTHDAY (Years)	20 –
BIRTHPLACE	Smithfield, Utah	BIRTHPLACE	McCammon Idaho
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth ..... 1 .....

Number of children, of this mother, now living, including present birth ..... 1 .....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive, at 8 9/12 M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) G. H. Cooper

Physician

(Physician or Midwife)

Address McCammon Ida.

Given names added from a supplemental report

....., 19.....

Ellis Kackley Registrar

Filed 11-10- 1912 Ellis Kackley Registrar

S-Y CO., 16670

918-202-003-795

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

Form V. S. No. 11-C—15m-6-20-11

PLACE OF BIRTH

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

File No. 9293

County of Bannock

City of McCammon Registration District No. 11

No. ....., ... St.

Primary Registration District No. 2047 Registered No. 305

Hospital .....

FULL NAME OF CHILD ~~Lucile Charlotte~~ Ray

Sex of Child: Female | Twin, Triplet, or other? (To be answered only in event of plural births) | and Number in order of birth | Legitimate? Yes | Date of birth 11 (Month) – 2 (Day) – 1912 (Year)

FATHER	MOTHER
FULL NAME: John Ray	FULL MAIDEN NAME: Charlotte Green
RESIDENCE: McCammon Ida	RESIDENCE: McCammon Ida
COLOR: W.	COLOR: Wht.
AGE AT LAST BIRTHDAY: 22 (Years)	AGE AT LAST BIRTHDAY: 25 (Years)
BIRTHPLACE: Yankton S. D.	BIRTHPLACE: Woodruff Ida
OCCUPATION: Farmer	OCCUPATION: Housewife

Number of child of this mother, including present birth: 1

Number of children, of this mother, now living, including present birth: 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 6 30 P.M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) G. H. Cooper

Physician

(Physician or Midwife)

Address McCammon Ida

Given names added from a supplemental report

....., 19.....

Ellis Kackley Registrar

S-Y CO., 16670

Filed 11-10-1912 Ellis Kackley Registrar

9-21-4
oc

MAR 8 1974

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

318-202-003-145

PLACE OF BIRTH

Form V. S. No. 11-C—15m-6-20-11

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

County of Bannock

City of McCammon Registration District No. 11 File No. 9294

No. ____, ____ St. Primary Registration District No. 2047 Registered No. 304

Hospital ____

FULL NAME OF CHILD Jessie Elizabeth Taylor

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Female			yes	9 — 2 — 12

	FATHER	MOTHER
FULL NAME	Jesse Taylor	Mary E. Ames
RESIDENCE	McCammon	McCammon Ida
COLOR	White	W.
AGE AT LAST BIRTHDAY (Years)	50	43
BIRTHPLACE	California	Utah
OCCUPATION	Farmer	Housewife

Number of child of this mother, including present birth 14

Number of children, of this mother, now living, including present birth 12

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 5 A.M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report

..... 19.....

Ellis Kackley Registrar

S-Y CO., 16670

(Signature) [illegible] Physician

(Physician or Midwife)

Address McCammon Ida

Filed 11-10-1912 Ellis Kackley Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

S-46-169-003-255

PLACE OF BIRTH

Form V. S. No. 11-C—15m-6-20-11

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

County of Bannock

City of McCammon

Registration District No. 11 File No. 9295

No. ____, ____ St.

Primary Registration District No. 2047 Registered No. 303

Hospital ____

FULL NAME OF CHILD Benjamin Edwards

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Male			yes	9 — 19 — 1912

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	Chas. Edwards	Delphine Bunn
RESIDENCE	McCammon	McCammon Ida.
COLOR	White	White
AGE AT LAST BIRTHDAY (Years)	50	30
BIRTHPLACE	Iowa	Idaho
OCCUPATION	Merchant	Home wife

Number of child of this mother, including present birth 2

Number of children, of this mother, now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 6.9 M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) G. H. Casper

Physician

(Physician or Midwife)

Address McCammon Ida.

Given names added from a supplemental report

____, 19____

Ellis Kackley Registrar

Filed 11-10 1912 Ellis Kackley Registrar

S-Y CO., 16670

815-101-003-815

PLACE OF BIRTH

Form V. S. No. 11-C—15m-6-20-11

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

File No. 9296

County of Bannock

City of McCammon Registration District No. 11

No. ____, ____ St.

Primary Registration District No. 2047 Registered No. 301

Hospital ____

FULL NAME OF CHILD Nelson Hansen

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Male			Yes	10-1-1912

FATHER		MOTHER	
FULL NAME	Evan Hansen	FULL MAIDEN NAME	Olga Hansen
RESIDENCE	McCammon	RESIDENCE	McCammon
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	34 (Years)	AGE AT LAST BIRTHDAY	32 (Years)
BIRTHPLACE	Smithfield Utah	BIRTHPLACE	Denmark
OCCUPATION	Farmer	OCCUPATION	Home Wife

Number of child of this mother, including present birth 4

Number of children, of this mother, now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born Alive (Born alive or stillborn), at 9a M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) G H Cooper

Physician

(Physician or Midwife)

Address McCammon Ida

Given names added from a supplemental report

____, 19____

Ellis Kackley Registrar

Filed Nov. 10 1912 Ellis Kackley Registrar

S-Y CO., 16670

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

735-223-003-45-9

PLACE OF BIRTH

STATE OF IDAHO

Form V. S. No. 11-C—15m-6

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

County of Bannock

City of Mc Cammon — Registration District No. 11 — File No. 9297

No. ____, ____ St. — Primary Registration District No. 2047 — Registered No. 300

Hospital

FULL NAME OF CHILD Isabelle May Pledger

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Girl			yes	7. 23 1912

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	George E. Pledger	Ella May Meier
RESIDENCE	Inkom Idaho	Inkom
COLOR	White	White
AGE AT LAST BIRTHDAY (Years)	27	28
BIRTHPLACE	Spencerport N.Y.	Shelby Iowa
OCCUPATION	Telegraph Operator	House wife

Number of child of this mother, including present birth 2

Number of children, of this mother, now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 2 8 M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) G. A. Cooper

Physician (Physician or Midwife)

Address Mc Cammon Idaho

Given names added from a supplemental report

....., 19.....

Ellis Kackley Registrar

Filed Nov. 10 1912 Ellis Kackley Registrar

S-Y CO., 16670

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

MAR 20 1967

NOV 9 1942

813 - 219-003-766

PLACE OF BIRTH

Form V. S. No. 11-C—10m-8-7-12

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

County of Bannock

City of Oxford

No ....., ... St.

Registration District No 11 File No. 9298

Primary Registration District No. 2046 Registered No. 320

Hospital .....

FULL NAME OF CHILD George Hatch Marie Hatch

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Female	one	one	yes	Oct 19 1912

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	David G Hatch	Elsie M Goock
RESIDENCE	Oxford Idaho	Oxford Idaho
COLOR	White	White
AGE AT LAST BIRTHDAY (Years)	24	20
BIRTHPLACE	Woods Cross Utah	Oxford Idaho
OCCUPATION	Farming	Home Wife

Number of child of this mother, including present birth four. Number of children, of this mother, now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive full term mature (Born alive or stillborn) at 11 P.M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) X Elizabeth Kendall

(Physician or Midwife)

Given names added from a supplemental report

....., 19.....

Address Oxford

Filed 11-10- 1912 Ellis Rackley Registrar

J C Frost Euba Registrar

SYMS - YORK CO., PTRS. & BDRS. 17826

MARGIN RESERVED FOR BINDING

WRITE PLAINLY. WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

NAME

RESIDENCE

COLOR

AGE AT LAST BIRTHDAY

(Years)

269-119-003-219

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH

Form V. S. No. 11-C—20m-2-15-12

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Bannock

City of Downey

No. ____ St.

Hospital ____

Registration District No. 11

Primary Registration District No. 2046

File No. 9299

Registered No. 310

FULL NAME OF CHILD Laurel R. Sorenson

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth
M			Yes	Oct 19 (Month) (Day) 191 2 (Year)

FATHER	MOTHER
FULL NAME: James W. Sorenson	FULL MAIDEN NAME: Millie Bair
RESIDENCE: Downey	RESIDENCE: Downey
COLOR: W	COLOR: W
AGE AT LAST BIRTHDAY: 28 (Years)	AGE AT LAST BIRTHDAY: 32 (Years)
BIRTHPLACE: Richmond, Utah	BIRTHPLACE: Richmond, Utah
OCCUPATION: Farmer	OCCUPATION: ~~Housewife~~

Number of child of this mother, including present birth 3

Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 12.30P M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. C. Arnold

Physician (Physician or midwife)

Given names added from a supplemental report

..... 19.....

Address Downey, Ida

J. C. Arnold Sub Registrar

Filed 11/10 19 12 Ellis Rackley Registrar

R-Y 60. 20174

K

SEP 1 1 1942

DECEASED

855-209-003-613

PLACE OF BIRTH

Form V. S. No. 11-C—10m-8-7-11

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

County of Bannock

City of Oxford

No 8 1 North St.

Registration District No 11

File No. 9300

Primary Registration District No. 2046

Registered No. 309

Hospital

FULL NAME OF CHILD Alvira Hendrichs

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
F			yes	Oct 9 1912

FATHER		MOTHER	
FULL NAME	Franklin Dampert Hendrichs	FULL MAIDEN NAME	Violate Walker Hendrichs
RESIDENCE	Oxford Idaho	RESIDENCE	Oxford Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	27 (Years)	AGE AT LAST BIRTHDAY	22 (Years)
BIRTHPLACE	Richmond Utah	BIRTHPLACE	Preston Idaho
OCCUPATION	Farmer	OCCUPATION	House Keeper

Number of child of this mother, including present birth 4

Number of children, of this mother, now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was a Live (Born alive or stillborn) at 6 a.m. Oct 9 1912 on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report

....., 19.....

J. C. Arnot
Sub Registrar

(Signature) Elsibeth Kendall

Midwife
(Physician or Midwife)

Address Oxford Idaho

Filed 11-10-1912 Ellis Hackley
Registrar

SYMS - YORK CO., CTRS. & SDRS. 17326

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

MAR 9 1970

266-115
003-805

PLACE OF BIRTH

Form V. S. No. 11 Cir. 20—2/5-18

...O.
...ATISTICS
...RTH

County of Bannock

City of Downey

No. ..... St.

Hospital .....

Registration District No. 11

Primary Registration District No. 2046

File No. 9301

Registered No. 318

FULL NAME OF CHILD DELOS LYNN Bowman

Sex of Child	Twin / Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth
M			Yes	Sept. 15 (Month) (Day) 1912 (Year)

FATHER	MOTHER
FULL NAME: Hyram Bowman	FULL MAIDEN NAME: Ida Hancock
RESIDENCE: Downey	RESIDENCE: Downey
COLOR: W	COLOR: W
AGE AT LAST BIRTHDAY: 38 (Years)	AGE AT LAST BIRTHDAY: 28 (Years)
BIRTHPLACE: Richmond, Utah	BIRTHPLACE: Downey, Ida
OCCUPATION: Farmer	OCCUPATION: Housewife

Number of child of this mother, including present birth: 5

Number of children of this mother now living, including present birth: 5

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 5.45P M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. C. Munroe

Physician (Physician or midwife)

Address Downey, Idaho

Given names added from a supplemental report

..... 19.....

J. C. Munroe Sub-Registrar

Filed 11-10 1912 Ellis Hackley Registrar

S-Y CO. 20M-4

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the name of each, in order of birth stated.

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

MARGIN RESERVED FOR BINDING
WRITE PLAINLY, WITH UNFADING INK. THIS IS A PERM

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS
AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of Idaho } ss.
County of Bannock }

Certificate No. 9301

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of Birth (Birth or Death)
for Delos Lynn Bowman (Name on Original Certificate) who was Born (Was Born or Died) on Sept 13 - 1912 - (Date of Event)
in Downey Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts are shown by Bible Record (Bible Record, Insurance Policy, Etc.) prepared on Sept 15 - 1912 (Give Date), are:

FACTS TO BE CORRECTED ("Name", "Birth Date", "Cause of Death", Etc.)	FROM (As on Original)	TO (The Correct Facts)
name	unnamed	Delos Lynn Bowman

Subscribed and sworn to before me this 13
day of Mar., 19 42

Notary Public, residing at Downey Ida

My commission expires 12-20-43.
(Seal)

Signed X Lella L. Day
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

Virginia Idaho.
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of } ss.
County of }

[This Affidivat **MUST** Also be Executed.
(See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this
day of , 19 .

Notary Public, residing at

My commission expires
(Seal)

Signed
(Signature of Any Credible Person Other Than Previous Year)

(Street Address, City, State)

MAR 19 1942

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH

389-728-923-929

County of Bannock

City of Downey

No. ..... St.

Hospital .....

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 11

Primary Registration District No. 2046

File No. 9302

Registered No. 319

FULL NAME OF CHILD Evan Leo Christiansen

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
M			Yes	Sept. 28 1912

FATHER		MOTHER	
FULL NAME	Jerry Christiansen	FULL MAIDEN NAME	Emily Isrelson
RESIDENCE	Downey	RESIDENCE	Downey
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY (Years)	36	AGE AT LAST BIRTHDAY (Years)	36
BIRTHPLACE	Hyram, Utah	BIRTHPLACE	Hyram, Utah
OCCUPATION	Farmer	OCCUPATION	~~Housewife~~

Number of child of this mother, including present birth 5

Number of children of this mother now living, including present birth 5

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) on the date above stated., at 4.45A. M.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) .....

Physician (Physician or midwife)

Given names added from a supplemental report

..... 19.....

Address Downey, Idaho

J. C. Arnold Registrar

Filed 11-10- 1912 Ellis Rackley Registrar

8-F60. 20174

AUG 2 8 1972

IDAHO DEPARTMENT OF HEALTH

BUREAU OF VITAL STATISTICS

RECEIVED
BUREAU OF
VITAL STATISTICS
NOV 30 12 52 PM '72

Affidavit to Correct or Amend An Original Certificate of Birth or Death

State of Idaho
County of Bannock } ss.

Certificate No. 9302

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of birth (Birth or Death)
for Leo Christiansen (Name on Original Certificate) who was born (Was Born or Died) on Sept. 28, 1912 (Date of Event)
in Downey, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts are shown by (Bible Record, Insurance Policy, Etc.) prepared on (Give Date), are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
Child's name	Leo Christiansen	Evan Leo Christiansen

Subscribed and sworn to before me this 25th day of October, 1972

Notary Public, residing at Downey, Idaho
My commission expires May 4, 1974
(Seal)

Signed Gerry Christiansen
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Utah
County of Salt Lake } ss.

[This Affidavit MUST Also be Executed.
(See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 28th day of Nov., 1972

Notary Public, residing at Murray, Utah
My commission expires 6/10/76
(Seal)

Signed Ray W. Wright
(Signature of Any Credible Person)

140 E 4800 So. Murray Utah
(Street Address, City, State)

FORM DH 60-155 CL 9/7/72 3ccpd

Certificate of Blessing from LDS Church gives name as Evan Leo Christiansen son of Jaremiah J. Christiansen and Emely J. Israelson. Born Sep. 28, 1912 at Downey Idaho. Was Blessed Dec., 1912. Viewed by V. S.

DEC 4 1972

Passport from the United States (No. 445184) dated Oct. 8, 1931 gives name as Evan L. Christiansen. born Sept. 28, 1912. Viewed by V. S.

DEC 18 1972

216-224-003-758

Form V. S. No. 11-C—2m-5-11-12

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Bannock

City of Downey *Registration District No.* 11 **File No.** 9303

No. ____ *St.* *Primary Registration District No.* 2046 **Registered No.** 317

Hospital ____

FULL NAME OF CHILD Mary Elizabeth Humphreys Sawyer

Sex of Child	Twin Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
F			Yes	Sept. 24 1912

FATHER		MOTHER	
FULL NAME	John W. Sawyer	FULL MAIDEN NAME	Dicey Gehring
RESIDENCE	Downey	RESIDENCE	Downey
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY (Years)	31	AGE AT LAST BIRTHDAY (Years)	25
BIRTHPLACE	Malad, Ida	BIRTHPLACE	Downey, Ida
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 4

Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 12.15 P.M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) [signature]

Physician (Physician or midwife)

Address Downey, Ida

Given names added from a supplemental report

....., 19.....

J. C. Smith Registrar

Filed 11-10-1912 Ellis Hackley Registrar

S-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

SEP 8 1969

266-107-003-289

PLACE OF BIRTH

Form V. S. No. 11-C—20m-2-15-12

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Bannock

City of Downey

Registration District No. 11

File No. 9304

No. ____ St.

Primary Registration District No. 2046

Registered No. 311

Hospital ____

FULL NAME OF CHILD Frank Dunlap Bowman

Sex of Child	Twin Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth
M			Yes	Oct. 7 (Month) (Day) 191 2 (Year)

FATHER		MOTHER	
FULL NAME	Frank Bowman	FULL MAIDEN NAME	Ethel Shrives
RESIDENCE	Downey	RESIDENCE	Downey
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY	30 (Years)	AGE AT LAST BIRTHDAY	23 (Years)
BIRTHPLACE	Richmond, Utah	BIRTHPLACE	London, , Eng.
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 2

Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) on the date above stated., at 6.15A M.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) [illegible]

Physician (Physician or midwife)

Address Downey, Ida

Given names added from a supplemental report

..... 19.....

J. G. Forrest Sub Registrar

Filed 11-10- 1912 Ellis Hackley Registrar

S-Y CO. 2017

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Form V. S. No. 11-C—10m-8-15-12.

PLACE OF BIRTH
238-130-003-652

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Bannock

City of Downey

No. ____ St.

Hospital ____

Registration District No. 11 00

Primary Registration District No. 2046

File No. 9305

Registered No. 316

FULL NAME OF CHILD Herman Schick

Sex of Child	Twin / Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth
M			Yes	Sept (Month) 30 (Day) 1912 (Year)

FATHER		MOTHER	
FULL NAME	George Schick	FULL MAIDEN NAME	Millie Westbrook
RESIDENCE	Arimo, Ida	RESIDENCE	Arimo, Ida
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY	30 (Years)	AGE AT LAST BIRTHDAY	30 (Years)
BIRTHPLACE	Providence, Utah	BIRTHPLACE	Holland
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 5

Number of children of this mother now living, including present birth 5

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 12.35P M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) [signature]

Physician (Physician or midwife)

Given names added from a supplemental report

..... 19.....

Address Downey, Ida

Filed 11-10- 1912

[signature] Registrar

[signature] Registrar

S-Y CO 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

DECEASED

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH 693-204-003-289

County of Bannock

City of Downey

No. ____ St.

Hospital ____

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 11 File No. 9306

Primary Registration District No. 2046 Registered No. 316

FULL NAME OF CHILD Marion Ruth Wilding

Sex of Child	Twin Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
F			Yes	Oct 4 1912

FATHER		MOTHER	
FULL NAME	Roy Wilding	FULL MAIDEN NAME	Kate Shill
RESIDENCE	Downey	RESIDENCE	Downey
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY	28 (Years)	AGE AT LAST BIRTHDAY	26 (Years)
BIRTHPLACE	Fountain Green, Utah	BIRTHPLACE	Salt Lake City, Ut.
OCCUPATION	Livery	OCCUPATION	Housewife

Number of child of this mother, including present birth 6 Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 12.30 A.M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) [signature]

Physician (Physician or midwife)

Given names added from a supplemental report

....., 19.....

[signature] Registrar

Address Downey, Ida

Filed 11-10- 1912 Ellis Hackley Registrar

8-Y CO. 20174

APR 22 1968

Form V. S. No. 11-C—20m-2-15-12

PLACE OF BIRTH

667-105-003-249

County of Bannock

City of Downey

No. ____ St.

Hospital ____

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 11

Primary Registration District No. ~~2046~~

File No. 9307

Registered No. 314

FULL NAME OF CHILD ~~Baby Boy~~ Floyd Fox

Sex of Child	Twin Triplet or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
M			Yes	Oct 5 1912

FATHER	MOTHER
FULL NAME: Raymond Fox	FULL MAIDEN NAME: Mary Burrup
RESIDENCE: Downey	RESIDENCE: Downey
COLOR: W	COLOR: W
AGE AT LAST BIRTHDAY: 24 (Years)	AGE AT LAST BIRTHDAY: 25 (Years)
BIRTHPLACE: Downey Idaho	BIRTHPLACE: Downey Idaho
OCCUPATION: Farmer	OCCUPATION: Housewife

Number of child of this mother, including present birth: 2

Number of children of this mother now living, including present birth: 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 5.15A. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) [signature]

Physician (Physician or midwife)

Address Downey, Ida

Given names added from a supplemental report

....19....

....J. C. Arnot.... Registrar

Filed 11-10-1912 Ellis Rankin Registrar

8-Y CO. 201

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

K

DECEASED

556 - 211-003-295

PLACE OF BIRTH

Form V. S. No. 11-C—20m-2-15-12

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Bannock

City of Downey

No. ____ St.

Hospital ____

Registration District No. 11

Primary Registration District No. 2046

File No. 9308

Registered No. 313

FULL NAME OF CHILD Velda Blanche Newbold

Sex of Child	Twin / Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
F			Yes	Oct 11 1912

FATHER		MOTHER	
FULL NAME	Samuel Newbold	FULL MAIDEN NAME	Dora Kingsford
RESIDENCE	Downey	RESIDENCE	Downey
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY	29 (Years)	AGE AT LAST BIRTHDAY	26 (Years)
BIRTHPLACE	Smithfield, Utah	BIRTHPLACE	Weston, Utah
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 2

Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 9.25P M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) [signature]

Physician (Physician or midwife)

Given names added from a supplemental report

19 ____

Address Downey, Ida

Filed 11-10-1912

J. C. Arnott Registrar

Ellis Hankley Registrar

8-Y CO. 2017

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Form V. S. No. 11-C—20m-8-15-12

STATE OF IDAHO

CERTIFICATE OF BIRTH

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH

867-110-003-815

County of Bannock

City of Downey

No. ____ St.

Hospital ____

STATE OF ID[illegible]
BUREAU OF VITAL [illegible]ICS

U. S. No. 11-C

CERTIFICATE OF BIRTH

Registration District No. 11

Primary Registration District No. 2046

File No. 9309

Registered No. 312

FULL NAME OF CHILD David Floyd Hope

Sex of Child	Twin Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
M			Yes	Oct 10 1912

FATHER	MOTHER
FULL NAME: William D. Hope	FULL MAIDEN NAME: Zina Hansen
RESIDENCE: Downey	RESIDENCE: Downey
COLOR: W	COLOR: W
AGE AT LAST BIRTHDAY (Years): 34	AGE AT LAST BIRTHDAY (Years): 31
BIRTHPLACE: Richmond, Utah	BIRTHPLACE: Smithfield, Utah
OCCUPATION: Pool Hall Prop.	OCCUPATION: Housewife

Number of child of this mother, including present birth: 7

Number of children of this mother now living, including present birth: 7

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 7.10 P.M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) [signature]

Physician (Physician or midwife)

Address Downey, Ida

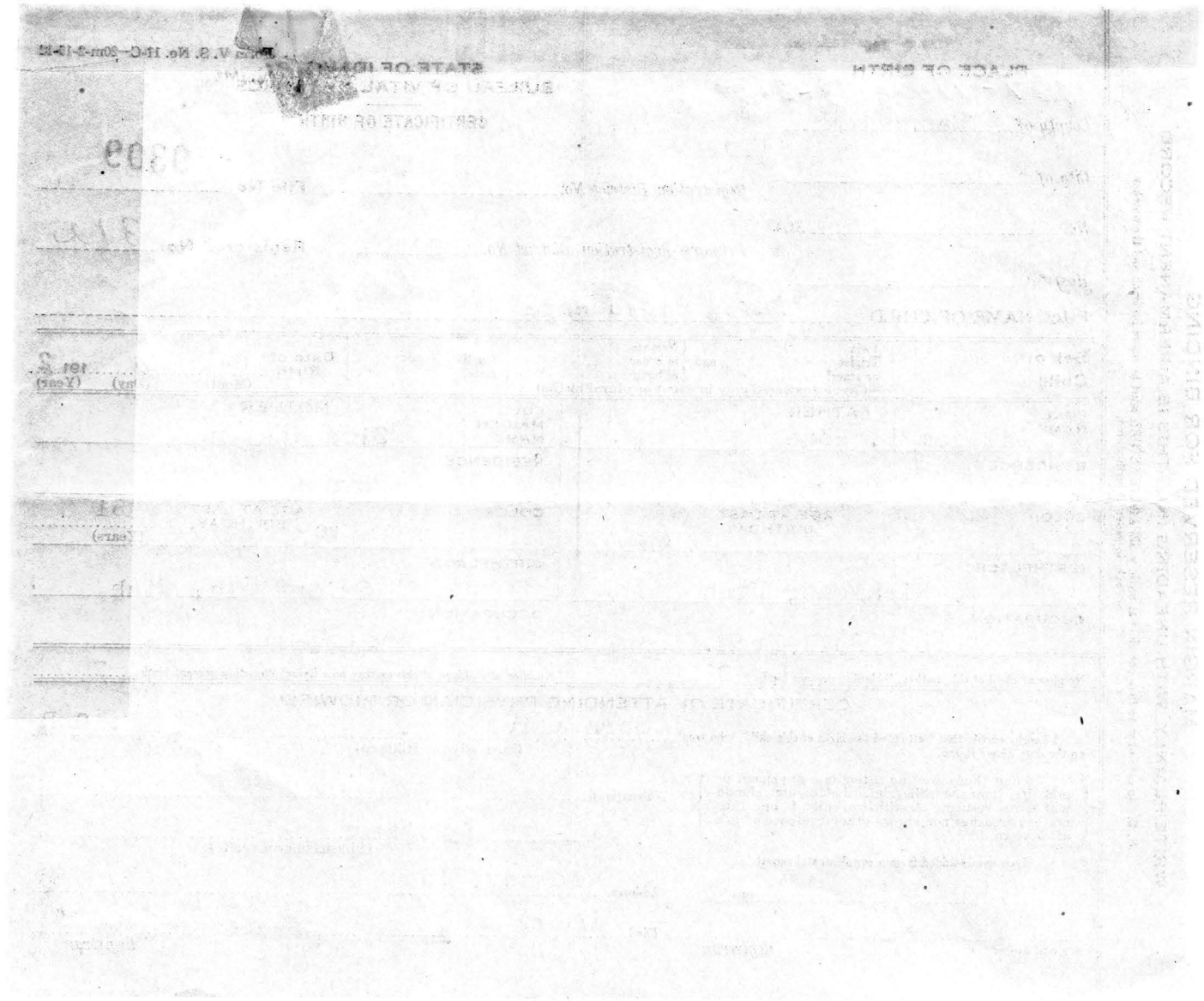
Given names added from a supplemental report

....19....

J C Arnst Registrar

Filed 11-10-1912 Gillis Hackley Registrar

8-Y CO. 20174



MARGIN RESERVED FOR BINDING

WRITE PLAINLY. WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

84[redacted]-023-715

U. S. No. 11-C—10m-8-7-11

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

County of Bannock

City of Robin

No ____, ____ St.

Hospital ____

Registration District No. 11 File No. 9310

Primary Registration District No. 2046 Registered No. 325

FULL NAME OF CHILD Madge Banting Hudson

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
female			yes	Oct 12, 1912

FATHER		MOTHER	
FULL NAME	Parley Robins Hudson	FULL MAIDEN NAME	Frances Banting
RESIDENCE	Robin	RESIDENCE	White Robin
COLOR	White	COLOR	W
AGE AT LAST BIRTHDAY	31 (Years)	AGE AT LAST BIRTHDAY	31 (Years)
BIRTHPLACE	Utah	BIRTHPLACE	Idaho
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 3

Number of children, of this mother, now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive, at ____ M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report

____, 19____

J. E. Smith Sub Registrar

(Signature) Nancy E. Marley

midwife
(Physician or Midwife)

Address Robin Idaho

Filed 11-10 19 12 Ellis Rankley Registrar

SYMS - YORK CO., PTRS. & BDRS. 17326

PLACE OF BIRTH

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH — BUREAU OF VITAL STATISTICS

Affidavit to Correct or Amend an Original Certificate of Birth or Death

State of Idaho
County of Caribou } ss.

Certificate No. 9310
Date Filed 19770

The undersigned does solemnly swear that certain facts on the certificate of Birth (Birth or death)
for MADGE PANTING HUDSON WHO WAS BORN — KEITH PANTING HUDSON (Name on original certificate) who WAS BORN — (Was born or died) on Oct. 12, 1912 — Feb. 7, 1914 (Date of event) BOTH BORN
in ROBIN, IDAHO (Place of event) are erroneous or were omitted; and that, to the best of his knowledge, the true facts as shown by BIBLE RECORD (Bible record, insurance policy, etc.) prepared on DATE OF ENTRY NOT KNOWN (Give date), are:

FACTS TO BE CORRECTED ("Name", "birth date", "cause of death", etc.	FROM (As on original)	TO (The correct facts)
name	Ruth	MADGE PANTING HUDSON
name	Christian	KEITH PANTING HUDSON

Subscribed and sworn to before me this 22nd day of August, 1941
L. E. Rawlins
Notary Public, residing at SODA SPRINGS, IDA.
My commission expires Aug. 7, 1944
[SEAL]

Signed Frances Panting Hudson
(Signature of parent ~~or attendant~~ if correcting a birth record; ~~of attendant, funeral director, informant if correcting a death record, or other credible person~~)
SODA SPRINGS, IDAHO
~~CONDA~~
(Street Address, City, State)
SODA SPRINGS, IDAHO
c/o Russell Panting

Supporting Affidavit of a Second Person

State of Idaho
County of Caribou } ss.

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 22nd day of August, 1941
L. E. Rawlins
Notary Public, residing at Soda Springs, Ida.
My commission expires Aug. 7, 1944
[SEAL]

Signed Zella Panting McClellan
(Signature of any credible person other than the previous affiant)
Conda, Idaho
(Street Address, City, State)

Received for filing on ..... by .....
(Registrar's signature)

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

857-125-903-268

PLACE OF BIRTH

Form V. S. No. 11-C—10m-8-7-11

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

County of Bannock

City of Oxford Idaho

Registration District No. 11 File No. 9311

No. ____, ____ St.

Hospital ____ Primary Registration District No. 2046 Registered No. 321

FULL NAME OF CHILD Howard A. Heimandollar.

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births) and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Male		yes	Sept. 25 1912

FATHER	MOTHER
FULL NAME: Geo. T. Heimandollar.	FULL MAIDEN NAME: Nellie A. Boyer
RESIDENCE: Oxford Ida.	RESIDENCE: Oxford Idaho
COLOR: White	AGE AT LAST BIRTHDAY: 37 (Years)
COLOR: White	AGE AT LAST BIRTHDAY: 33 (Years)
BIRTHPLACE: Virginia	BIRTHPLACE: Oxford Ida.
OCCUPATION: Farmer	OCCUPATION: House Wife.

Number of child of this mother, including present birth....6.....

Number of children, of this mother, now living, including present birth....6.....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 12:40 a. m. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report

....., 19..

(Signature) Elizabeth Kenyon

Midwife

(Physician or Midwife)

Address Oxford Idaho

Filed 11-10-1912 Ellis Hackley Registrar

J. C. Arnot sub-Registrar

SYMS - YORK CO., PTRS. & BDRS. 17326

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE REPORT must be made for each and this number
of sec., Laws of ——— stated

108-014-199

PLACE OF BIRTH

County of Canyon

City of Nampa

No. 13 E 5th St.

Hospital —

Form V. S. No. 11-C—15m-6-20-11

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

Registration District No. 3 File No. 9312

Primary Registration District No. 1006 Registered No. 317

FULL NAME OF CHILD Candido Mandegueren

Sex of Child	Twin, Triplet, or other?	Number in order of birth	Legitimate?	Date of birth
Male	— (To be answered only in event of plural births)	—	Yes	July 8 (Month) (Day) 1912 (Year)

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	Candido Mandegueren	Martina Arriola
RESIDENCE	Nampa	Nampa
COLOR	White	White
AGE AT LAST BIRTHDAY	30 (Years)	25 (Years)
BIRTHPLACE	Spain	Spain
OCCUPATION	Shoemaker	Housewife

Number of child of this mother, including present birth one

Number of children, of this mother, now living, including present birth One

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 1 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) H. P. Rose M.D.

Physician

(Physician or Midwife)

Address Nampa Ida

Given names added from a supplemental report

....., 19.....

Filed 10-10-19 12 O. B. Bellew M.D.

Registrar

S-Y CO., 16670

Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

Form V. S. No. 11-C—10m-6-30-11

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

PLACE OF BIRTH

County

261 - 202-014-363

Form V. S. No. 11-C—20m-2-15-12

PLACE OF BIRTH

County of Canyon

City of Nampa

No. ..... St.

Hospital .....

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 8 — File No. 9313

Primary Registration District No. 1006 — Registered No. 313

FULL NAME OF CHILD Florence A Smalley

Sex of Child	Twin / Triplet or other?	and Number in order of birth	Legitimate?	Date of Birth
Fem	—	—	yes	10 (Month) 2 (Day) 1912 (Year)

(To be answered only in event of plural births)

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	Edward A. Smalley	Estelle Coleman
RESIDENCE	Nampa Ida	Nampa Ida
COLOR	White	White
AGE AT LAST BIRTHDAY (Years)	22	21
BIRTHPLACE	Ill.	Iowa.
OCCUPATION	Laborer	Housewife

Number of child of this mother, including present birth 1

Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Alive (Born alive or stillborn), at 5 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) O. B. Beller M.D.

(Physician or midwife)

Address Nampa Ida

Filed 10-10-1912 O. B. Beller M.D.

Registrar

Given names added from a supplemental report

..... 19.....

.....

Registrar

S-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Form V. S. No. 11-C—20m-2-15-12

STATE OF IDAHO

793-201-014-177

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH

County of Canyon

City of Nampa

No. _____ St.

Hospital _____

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 1003 File No. 9314

Primary Registration District No. 1006 Registered No. 309

FULL NAME OF CHILD _____

Sex of Child	Twin / Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Fem	—	—	yes	10 / 1 / 1912

FATHER		MOTHER	
FULL NAME	Edmond Tilmore	FULL MAIDEN NAME	Birdie Appleton
RESIDENCE	Nampa Ida.	RESIDENCE	Nampa Ida
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	24	AGE AT LAST BIRTHDAY (Years)	22
BIRTHPLACE	Ohio.	BIRTHPLACE	Neb.
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 1

Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Alive (Born alive or stillborn) at 3 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) A B. Beller M.D

Phys. (Physician or midwife)

Address Nampa Ida.

Given names added from a supplemental report

_____ 19____

_____ Registrar

Filed 10-5-1912 A B Beller M.D. Registrar

S-Y CO. 20174

713-129-014-657

PLACE OF BIRTH

Form V. S. No. 11-C—15m-6-20-11

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

County of Canyon

City of Nampa

No. 414 - 16 ave N St.

Hospital ~~Nne~~

Registration District No. 3 File No. 9315

Primary Registration District No. 1006 Registered No. 305

FULL NAME OF CHILD — LLOYD EARL PATTERSON

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Boy			Yes	Sept 29, 1912

FATHER	MOTHER
FULL NAME: Esco M Patterson	FULL MAIDEN NAME: Priscilla Mary Weaver
RESIDENCE: 414 - 16 ave No	RESIDENCE: 414 - 16 ave North
COLOR: White	COLOR: White
AGE AT LAST BIRTHDAY: 40 (Years)	AGE AT LAST BIRTHDAY: 38 (Years)
BIRTHPLACE: Ohio	BIRTHPLACE: Canton, Kansas
OCCUPATION: Teamster	OCCUPATION: Housekeeper

Number of child of this mother, including [redacted]

Number of children, of this mother, now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Alive (Born alive or stillborn) at 1 00 P. M., on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report

....., 19.....

.....
Registrar

(Signature) Dr B. Beller MD

Physician

(Physician or Midwife)

Address Nampa Ida

Filed Oct 1 - 1912 Dr B Beller MD

Registrar

S-Y CO., 16670

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

SEP 8 1942

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS
AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of California } ss.
County of San Joaquin }

Certificate No. 9515

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of birth (Birth or Death)
for Lloyd Earl Patterson (Name on Original Certificate) who Born (Was Born or Died) on September 24 1912 (Date of Event)
in Maricopa Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts are shown by Mother + Bible R (Bible Record, Insurance Policy, Etc.) prepared on September 1, 1940 (Give Date), are:

FACTS TO BE CORRECTED ("Name", "Birth Date", "Cause of Death", Etc.)	FROM (As on Original)	TO (The Correct Facts)
Name	Unnamed	Lloyd Earl Patterson

Subscribed and sworn to before me this 3rd
day of September, 1942
Lillian Backlund
Notary Public, residing at Stockton, California
My commission expires Feb. 7, 1945.
(Seal)

Signed Priscilla M. Patterson Estes
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting death record; or other credible person.)
1126 East Church St., Stockton,
(Street Address, City, State) Calif.

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Colorado } ss.
County of Denver }

[This Affidivat **MUST** Also be Executed.
(See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 5th
day of September, 1942
Warren T. Wallace
2215 St Paul

Signed Ester M. Patterson
(Signature of Any Credible Person Other Than Previous Year)
1431—16 St Denver Colo

SEP 18 1942

SEP 21 1942

249-213-014-218

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Canyon

City of Nampa

No. ..... St.

Hospital

Registration District No. 3 File No. 9316

Primary Registration District No. 1006 Registered No. 325

FULL NAME OF CHILD Mary Lyn Burkholder

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Female	No	1	Yes	Oct 13 1912

FATHER	MOTHER
FULL NAME: Monroe Burkholder	FULL MAIDEN NAME: Florence Kahle
RESIDENCE: Nampa, Ida.	RESIDENCE: Nampa Ida.
COLOR: White	COLOR: White
AGE AT LAST BIRTHDAY: 31 (Years)	AGE AT LAST BIRTHDAY: 28 (Years)
BIRTHPLACE: Ohio	BIRTHPLACE: Ohio
OCCUPATION: Groc. Salesman	OCCUPATION: Housewife

Number of child of this mother, including present birth: 1

Number of children of this mother now living, including present birth: 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 6 P.M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) D. D. Calaway M.D.

Phys — Nampa Ida

(Physician or midwife)

Address Nampa Ida

Given names added from a supplemental report

..... 19.....

Filed 10-21-19 12 O. B. Bellar M.D.

Registrar

..... Registrar

8-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N.B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Form V. S. No. 11-C-20m-8-15-39

STATE OF IDAHO

BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

PLACE OF BIRTH

County of

City of

0316

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of ..... } ss.
County of ..... }

Certificate No. 9316
Date Filed .....

The undersigned does solemnly swear that certain facts on the certificate of ..... (Birth or death)
for ..... (Name on original certificate) who ..... (Was born or died) on ..... (Date of event)
in ..... (Place of event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts as shown by ..... (Bible record, insurance policy, etc.) prepared on ..... (Give date), are:

FACTS TO BE CORRECTED ("Name", "birth date", "cause of death", etc.)	FROM (As on original)	TO (The correct facts)
Name	Marylin Burkholder	Marylyn Burkholder

Subscribed and sworn to before me this 28th
day of November, 1941.
Marion E. Doe
Notary Public, residing at Boise, Idaho
My commission expires 6-24-45
[SEAL]

Signed Mrs. M I Burkholder
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)
.....
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of ..... } ss.
County of ..... }

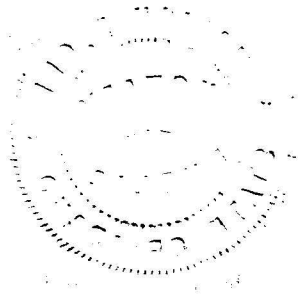
[This affidavit MUST also be executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this .....
day of ....., 19.....
.....
Notary Public, residing at .....
My commission expires .....
[SEAL]

Signed .....
(Signature of any credible person other than the previous affiant.)
.....
(Street Address, City, State)

Received for filing on ..... By .....
(Registrar's signature)



369 - 120 - 014 - 235

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH

County of Canyon

City of Nampa

No. _____ St.

Hospital _____

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 5 File No. 9317

Primary Registration District No. 1006 Registered No. 334

FULL NAME OF CHILD Elmer Twiselton

Sex of Child	Twin / Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Male	—	—	yes	10 20 1912

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	Benjamin Twiselton	Amy Sterling
RESIDENCE	Nampa Ida	Nampa Ida
COLOR	White	White
AGE AT LAST BIRTHDAY (Years)	29	24
BIRTHPLACE	England	New York
OCCUPATION	Laborer	Housewife

Number of child of this mother, including present birth 1

Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Alive (Born alive or stillborn) at 2 9 A. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) O. B. Beller M.D.

Phys.
(Physician or midwife)

Address Nampa Ida.

Given names added from a supplemental report

..... 19.....

..... Registrar

Filed 10-25 19 12 O. B. Beller M.D. Registrar

S-Y CO. 20174

793-206-014-815

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

File No. 9318

County of Canyon

City of Nampa

Registration District No. 3

Primary Registration District No. 1006

Registered No. 332

No. ..... St.

Hospital Giles

FULL NAME OF CHILD .....

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Female	No	4	Yes	Oct 6 1912

FATHER		MOTHER	
FULL NAME	Henry Giles	FULL MAIDEN NAME	Mattie Hansen
RESIDENCE	Nampa Ida	RESIDENCE	Nampa Ida
COLOR	White	AGE AT LAST BIRTHDAY (Years)	33
BIRTHPLACE	Utah	COLOR	White
OCCUPATION	Gen'l Labor	BIRTHPLACE	Utah
		OCCUPATION	Housewife

Number of child of this mother, including present birth 4

Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive at 10 P.M. on the date above stated.

(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) P. D. Calaway M.D.

(Physician or midwife)

Address Nampa Ida

Given names added from a supplemental report

..... 19.....

..... Registrar

Filed 10-23-1912 O B Bellas M.D. Registrar

S-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Form U. S. No. D.C.—Dec. 2-12-72

151-234-014-893

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

Form V. S. No. [illegible]

PLACE OF BIRTH

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

County of Canyon

City of Nampa

No. Hickey Add St.

Hospital x

Registration District No. 9 File No. 9319

Primary Registration District No. 1006 Registered No. 345

FULL NAME OF CHILD ~~not named~~ Lucile Seawell

Sex of Child	Twin, Triplet, or other?	and	Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
female	~		x	yes	Oct 24, 1912

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	Jas. P. Seawell	FULL MAIDEN NAME	Ruth Hicks
RESIDENCE	Nampa Idaho	RESIDENCE	Nampa Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	26 (Years)	AGE AT LAST BIRTHDAY	25 (Years)
BIRTHPLACE	California	BIRTHPLACE	Iowa
OCCUPATION	Brakeman	OCCUPATION	Housewife

Number of child of this mother, including present birth 2

Number of children, of this mother, now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 5 a. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Jos Murray

Physician

(Physician or Midwife)

Address Nampa Idaho

Given names added from a supplemental report from Death Certificate, 19....

John S. Meyer Registrar

Filed 10-31- 19 12 O. B. Bellows M.D. Registrar

S-Y CO., 16670

Form V. S. No. 11-C—15m-6-20-11

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

PLACE OF BIRTH

146-125-04-418

County of Canyon

City of Nampa

No. 418, 13th Ave So.

Hospital x

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

Registration District No. 3

File No. 9320

Primary Registration District No. 1006

Registered No. 344

FULL NAME OF CHILD Phillip Calvert Amoureux

Sex of Child: Boy

Twin, Triplet, or other? x and Number in order of birth 2

(To be answered only in event of plural births)

Legitimate? yes

Date of birth: Oct. (Month) 25 (Day) 1912 (Year)

FATHER	MOTHER
FULL NAME: Felix Amoureux	FULL MAIDEN NAME: Edna Mayol
RESIDENCE: Nampa Idaho	RESIDENCE: Nampa Idaho
COLOR: Colored	COLOR: Colored
AGE AT LAST BIRTHDAY: 28 (Years)	AGE AT LAST BIRTHDAY: 26 (Years)
BIRTHPLACE: Mo.	BIRTHPLACE: Mo.
OCCUPATION: Laborer	OCCUPATION: Housewife

Number of child of this mother, including present birth: 2

Number of children, of this mother, now living, including present birth: 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 1.15 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. F. Murray

Physician

(Physician or Midwife)

Address Nampa Ida

Given names added from a supplemental report

....., 19.....

Registrar

Filed 10-31-1912 O. B. Bellows M.D.

Registrar

S-Y CO., 16670

962-122-014-396

PLACE OF BIRTH

STATE OF IDAHO

Form V. S. No. [illegible]

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

County of Canyon

City of Nampa

Registration District No. 3

File No. 9321

No. ____, ____ St.

Primary Registration District No. 1006

Registered No. 343

Hospital ____

FULL NAME OF CHILD Hugh Robert Ross

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Male			Yes	Aug 22 191 2

FATHER		MOTHER	
FULL NAME	H P Ross	FULL MAIDEN NAME	Claudia Cross
RESIDENCE	Nampa Ida	RESIDENCE	Nampa Ida
COLOR	White	AGE AT LAST BIRTHDAY (Years)	36
BIRTHPLACE	Canada	COLOR	White
OCCUPATION	Physician	AGE AT LAST BIRTHDAY (Years)	35
		BIRTHPLACE	Wisconsin
		OCCUPATION	Housewife

Number of child of this mother, including present birth 2

Number of children, of this mother, now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 8 P. M. on the date above stated.

(Signature) H P Ross

Physician (Physician or Midwife)

Address Nampa Ida

Filed 10/31 19 12 O B Beller M D Registrar

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report

..... 19.....

..... Registrar

S-Y CO., 16670

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

Form V.S. No. 11-C—Jan. 1950

STATE OF IDAHO

PLACE OF BIRTH

Form V. S. No. 11-C—10m-6-20-11

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

PLACE OF BIRTH 962-220-014-236

County of Canyon

City of Nampa

No. 403, 14th ave S

Hospital x

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

Registration District No. 9 File No. 9322

Primary Registration District No. 1006 Registered No. 339

FULL NAME OF CHILD Elva Robbins

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Girl	x	x	yes	Oct 20 1912

FATHER		MOTHER	
FULL NAME	C. F. Robbins	FULL MAIDEN NAME	Lorlla Stoddard
RESIDENCE	Nampa Ida	RESIDENCE	Nampa Idaho
COLOR	white	COLOR	white
AGE AT LAST BIRTHDAY	47 (Years)	AGE AT LAST BIRTHDAY	42 (Years)
BIRTHPLACE	Ill.	BIRTHPLACE	Iowa
OCCUPATION	Grey Chaunt. Conductor	OCCUPATION	Housewife

Number of child of this mother, including present birth 7

Number of children, of this mother, now living, including present birth 6

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 12 15 M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. F. Murray

Physician

(Physician or Midwife)

Address Nampa Idaho

Given names added from a supplemental report

....., 19.....

.....

Registrar

Filed 10-28-1912 O. B. Bellows

Registrar

S-Y CO., 16670

231-226-0-4-259

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

PLACE OF BIRTH

County of Canyon

City of Nampa

No. ____, ____ St.

Hospital ____

STATE OF IDAHO

Form V. S. No. II-C—10m-6-20-11

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

Registration District No. 1003 File No. 9323

Primary Registration District No. 1006 Registered No. 340

FULL NAME OF CHILD Emma Ellen Stanley

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Fem	—	—	Yes	10 26 1912

FATHER	MOTHER
FULL NAME Eugene F Stanley	FULL MAIDEN NAME Elsie Ellen Berger
RESIDENCE Nampa Ida	RESIDENCE Nampa Ida
COLOR White	COLOR White
AGE AT LAST BIRTHDAY 28 (Years)	AGE AT LAST BIRTHDAY 26 (Years)
BIRTHPLACE Ohio.	BIRTHPLACE Ohio.
OCCUPATION Ranchman	OCCUPATION Housewife

Number of child of this mother, including present birth 1

Number of children, of this mother, now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Alive (Born alive or stillborn) at 8 a. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) O. B. Beller M.D.

Phys.

(Physician or Midwife)

Address Nampa Ida

Given names added from a supplemental report

....., 19.....

.....

Registrar

Filed 10-30-1912 O B Beller MD

Registrar

S-Y CO., 16670

366-119-014-297

PLACE OF BIRTH

STATE OF IDAHO

Form V. S. No. [illegible]

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

9324

County of Canyon

City of Nampa

Registration District No. 3

File No.

No. 609, 9th Ave. S.

Primary Registration District No. 1006

Registered No. 337

Hospital

FULL NAME OF CHILD Russell Wells Cooke.

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Male	/	1st	yes.	Oct. 19th 1912.

FATHER	MOTHER
FULL NAME: Lee Raymond Cooke.	FULL MAIDEN NAME: Helen Darling Brace.
RESIDENCE: Nampa, Ida.	RESIDENCE: Nampa Ida.
COLOR: white	AGE AT LAST BIRTHDAY: 30 (Years)
COLOR: white	AGE AT LAST BIRTHDAY: 27 (Years)
BIRTHPLACE: Wisconsin.	BIRTHPLACE: Minn.
OCCUPATION: Civil & mechanical Eng.	OCCUPATION: House wife.

Number of child of this mother, including present birth 1

Number of children, of this mother, now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 8. a. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Geo. A. Kelly.

Physician.

(Physician or Midwife)

Address Nampa, Ida.

Given names added from a supplemental report

....., 19.....

.....

Registrar

Filed Oct 28 1912 O B Bell M.D.

Registrar

S-Y CO., 16670

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

309-122-014-238

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Form V. S. No. 11-C—20m-2-15-12

PLACE OF BIRTH

County of Canyon

City of Nampa

No. ..... St.

Hospital .....

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 3 File No. 9325

Primary Registration District No. 1006 Registered No. 336

FULL NAME OF CHILD FRED EDWARD Fernelleger

Sex of Child	Twin, Triplet or other?	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Male	No. (To be answered only in event of plural births)	4	Yes	Oct 22 1912

FATHER		MOTHER	
FULL NAME	Guy Fernelleger	FULL MAIDEN NAME	Ethel Schwartz
RESIDENCE	Nampa Ida	RESIDENCE	Nampa Ida
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	27	AGE AT LAST BIRTHDAY (Years)	24
BIRTHPLACE	Minn	BIRTHPLACE	Minn
OCCUPATION	Gen Labor	OCCUPATION	Housewife

Number of child of this mother, including present birth .....

Number of children of this mother now living, including present birth .....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born Alive at 7 P.M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) S. D. Culver M.D.

(Physician or midwife)

Address Nampa Ida

Given names added from a supplemental report

..... 19.....

Filed Oct 27 19 12 O. B. Bellows

..... Registrar

Registrar

S-Y CO. 20174

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS
AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of Idaho } ss.
County of Ada

Certificate No. 9325

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of Birth (Birth or Death)
for (Name on Original Certificate) who (Was Born or Died) on (Date of Event)
in (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts are shown by (Bible Record, Insurance Policy, Etc.) prepared on (Give Date), are:

FACTS TO BE CORRECTED ("~~Name~~", "Birth Date", "Cause of Death", Etc.)	FROM (As on Original)	TO (The Correct Facts)
Name	unnamed	Fred Edward Terwilleger
Mother's maiden name	Swartz	Schwartz

Subscribed and sworn to before me this 14th
day of March, 1944

Notary Public, residing at Boise, Idaho

My commission expires October 25, 1945
(Seal)

Signed Guy C. Terwilliger
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of } ss.
County of

[This Affidivat **MUST** Also be Executed.
(See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this
day of, 19

Notary Public, residing at

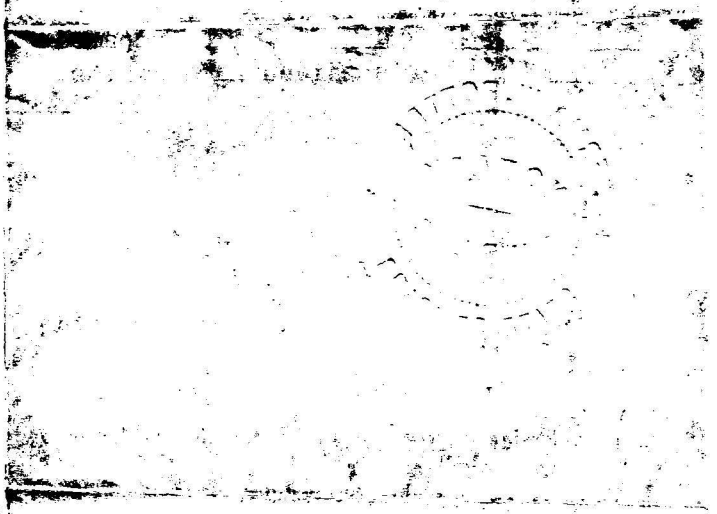
My commission expires
(Seal)

Signed
(Signature of Any Credible Person Other Than Previous Year)

(Street Address, City, State)

MAR 14 1944

JUN 7 1976



215-108-014-231

Form V. S. No. 11-C—20m-2-15-12

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH

County of Canyon

City of Middleton

No. ..... St.

Hospital .....

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 3 File No. 9326

Primary Registration District No. 2005 Registered No. 335

FULL NAME OF CHILD .....

Sex of Child	Twin / Triplet / or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Male			yes	Sept 8 1912

FATHER		MOTHER	
FULL NAME	William Ramsburg	FULL MAIDEN NAME	Millie Hart
RESIDENCE	Middleton	RESIDENCE	Middleton
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY (Years)	29	AGE AT LAST BIRTHDAY (Years)	27
BIRTHPLACE	Oregon	BIRTHPLACE	Idaho
OCCUPATION	Farming	OCCUPATION	Housewife

Number of child of this mother, including present birth 4

Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 7:30 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) C. E. Hall M.D.

(Physician or midwife)

Address Star Idaho

Filed 10/26 1912 John S Meyer Registrar

Given names added from a supplemental report

..... 19.....

..... Registrar

S-Y CO. 20174

NOV 7 1975

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

PLACE OF BIRTH
219-121-014-266

County of Canyon

City of Caldwell

No. —, — St.

Hospital no

FULL NAME OF CHILD —X

Form V. S. No. 11-C—16m-6-30-41

STATE OF IDAHO
Bureau of Vital Statistics
CERTIFICATE OF BIRTH

Registration District No. 3 File No. 9327

Primary Registration District No. 2005 Registered No. 329

Sex of Child	Twin, Triplet, or other?	and	Number in order of birth	Legitimate?	Date of birth
Male	—		—	yes	Oct 21, 1912 (Month) (Day) (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	Wm. Bardsley	FULL MAIDEN NAME	Effie Bowen
RESIDENCE	Caldwell	RESIDENCE	Caldwell
COLOR	white	COLOR	white
AGE AT LAST BIRTHDAY	41 (Years)	AGE AT LAST BIRTHDAY	30 (Years)
BIRTHPLACE	Ill	BIRTHPLACE	Ill
OCCUPATION	Rancher	OCCUPATION	Housewife

Number of child of this mother, including present birth 4

Number of children, of this mother, now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn) at 8 A M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Dr S. J. Miller (M.D.)

(Physician or Midwife)

Address Caldwell, Ida

Given names added from a supplemental report

10/23, 19...

Filed 10/23 19 12 John A Meyer
Registrar

S-Y CO., 16670

Registrar

DEC 14 1966

291-107-014-796

PLACE OF BIRTH

Form V. S. No. 11-C—10m-8-7-11

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

County of Canyon

City of Caldwell

Registration District No 3 File No 9328

No ——, —— St.

Primary Registration District No 2005 Registered No. 328

Hospital no

FULL NAME OF CHILD Robert Charles Bradley

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
male	one	first	yes	Mar. 1 1912

FATHER	MOTHER
FULL NAME E. C. Bradley	FULL MAIDEN NAME Margaret Prosser
RESIDENCE Caldwell	RESIDENCE Caldwell
COLOR white AGE AT LAST BIRTHDAY 41 (Years)	COLOR white AGE AT LAST BIRTHDAY 28 (Years)
BIRTHPLACE N. York	BIRTHPLACE N. York
OCCUPATION Farmer	OCCUPATION Home wife

Number of child of this mother, including present birth one

Number of children, of this mother, now living, including present birth one

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn), at 8 9 - M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Dr S. J. Miller (Miss Wood)

(Physician or Midwife)

Address Caldwell, Idaho

Given names added from a supplemental report

10/23, 19

Filed 10/23 1912 John J Meyer

Registrar

Registrar

SYMS - YORK CO., PTRS. & BDRS. 17326

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

DEC 22 1976

536 - 120 - 014 - 469

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

PLACE OF BIRTH

Form V. S. No. 11-C—10m-8-7-11

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

County of Canyon

City of Caldwell

No —, — St.

Registration District No 3

File No 9329

Primary Registration District No 2005

Registered No 327

Hospital no

FULL NAME OF CHILD Chas. George Elwood

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
male		—	yes	Oct. 20, 1912

FATHER		MOTHER	
FULL NAME	Wallie Elwood	FULL MAIDEN NAME	Effie Morrison
RESIDENCE	Caldwell	RESIDENCE	Caldwell
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	28 (Years)	AGE AT LAST BIRTHDAY	23 (Years)
BIRTHPLACE	N. Y.	BIRTHPLACE	Penn
OCCUPATION	Rancher	OCCUPATION	Housewife

Number of child of this mother, including present birth 1

Number of children, of this mother, now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn) at 10 P M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Dr. S. J. Miller (M. W.)

(Physician or Midwife)

Address Caldwell Ida

Given names added from a supplemental report

10/21, 19

Filed 10/21 1912 John A. Meyer Registrar

Registrar

SYMS - YORK CO., PTRS. & BDRS. 17326

OCT 18 1962

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

659-214-014-699

PLACE OF BIRTH

Form V. S. No. 11-C—10m-8-7-11

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

County of Canyon

City of Caldwell

No —, — St.

Hospital no

Registration District No 3 File No. 9330

Primary Registration District No. 2005 Registered No. 326

FULL NAME OF CHILD — Mabel Ruth Weick

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
female	—	—	yes	Oct 14 — 1912

FATHER	MOTHER
FULL NAME Wm Weick	FULL MAIDEN NAME Minnie Fritz
RESIDENCE Caldwell	RESIDENCE Caldwell
COLOR white AGE AT LAST BIRTHDAY 32 (Years)	COLOR White AGE AT LAST BIRTHDAY 26 (Years)
BIRTHPLACE Germany	BIRTHPLACE Neb.
OCCUPATION Ranches	OCCUPATION Home wife

Number of child of this mother, including present birth 3

Number of children, of this mother, now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn) at 12 P M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Dr S. J. Miller (M.W.)

(Physician or Midwife)

Address Caldwell, Ida.

Given names added from a supplemental report

10/21, 19..

Filed 10/21 19 12 John D Meyer Registrar

Registrar

SYMS - YORK CO., PTRS. & BDRS. 17326

296 - 113-014-246

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

Form V. S. No. 11-C—10m-8-7-11

PLACE OF BIRTH

County of Canyon

City of Caldwell

— —

No ....., ... St.

Hospital no

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

Registration District No 3 File No. 9331

Primary Registration District No. 2005 Registered No. 322

FULL NAME OF CHILD — James Lawrence Brown

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
male	Twin	1	yes	Oct 13 — 1913

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	J. Brown	Effie Bubbington
RESIDENCE	Caldwell	Caldwell
COLOR	white	white
AGE AT LAST BIRTHDAY (Years)	32	19
BIRTHPLACE	Kansas	Idaho
OCCUPATION	Rancher	Home work

Number of child of this mother, including present birth 1

Number of children, of this mother, now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn) on the date above stated., at 8 9 M.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Dr S J Miller (M.W)

(Physician or Midwife)

Address Caldwell Eld. Address

Given names added from a supplemental report

....., 19.....

Filed 10/14 1913 John A Meyer

Registrar

SYMS - YORK CO., PTRS. & BDRS. 17326

Registrar

IDAHO DEPARTMENT OF HEALTH

BUREAU OF VITAL STATISTICS

Affidavit to Correct or Amend An Original Certificate of Birth or Death

RECEIVED
FEB 26 1968
Bureau of Vital Statistics

State of Idaho } ss.
County of Canyon

Certificate No. 9331

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of Birth (Birth or Death)

for Unnamed Brown (Name on Original Certificate) who was born (Was Born or Died) on Oct. 13, 1912 (Date of Event)

in Caldwell, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the true facts are shown by (Bible Record, Insurance Policy, Etc.) prepared on (Give Date), are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
Child Name	Unnamed	James Lawrence Brown
	mother	

Subscribed and sworn to before me this 23d day of Feb, 1968

C. M. Van Slyke

Notary Public, residing at Wilder Ida

My commission expires 1-4-72

(Seal)

Signed Effie May Brown

(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

RI Parma Ida

(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Idaho } ss.
County of Canyon

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 23d day of Feb, 1968

C. M. Van Slyke

Notary Public, residing at Wilder Ida

My commission expires 1-4-72

(Seal)

Signed Blanche E. Brown

(Signature of Any Credible Person)

RI Parma Ida

(Street Address, City, State)

FORM DH 60-155 CL. 2-20-68 / copy pd. Rec. # 28644.

Own child's birth certificate, On file Idaho, State File #428177, gives name of Father as James Lawrence Brown, child born November 2, 1946 - viewed by V.S.

MAR 20 1968

Marketing Contract, Dairymen's Co-operative Creamery of Boise Valley, signed by James Lawrence Brown, February 7, 1953, Parma, Idaho - viewed by V.S.

296-213-014-246

PLACE OF BIRTH

Form V. S. No. 11-C—10m-8-7-11

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

County of Canyon

City of Caldwell

No —, — St.

Hospital no

Registration District No 3 File No. 9332

Primary Registration District No. 2005 Registered No. 323

FULL NAME OF CHILD Florence Josephine Brown

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
female	Twin	2	yes	Oct 13 — 1912

FATHER		MOTHER	
FULL NAME	J. Brown	FULL MAIDEN NAME	Effie Buffington
RESIDENCE	Caldwell	RESIDENCE	Caldwell
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	32	AGE AT LAST BIRTHDAY (Years)	19
BIRTHPLACE	Kansas	BIRTHPLACE	Idaho
OCCUPATION	Rancher	OCCUPATION	House wife

Number of child of this mother, including present birth 2

Number of children, of this mother, now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn), at 9 9 M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Dr. S. J. Miller (M.D.)

(Physician or Midwife)

Address Caldwell, Ida.

Given names added from a supplemental report

....., 19.....

Filed 10/14 1912 John A Meyer

Registrar

SYMS - YORK CO., PTRS. & BDRS. 17826

Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

K

IDAHO DEPARTMENT OF HEALTH

BUREAU OF VITAL STATISTICS

Affidavit to Correct or Amend An Original Certificate of Birth or Death

RECEIVED
MAR 1 8 1969
Bureau of Vital Statistics

State of Idaho
County of Washington } ss.

Certificate No. 9332

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of birth (Birth or Death)
for unnamed female Brown (Name on Original Certificate) who was born (Was Born or Died) on October 13, 1912 (Date of Event)
in Caldwell, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts are shown by (Bible Record, Insurance Policy, Etc.) prepared on (Give Date), are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
name of child	unnamed	Florence Josephine Brown

Subscribed and sworn to before me this 8th day of November, 1968

Arthur Wilson
Notary Public, residing at Cambridge, Idaho
My commission expires April 24, 1971
(Seal)

× Signed Effie May Brown
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of
County of } ss.

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this day of , 19

Notary Public, residing at
My commission expires
(Seal)

Signed
(Signature of Any Credible Person)

(Street Address, City, State)

FORM DH 60-155 in office 9-26-68 nm.

MAR 18 1969

Marriage application return gives name as Florence Josephine Brown. Married Auguat 23, 1932. Roy Daley Co unty Clerk of Malheur Co., Oregon.
Viewed by V.S.

Own childs bithycertificate on file with state of Idaho, # 230995 gives name of mother as Florence Josephine Brown. Child born Feb. 9, 1935.
Viewed by V.S.

Amended 10-16-61

PLACE OF BIRTH

239-110-044-867

County of Canyon

City of Caldwell

No. ..... St.

Hospital .....

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 3 File No. 9333

Primary Registration District No. 2005 Registered No. 319

FULL NAME OF CHILD Elvin G. Street
(Certificate of no value without full name of child.)

Sex of Child	Twin X Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Male		1st	Yes	Oct. 10, 1912

What bactericidal solution was used in eyes? .....

Number of child of this mother, including present birth 4 Number of children of this mother now living, including present birth 4

FATHER	MOTHER
FULL NAME: A. Street	FULL MAIDEN NAME: Gertrude Hopper
RESIDENCE: Caldwell	RESIDENCE: Caldwell
COLOR: White	COLOR: White
AGE AT LAST BIRTHDAY: 32 (Years)	AGE AT LAST BIRTHDAY: 34 (Years)
BIRTHPLACE: Indiana	BIRTHPLACE: Indiana
OCCUPATION: Rancher	OCCUPATION: Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born Alive (Born alive or stillborn), at 6 A. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Dr. S. J. Miller M.D.

Physician
(Physician or midwife)

Address Caldwell, Idaho

Filed 10/14/1912 John S. Meyer
Registrar.

Give names added from a supplemental report.

....., 192.....

.....
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

Form V. S. No. 11-C—10m-8-7-11

PLACE OF BIRTH

County of Canyon

City of Caldwell

No ——, —— St.

Hospital No

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

Registration District No 3 File No. 9333

Primary Registration District No. 2005 Registered No. 319

FULL NAME OF CHILD ——

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
male	Twin	1st	yes	Oct 10 — 1912

FATHER		MOTHER	
FULL NAME	G. Stuck	FULL MAIDEN NAME	Gertrude Hopkes
RESIDENCE	Caldwell	RESIDENCE	Caldwell
COLOR	white	COLOR	white
AGE AT LAST BIRTHDAY	32 (Years)	AGE AT LAST BIRTHDAY	34 (Years)
BIRTHPLACE	Indiana	BIRTHPLACE	Indiana
OCCUPATION	Rancher	OCCUPATION	Housewife

Number of child of this mother, including present birth 4

Number of children, of this mother, now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn) at 6 9 M. on the date above stated.

*"When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Dr S. J. Miller (M.W.)

(Physician or Midwife)

Given names added from a supplemental report

10/14 1912 Address Caldwell, Idaho

John S Meyer Registrar

Filed 10/14 1912 John S Meyer Registrar

SYMS - YORK CO., PTRS. & BDRS. 17826

NOV 1 1961

Documents listed on back –

IDAHO STATE BOARD OF HEALTH
DIVISION OF VITAL STATISTICS

Affidavit to Correct or Amend An Original Certificate of Birth or Death

State of Idaho } ss.
County of Canyon

Certificate No. 9333

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of birth (Birth or Death)
for Unnamed Street Twin I (Name on Original Certificate) who was born (Was Born or Died) on Oct. 10, 1912 (Date of Event)
in Caldwell (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts are shown by (Bible Record, Insurance Policy, Etc.) prepared on (Give Date), are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
Child's Name	Unnamed	Elvin G. Street
Mother's Maiden Name	Hoppes	Hopper

Subscribed and sworn to before me this 3rd day of Sept, 1958.
Thelma Mundell
Notary Public, residing at 1853 W. 52nd
My commission expires My Commission expires June 13, 1959
(Seal)

Signed Arthur G. Street Father
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Colorado } ss.
County of Denver

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 10th day of October, 1961.
Alton Corley
Notary Public, residing at 3333 W. 38th Ave., Denver Colo.
My commission expires 1-28-62
(Seal)

Signed Gertrude E. Corey
(Signature of Any Credible Person)
3333-W 38th Ave
Denver Colo.
(Street Address, City, State)

FORM DPH 55.155

Photostatic copy of pages from Family Bible of Arthur G. Street and Gertrude M. Street gives one child's full name as Elvin G. born Oct. 10, 1912 - viewed by V.S. appears old and unaltered -

Social Security Application, April 17, 1941, #519-16-6725 gives full name as Elvin G. Street, born Oct. 10, 1912 at Caldwell, Idaho to Arthur G. Street and Gertrude May Hopper - viewed by V.S.

Mother's Death Cert. on file: (Idaho Death) #77227 gives full name as Gertrude M. Street, maiden name is given as Hopper - viewed by V.S.

Amended 10-16-61

PLACE OF BIRTH

239 - 110 - 014 - 867

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Canyon

City of Caldwell

No. ..... St.

Hospital .....

Registration District No. 3 File No. 9334

Primary Registration District No. 2005 Registered No. 320

FULL NAME OF CHILD Elmer B. Street
(Certificate of no value without full name of child.)

Sex of Child	Twin / Triplet / or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Male	X	2nd	Yes	Oct. 10, [illegible]

What bactericidal solution was used in eyes? .....

Number of child of this mother, including present birth 5 Number of children of this mother now living, including present birth 5

FATHER	MOTHER
FULL NAME: A. Street	FULL MAIDEN NAME: Gertrude Hopper
RESIDENCE: Caldwell	RESIDENCE: Caldwell
COLOR: White	COLOR: White
AGE AT LAST BIRTHDAY: 32 (Years)	AGE AT LAST BIRTHDAY: 34 (Years)
BIRTHPLACE: Indiana	BIRTHPLACE: Indiana
OCCUPATION: Rancher	OCCUPATION: Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born Alive (Born alive or stillborn), at 6:30 A. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Dr. S. J. Miller M.D.

Physician
(Physician or midwife)

Address Caldwell, Idaho

Give names added from a supplemental report.

....., 192....

..... Registrar.

Filed 10/14/1912 John S. Meyer
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

PLACE OF BIRTH

Form V. S. No. 11-C—10m-8-7-11

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

County of Canyon

City of Caldwell

Registration District No 3

File No. 9334

No ——, —— St.

Primary Registration District No. 2005

Registered No. 320

Hospital no

FULL NAME OF CHILD ——

Sex of Child	Twin, Triplet or other?	Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Male	Twin	2nd	yes	Oct 10 — 1912

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	A. Street	FULL MAIDEN NAME	Gertrude Hoppes
RESIDENCE	Caldwell	RESIDENCE	Caldwell
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	32 (Years)	AGE AT LAST BIRTHDAY	34 (Years)
BIRTHPLACE	Ind	BIRTHPLACE	Ind
OCCUPATION	Rancher	OCCUPATION	Housewife

Number of child of this mother, including present birth 5

Number of children, of this mother, now living, including present birth 5

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn), at 6:30 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Dr S. J. Miller (M.D.)

(Physician or Midwife)

Address Caldwell, Ida.

Given names added from a supplemental report

10/14, 1912

John A. Meyer Registrar

Filed 10/14 1912 John A. Meyer Registrar

SYMS - YORK CO., PTRS. & BDRS. 17526

NOV 1 1961

Documents listed on back -

IDAHO STATE BOARD OF HEALTH
DIVISION OF VITAL STATISTICS

Affidavit to Correct or Amend An Original Certificate of Birth or Death

State of Idaho } ss.
County of Canyon }

Certificate No. 9334

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of birth (Birth or Death)
for Unnamed Street Twin II (Name on Original Certificate) who was born (Was Born or Died) on Oct. 10, 1912 (Date of Event)
in Caldwell (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts are shown by (Bible Record, Insurance Policy, Etc.) prepared on (Give Date), are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
Child's Name	Unnamed	Elmer B. Street
Mother's Maiden Name	Hoppes	Hopper

Subscribed and sworn to before me this 3rd day of Sept 1958.

Thelma Mansell
Notary Public, residing at 1653 W 52nd.
My commission expires My Commission expires June 13, 1959
(Seal)

Signed Arthur G. Street (Father)
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Colorado } ss.
County of Denver }

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 10th day of October 1961.

Alton Corey
Notary Public, residing at 3333 W. 37th ave Denver Colo
My commission expires 1-28-62
(Seal)

Signed Gertrude E. Corey
(Signature of Any Credible Person)

3333-W.37-ave Denver Colo.
(Street Address, City, State)

FORM DPH 55.155

Photostatic copy of pages from Family Bible of Arthur G. Street and Gertrude M. Street gives one child's full name as Elmer B. born Oct. 10, 1912 - viewed by V.S. appears old and unaltered -

Social Security Application, Dec. 14, 1936, #522-01-8765 gives full name as Elmer B. Street, born Oct. 10, 1912 at Caldwell, Idaho to Arthur G. Street and Gertrude May Hopper - viewed by V.S.

Mother's Death Cert. on file: (Idaho Death) #77227 gives full name as Gertrude M. Street, maiden name is given as Hopper - viewed by V.S.

331-106-014-551

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH

County of Canyon

City of Caldwell

No. ..... St.

Hospital .....

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 3 File No. 9336

Primary Registration District No. 2005 Registered No. 310

FULL NAME OF CHILD Lois Morehead Clark

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Male				Yes	10 6 1912

FATHER	MOTHER
FULL NAME Peter Louis Clark	FULL MAIDEN NAME Sarah Elizabeth Crain
RESIDENCE Fargo Canyon Co	RESIDENCE Fargo Canyon Co
COLOR White	COLOR White
AGE AT LAST BIRTHDAY 25 (Years)	AGE AT LAST BIRTHDAY 27 (Years)
BIRTHPLACE Iowa	BIRTHPLACE Illinois
OCCUPATION Farmer	OCCUPATION Housewife

Number of child of this mother, including present birth 2

Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Alive (Born alive or stillborn), at 1.50 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) C. M. Tadey

Physician

(Physician or midwife)

Given names added from a supplemental report

..... 19.....

..... Registrar

Address .....

Filed Oct. 9 1912

John S. Meyer M.D.
Registrar

S-Y CO. 20174

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

PLACE OF BIRTH

County of

799-107-014-593

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

PLACE OF BIRTH

Form V. S. No. 11-C—10m-8-7-11

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

County of Canyon

City of Caldwell

No —, —— St.

Hospital Yes

Registration District No 3 File No 9337

Primary Registration District No 2005 Registered No 318

FULL NAME OF CHILD ——

Sex of Child	Twin, Triplet or other?	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
male	— (To be answered only in event of plural births)	—	yes	Feb 7 — 1912

FATHER		MOTHER	
FULL NAME	Mark Price	FULL MAIDEN NAME	Nettie Nickel
RESIDENCE	Caldwell	RESIDENCE	Caldwell
COLOR	white	COLOR	white
AGE AT LAST BIRTHDAY	47 (Years)	AGE AT LAST BIRTHDAY	39 (Years)
BIRTHPLACE	N. Y	BIRTHPLACE	Ky
OCCUPATION	Rancher	OCCUPATION	Housewife

Number of child of this mother, including present birth 12

Number of children, of this mother, now living, including present birth 10

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn), at 8 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) S. J. Miller

(Physician or Midwife)

Address Caldwell Idaho

Given names added from a supplemental report

Oct 14, 1912

John A Meyer Registrar

Filed 10/14 1912 John A Meyer Registrar

SYMS - YORK CO., PTRS. & BOKS. # 7326

551-117-014-356

Form V. S. No. H-C—Rev. 6-30-41

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

PLACE OF BIRTH

County of Canyon

City of Nampa

No. ____, ____ St.

Hospital ____

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

Registration District No. 3

File No. 9338

Primary Registration District No. 2006

Registered No. 308

FULL NAME OF CHILD Dale L. Evans

Sex of Child	Twin, Triplet, or other?	Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Male	no (To be answered only in event of plural births)	2	Yes	Aug 17, 1912

FATHER		MOTHER	
FULL NAME	J. W. Evans	FULL MAIDEN NAME	Mary Lewis
RESIDENCE	Near Nampa Ida	RESIDENCE	Near Nampa
COLOR	White	AGE AT LAST BIRTHDAY (Years)	33
BIRTHPLACE	Ill	COLOR	White
OCCUPATION	Farmer	AGE AT LAST BIRTHDAY (Years)	24
		BIRTHPLACE	Iowa
		OCCUPATION	Housewife

Number of child of this mother, including present birth 2

Number of children, of this mother, now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 2 P.M., on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) P. D. Calouy - M.D.

(Physician or Midwife)

Nampa

Address ____

Given names added from a supplemental report

....., 19.....

Registrar

Filed Nov 1 1912 O. B. Beller

Registrar

S-Y CO., 16670

APR 17 1968

AUG 25 1976

393-104-014-359

Form V. S. No. 11-C—20m-2-15-12

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH

County of Canyon

City of Nampa

No. ..... St.

Hospital .....

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 132 File No. 9339

Primary Registration District No. 2006 Registered No. 312

FULL NAME OF CHILD .....

Sex of Child	Twin / Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Male	—	—	yes	10 4 1912

FATHER		MOTHER	
FULL NAME	August Tillman	FULL MAIDEN NAME	Bertha Turryman
RESIDENCE	Near Nampa Ida	RESIDENCE	Nampa Ida.
COLOR	White	AGE AT LAST BIRTHDAY (Years)	34
COLOR	White	AGE AT LAST BIRTHDAY (Years)	30
BIRTHPLACE	N-H	BIRTHPLACE	Iowa
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 3

Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Alive, (Born alive or stillborn) at 4 a. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) O. B. Bellows M.D.

Phys (Physician or midwife)

Address Nampa Ida.

Given names added from a supplemental report

..... 19.....

Filed 10-10-19 12 O. B. Bellows M.D. Registrar

..... Registrar

8-Y CO. 20174

Form V. S. No. 11-C—20m-3-15-12

STATE OF IDAHO

PLACE OF BIRTH

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

County of Canyon

City of Near Nampa Registration District No. 4003 File No. 9340

No. ____, ____ St. Primary Registration District No. 2006 Registered No. 314

Hospital ____

FULL NAME OF CHILD Leslie Jefferson Grass

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
male	—	—	Yes	Sep 24, 1912

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	Edward Grass	M. Cora Leeson
RESIDENCE	Near Nampa	Near Nampa
COLOR	White	White
AGE AT LAST BIRTHDAY (Years)	47	44
BIRTHPLACE	Wisconsin	Minnesota
OCCUPATION	Farmer	Housewife

Number of child of this mother, including present birth 7

Number of children, of this mother, now living, including present birth ____

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 11 a. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) H P Ross

Physician

(Physician or Midwife)

Given names added from a supplemental report

Oct 3, 1912

Address Nampa Ida

Filed 10-10 1912 O B Bellew MD

Registrar

Registrar

S-Y CO., 1687C

cc 11-30-40-mp

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
DIVISION OF PUBLIC HEALTH
BUREAU OF VITAL STATISTICS

#9340
money ret.

STATE OF Idaho)
) SS.
COUNTY OF Canyon)

AFFIDAVITS FOR CORRECTION OF A RECORD

Cora M. Grass of Nampa Idaho

Being first duly sworn, deposes and says that she is (if related, specify degree, if friend or otherwise, so state) Mother of Leslie Jefferson Grass

who was born in the city of Nampa, County of Canyon
(was born, died)

on the 25 day of September, 1912, as stated in a certificate of birth
birth or death

filed by Dr H.P. Ross
(name of physician or midwife, or undertaker for death)

with the Local Registrar for the city of Nampa, County of Canyon Idaho, on the _____ day of _____ 19__.

That the following facts set forth in said certificate are not correctly stated therein, to wit: Wesley J Grass Sept 24

That affiant upon her own knowledge states the true facts to be,
his, her

and the changes necessary to make the record correct are, as follows,

Leslie Jefferson Grass born on September 25 - 1912

(SEAL)

Affiant Cora M Grass

Address _____

Subscribed and sworn to before me this 27 day of November 1940

R Neubert
Notary Public

STATE OF Idaho)
) SS.
COUNTY OF Canyon)

~~Cora M~~ Leslie J. Grass of Nampa Idaho

being first duly sworn, deposes and says that ~~she~~ he has knowledge of the facts hereinbefore alleged and that the said facts as stated are true.

Affiant ~~Cora M Grass~~ Leslie J. Grass

Address 1012 - 15th Ave So Nampa

Subscribed and sworn to before me this 27 day of November 1940

R Neubert
Notary Public

(Seal)

39-112-04-866

STATE OF IDAHO — Form V. S. No. 11-C — Rev. 4-20-11

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

County of Canyon

City of Near Nampa — Registration District No. 1003 — File No. 9341

No. ____, ____ St. — Primary Registration District No. 2006 — Registered No. 315

Hospital ____

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

FULL NAME OF CHILD Randall Sears Stokes

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Male			Yes	July 12 '12

FATHER		MOTHER	
FULL NAME	Forrest Isaac Stokes	FULL MAIDEN NAME	Myra Howlett
RESIDENCE	Near Nampa	RESIDENCE	Near Nampa
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	42 (Years)	AGE AT LAST BIRTHDAY	32 (Years)
BIRTHPLACE	New Hampshire	BIRTHPLACE	Kentucky
OCCUPATION	Farmer	OCCUPATION	Housework

Number of child of this mother, including present birth 2

Number of children, of this mother, now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 10 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) [illegible]

(Physician or Midwife)

Address Nampa Idaho

Given names added from a supplemental report

....., 19.....

Filed 10-10 19 12 O. B. Bellew M.D.

Registrar

S-Y CO., 16670

Registrar

PLACE OF BIRTH

STATE OF IDAHO

Form V. S. No. M. C.—Rev. '11

285-105-014-279

Form V. S. No. 11-C—20m-2-15-12

PLACE OF BIRTH

County of Canyon

City of Nampa

No. ..... St.

Hospital .....

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 1003 File No. 9343

Primary Registration District No. 2006 Registered No. 324

FULL NAME OF CHILD ROBERT EDWARD Byers

Sex of Child	Twin Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Male	no	1	Yes	Oct 6 1912

FATHER		MOTHER	
FULL NAME	Edward Byers	FULL MAIDEN NAME	Lucy Springer
RESIDENCE	Nora Ida,	RESIDENCE	Nora Ida,
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	32	AGE AT LAST BIRTHDAY (Years)	22
BIRTHPLACE	Ohio,	BIRTHPLACE	Neb,
OCCUPATION	Rancher	OCCUPATION	Housewife

Number of child of this mother, including present birth One Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 2 AM on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) P. V. Calaway M.D.

Phys (Physician or midwife)

Address Nampa Ida

Given names added from a supplemental report

..... 19.....

.....
Registrar

Filed 10-20 19 12 O. B. Miller M.D.
Registrar

S-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of Idaho } ss.
County of Ada

Certificate No. 9343

FEB

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of Robert Edward Byers (Birth or ~~Death~~)
for Robert Edward Byers (Name on Original Certificate) who born (Was Born or Died) on Oct 5 1912 (Date of Event)
in Nampa Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts are shown by Bible (Bible Record, Insurance Policy, Etc.) prepared on Oct 5 1912 (Give Date), are:

FACTS TO BE CORRECTED ("Name", "Birth Date", "Cause of Death", Etc.)	FROM (As on Original)	TO (The Correct Facts)
name	No name Byers	Robert Edward Byers

Subscribed and sworn to before me this 13th
day of February, 19 42.

Notary Public, residing at Vancouver, Wash.
My commission expires 9/11/45
(Seal)

Signed Lucy R. Byers
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record, or other credible person.)

3415 I St. Vancouver Wash.
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Washington } ss.
County of Clark

[This Affidivat **MUST** Also be Executed.
(See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 13th
day of February, 19 42.

Notary Public, residing at Vancouver, Wash.
My commission expires 9/11/45
(Seal)

Signed Beatrice L. Byers
(Signature of Any Credible Person Other Than Previous Year)

3415 I Street, Vancouver Wash.
(Street Address, City, State)

FEB 21 1942

419-108-014-995

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH

County of Canyon

City of Nampa

No. ..... St.

Hospital .....

STATE OF IDAHO

BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. ~~100~~ 3 File No. 9344

Primary Registration District No. 2006 Registered No. 333

FULL NAME OF CHILD LEO NEAL Martineau

Sex of Child	Twin Triplet or other?	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Male	No (To be answered only in event of plural births)	5	Yes	Oct 8 1912

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	Geo. Martineau	Clarinda Rivett
RESIDENCE	Near Nampa Ida.	Near Nampa Ida
COLOR / AGE AT LAST BIRTHDAY (Years)	White / 32	White / 26
BIRTHPLACE	Canada	Canada
OCCUPATION	Farmer	Housewife

Number of child of this mother, including present birth 5

Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 9 A.M., on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) S. D. Calonge M.D.

(Physician or midwife)

Address Nampa Ida.

Given names added from a supplemental report

..... 19.....

Filed 10-25-19 12 O. B. Bellew M.D.

Registrar

S-Y CO. 20174

Registrar

AUG 25 1942

791-208-014-238

PLACE OF BIRTH

STATE OF IDAHO — DEPARTMENT OF PUBLIC HEALTH

BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Canyon

City of Nampa — Registration District No. 3 — File No. 9345

No. ____ St. — Primary Registration District No. 2006 — Registered No. 338

Hospital ____

FULL NAME OF CHILD Vera Velma Grass

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Female	No	1	Yes	Oct 5 1912

FATHER	MOTHER
FULL NAME Geo. C. Grass	FULL MAIDEN NAME Myrtle Atkinson
RESIDENCE Near Nampa Ida	RESIDENCE Near Nampa, Ida
COLOR White	COLOR White
AGE AT LAST BIRTHDAY 21 (Years)	AGE AT LAST BIRTHDAY 20 (Years)
BIRTHPLACE Ills	BIRTHPLACE Minn.
OCCUPATION Farmer	OCCUPATION Housewife

Number of child of this mother, including present birth 1

Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 4 P.M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) S. D. Calvert M.D.

Phys. (Physician or midwife)

Address Nampa Ida

Given names added from a supplemental report

....., 19.....

Registrar

Filed 10-28-1912 O.B. Bellew M.D.

Registrar

GIN RESERVED FOR BINDING

WITH UNFADING INK—THIS IS A PERMANENT RECORD

If more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

MAY 22 1951

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

Form V. S. No. 11-C—15m-6-20-11

PLACE OF BIRTH

795-129-014-141

County of Canyon

City of Nampa

No. Dear Flat section St.

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

Registration District No. ~~1003~~ 3

File No. 9346

Primary Registration District No. 2006

Registered No. 341

Hospital —

FULL NAME OF CHILD Harold Percy Greer

Sex of Child	Twin, Triplet, or other?	and	Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Boy	x		2	yes	Oct 29, 1912

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	William S Greer	FULL MAIDEN NAME	Freca Amatrulla
RESIDENCE	Dear Flat section	RESIDENCE	Dear Flat section
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	49 (Years)	AGE AT LAST BIRTHDAY	26 (Years)
BIRTHPLACE	Iowa	BIRTHPLACE	Colorado
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 3

Number of children, of this mother, now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 9 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. H. Murray

Physician

(Physician or Midwife)

Address Nampa Idaho

Given names added from a supplemental report

....., 19.....

Filed 10-31-1912 O. B. Beller M.D.

Registrar

S-Y CO., 16670

Registrar

MAY 20 1942

437-128-04-252

Form V. S. No. 11-C—20m-2-11-12.

PLACE OF BIRTH

County of Canyon

City of Near Nampa

No. ..... St.

Hospital .....

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 2003 File No. 9347

Primary Registration District No. 2006 Registered No. 342

FULL NAME OF CHILD Arnold Dalton McPheeters

Sex of Child	Twin / Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Male	—	—	yes	10 28 1912

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	Albert McPheeters	Ida Bess
RESIDENCE	Nampa Ida	Nampa Ida
COLOR	White	White
AGE AT LAST BIRTHDAY (Years)	27	24
BIRTHPLACE	Mo.	Mo.
OCCUPATION	Farmer	Housewife

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Alive, at 10 A. M., on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) O. B. Bellew M.D.
Phys.
(Physician or midwife)

Address Nampa Ida

Given names added from a supplemental report

..... 19.....

Filed 10-31-1912 O. B. Bellew
Registrar

..... Registrar

S-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Form V. S. No. U-C-20m-2-16-12

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

PLACE OF BIRTH

County of

IDAHO DEPARTMENT OF HEALTH

BUREAU OF VITAL STATISTICS

Affidavit to Correct or Amend An Original Certificate of Birth or Death

State of ..... } ss.
County of ..... }

Certificate No. 9347

Date Filed .....

The undersigned does solemnly swear that certain facts on the certificate of Birth (Birth or Death)
for Unnamed McPheeters (male child) (Name on Original Certificate) who was born (Was Born or Died) on Oct. 28, 1912 (Date of Event)
in near Nampa, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts are shown by ..... (Bible Record, Insurance Policy, Etc.) prepared on ..... (Give Date), are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
Full Name of Child	Unnamed	Arnold Dalton McPheeters

Subscribed and sworn to before me this 17th day of August, 1963

C. Burton Simpson

Notary Public, residing at Nampa, Idaho

My commission expires June 1966

(Seal)

Signed Mrs. Gilbert McPheeters
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

Parma Idaho Box 303
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Idaho } ss.
County of Canyon }

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 17th day of August, 1963

C. Burton Simpson

Notary Public, residing at Nampa, Idaho

My commission expires June 1966

(Seal)

Signed Edna Bacon
(Signature of Any Credible Person)

R. 5, Caldwell, Idaho
(Street Address, City, State)

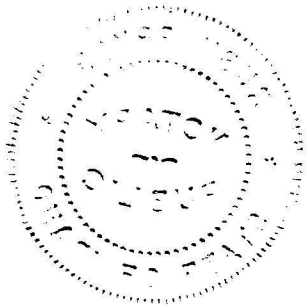
FORM DH-66. 155

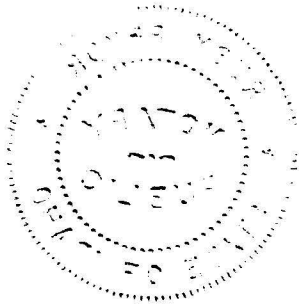
CL 6-4-63. one copy pd. rec. #05380.

Own child's birth certificate on file Idaho, File #238727. Gives name of father as Arnold Dalton McPheeters. Child born December 31, 1935. File #238727. Viewed by V. S.

Family Bible record of Isa I, McPheeters, presented to her on December 25, 1949. Gives name of child as Arnold Dalton McPheeters, child of Isa Isabelle Bess and William Albert McPheeters. Viewed by V. S.

AUG 21 1963





943-120-014-368

Form V. S. No. 11-C—15m-6-20-11

PLACE OF BIRTH

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

County of Canyon

City of Caldwell. Registration District No. 3 File No. 9349

No. 1301 Cleveland Blvd. Primary Registration District No. 1005 Registered No. 331

Hospital //////

FULL NAME OF CHILD Rubie, George, Toine.

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Male	Single	2	Yes	10/20/12 191

FATHER	MOTHER
FULL NAME: Daniel Rubie	FULL MAIDEN NAME: Ida Toyne.
RESIDENCE: Caldwell Ida.,	RESIDENCE: Caldwell.
COLOR: White	AGE AT LAST BIRTHDAY: 51 (Years)
COLOR: White	AGE AT LAST BIRTHDAY: 30 (Years)
BIRTHPLACE: Pennsylvania.	BIRTHPLACE: Iowa
OCCUPATION: Horse Dealer.	OCCUPATION: Housewife.

Number of child of this mother, including present birth 2

Number of children, of this mother, now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born Alive (Born alive or stillborn) at 9.30, PM on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) W. H. Johnson

(Physician or ~~Midwife~~)

Address Caldwell, Ida.

Given names added from a supplemental report

....., 19.....

Filed Oct. 24, 1912 John L. Sayer MD

Registrar

Registrar

S-Y CO., 16670

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

Dup #1912.221423

Amended 12/23/71

246-130-014-794

(Be sure the information is complete and accurate)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 9350
Local Reg. No.
Reg. Dist. No. 3

1. PLACE OF BIRTH

a. COUNTY: Canyon

b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN: Caldwell

c. FULL NAME OF (If NOT in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION:

2. USUAL RESIDENCE OF MOTHER (Where does mother live?)

a. STATE: Idaho b. COUNTY: Canyon

c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN: Caldwell

d. STREET ADDRESS (If rural, give location):

3. CHILD'S NAME *(Type or print)*

a. (First): Lewis b. (Middle): Francis c. (Last): Buffington

4. SEX: Male

5a. THIS BIRTH: SINGLE ____ TWIN ____ TRIPLET ____

5b. IF TWIN OR TRIPLET (This child born): 1st ____ 2nd ____ 3rd ____

6. DATE OF BIRTH: (Month) Oct. (Day) 30, (Year) 1912

FATHER OF CHILD

7. FULL NAME

a. (First): Joseph b. (Middle): James c. (Last): Buffington

8. AGE (At time of this birth): 47 YEARS

9. BIRTHPLACE (State or foreign country) (City or Town): Iowa

10. USUAL OCCUPATION: Rancher

11. KIND OF BUSINESS OR INDUSTRY:

MOTHER OF CHILD

12. FULL MAIDEN NAME

a. (First): Pheoba b. (Middle): Ellen c. (Last): Pruett

13. AGE (At time of this birth): 42 YEARS

14. BIRTHPLACE (State or foreign country) (City or Town): Iowa

15. CHILDREN PREVIOUSLY BORN TO THIS MOTHER (Do NOT include this child)

a. How many OTHER children are now living? 7

b. How many OTHER children were born alive but are now dead?

c. How many children were stillborn (born dead after 20 wks. pregnancy?)

16. INFORMANT'S SIGNATURE OR NAME (Relationship):

I hereby certify that this child was born alive on the date stated above.

17. SIGNATURE: S. J. Miller

18. ATTENDANT AT BIRTH: M.D. ____ MIDWIFE X OTHER (Specify) ____

19. ADDRESS: Caldwell, Idaho

20. DATE SIGNED:

21. DATE REC'D BY LOCAL REG.: Nov. 1, 1912

22. REGISTRAR'S SIGNATURE: John S. Meyer, M. D.

23. DATE ON WHICH GIVEN NAME ADDED BY ____ Registrar

Record typewriter ribbon in contrast
rict where the birth occurred WITHIN 10 days after the date of birth of the child. Address
ITAL STATISTICS, BOISE, IDAHO.

PLACE OF BIRTH

STATE OF IDAHO

Form V. S. No. 11-C—15m-6-20-11

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

County of Canyon

City of Caldwell

Registration District No. 3

File No. 9350

No. ____, ____ St.

Primary Registration District No. 1005

Registered No. 306

Hospital no

FULL NAME OF CHILD ____

Sex of Child	Twin, Triplet, or other?	and	Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
male	—		—	yes	Oct 30 — 1912

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	J. J. Buffington	FULL MAIDEN NAME	Ellen Priest
RESIDENCE	Caldwell	RESIDENCE	Caldwell
COLOR	white	COLOR	white
AGE AT LAST BIRTHDAY (Years)	47	AGE AT LAST BIRTHDAY (Years)	42
BIRTHPLACE	Iowa	BIRTHPLACE	Iowa
OCCUPATION	Rancher	OCCUPATION	Housewife

Number of child of this mother, including present birth 8

Number of children, of this mother, now living, including present birth 8

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn), at 11 9 M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) S. J. Miller (M.W.)

(Physician or Midwife)

Address Caldwell, Ida.

Given names added from a supplemental report

....., 19.....

Registrar

Filed Nov. 1 1912 John A. Meyer M.D.

Registrar

S-Y CO., 16670

DEC 2 3 1971

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. DE ~~31-660~~

REGISTRANT (Person whose Birth is being registered)

1. Registrant's Full Name at Birth: Lewis Francis Buffington
2. Date of Birth: (month) 10 (day) 30 (year) 1912
3. Color or Race: caucasian
4. Sex: male
5. Place of Birth: a. County: Polk
b. City or Town of Birth: Canyon — Caldwell, Idaho

FATHER

6. Full Name of Father: Joseph James Buffington
7. State or Country of Father's Birth: Des Moines, Iowa

MOTHER

8. Full Maiden Name of Mother: Pheoba Ellen Buffington (Pruett)
9. State or Country of Mother's Birth: Des Moines, Iowa

AFFIDAVIT

I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.

10. Signature of Registrant: Lewis Francis Buffington
11. Present Address of Registrant: 422 N.Earl Rd. Moses Lake

NOTARY (Seal)

Subscribed and sworn to before me on: Nov. 26th 1971
12. Signature of Notary: [signature]
13. Notary Commission expires: April 12 1975

APPLICANT — DO NOT WRITE BELOW THIS LINE

	Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
SUPPORTING RECORD 1.	Affidavit by sister	Effie May Brown (bd.8-20-1893)	Mar.27, 1968	----
	Date of Birth / **Birth Place**	**Full Name of Mother**	**Name of Father**	
	Oct.30,1912 / Caldwell, Idaho Canyon County	Phoeba Ellen Buffington (nee Pruett)	Joseph James Buffington	
SUPPORTING RECORD 2.	Driver's License #528930	State Of Idaho	Mar.30,1950	---
	Oct.30,1912 / ---	----	---	
SUPPORTING RECORD 3.	Statement regarding employment records	United Concrete Pipe Corp. Moses Lake,WA,John G.Hunter,Plant Mgr.	Dec.15,1971	Aug.1,1951
	Oct.30,1912 / Caldwell, Idaho Canyon County	Pheoba Ellen Buffington	Joseph James Buffington	

QUALIFYING INFORMATION

REGISTRAR'S CERTIFICATION (seal)

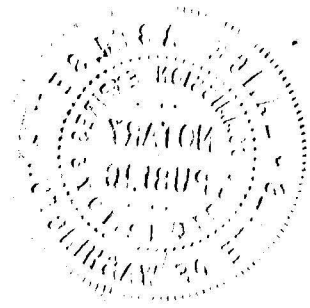
I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W W Barron	gml Glenda Larson	Dec. 21, 1971

FORM BH 56067

Lexington

DEC 22 1971



Affidavit Of Birth

Lewis Francis Buffington

Was Born - Month of October 30th. Day Year 1912

To Mr. & Mrs. Joseph James Buffington

At: The city of Caldwell County of Canyon State of Idaho.

Father: Joseph James Buffington

Born: The city of Des Moines County of Polk State of Iowa.

Month of November 2nd. Day Year of 1865.

Mother: Pheoba Ellen Buffington

Formerly - Pheoba Ellen Pruett

Born: The city of Des Moines County of Polk State of Iowa.

Month of May 4th. Day Year of 1870.

Grand parents:

Father's parents - Father: Joseph James Buffington

Mother: Sara Elizabeth Morris

Mother's parents - Father: Mart Pruett

Mother: Elizabeth Ann Baker

I Effie May Brown

Born - Effie May Buffington - August 20, 1893

To state and declare that the above statements are true.

Sister of Lewis Francis Buffington Effie May Brown

Signed this 27th Day of March 1963

Lora L. Johnston

Notary Public

864-231-014-419

PLACE OF BIRTH

STATE OF IDAHO

Form V. S. No. 11-C—15m-6-21-11

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

County of Canyon

City of Caldwell — Registration District No. 3 — File No. 9351

No. —, —St. — Primary Registration District No. 1005 — Registered No. 307

Hospital no

FULL NAME OF CHILD Vivian M. Young

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day), 191 (Year)
female	—	—	Yes	Oct 1, 1912

FATHER		MOTHER	
FULL NAME	R. A. Young	FULL MAIDEN NAME	Edith Ulrich
RESIDENCE	Caldwell	RESIDENCE	Caldwell
COLOR	white	COLOR	white
AGE AT LAST BIRTHDAY (Years)	33	AGE AT LAST BIRTHDAY (Years)	23
BIRTHPLACE	Calif	BIRTHPLACE	Ohio
OCCUPATION	Merchant	OCCUPATION	Home wife

Number of child of this mother, including present birth 2

Number of children, of this mother, now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn), at 8 30 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) S. J. Miller (M.D.)

(Physician or Midwife)

Address Caldwell Ida

Given names added from a supplemental report

....., 19....

.....
Registrar

Filed Oct 1, 1912 John A Meyer
Registrar

S-Y CO., 16670

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

STATE OF IDAHO
Bureau of Vital Statistics
CERTIFICATE OF BIRTH

PLACE OF BIRTH

935

ertified copy of Own Child's Birth Cert. (State of Oregon Birth) #199, Jan. 14, 1939 gives full maiden name of Mother as Vivian Maurine Young - viewed by V.S. and Certified Copy of Marriage IDAHO STATE BOARD OF HEALTH Sept. 23, 1934 gives full name DIVISION OF VITAL STATISTICS of groom as Robert A. Moore and full name of bride as Vivian M. Young - viewed by V.S.

Affidavit to Correct or Amend An Original Certificate of Birth or Death

State of Idaho } ss.
County of Canyon

Certificate No. 9351

Date Filed 5/20/60

The undersigned does solemnly swear that certain facts on the certificate of Birth (Birth or Death) for Unnamed Young (Name on Originaf Certificate) who born (Was Born or Died) on Oct. 31, 1912 (Date of Event) in Caldwell, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the true facts are shown by (Bible Record, Insurance Policy, Etc.) prepared on (Give Date), are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
Full Name of Child	Unnamed	Vivian M. Young

Subscribed and sworn to before me this 20 day of May, 19 60

Notary Public, residing at Caldwell, Ida

My commission expires 2/8/62

(Seal)

Signed X Amelia L. Lilly
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

1123 Cleveland Blvd Caldwell Ida
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of California } ss.
County of Los Angeles

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 23 day of May, 1960

Notary Public, residing at 2746 Kelbourne Dr. San Marino, Calif.

My commission expires Oct. 19, 1961

(Seal)

Signed Theodore E. Robertson
(Signature of Any Credible Person)

1923 Fleetwood Dr. S. Pasadena Calif
(Street Address, City, State)

FORM DPH 55.155 L 5-13-60.

MAY 27 1960

231 - 202-014-695

Form V. S. No. 11-C—20m-2-15-12

PLACE OF BIRTH

County of Canyon

City of Caldwell

No. ..... St.

Hospital .....

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 3 File No. 9352

Primary Registration District No. 1005 Registered No. 311

FULL NAME OF CHILD Rubie Catherine Black.

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Female			Yes	10 2 1912

FATHER	MOTHER
FULL NAME Bunyon Black.	FULL MAIDEN NAME Fannie Funk
RESIDENCE Caldwell	RESIDENCE Caldwell
COLOR White AGE AT LAST BIRTHDAY 29 (Years)	COLOR White AGE AT LAST BIRTHDAY 22 (Years)
BIRTHPLACE Missouri	BIRTHPLACE Oklahoma
OCCUPATION Laborer	OCCUPATION Housewife

Number of child of this mother, including present birth 2

Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Alive (Born alive or stillborn), at 5-40 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) O M Kaley

Physician

(Physician or midwife)

Given names added from a supplemental report

..... 19.....

..... Registrar

Address .....

Filed Oct 9 1912 Jos. S. Meyer M.D.

Registrar

S-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

JAN 2 1975

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

419 [redacted] 14-367

PLACE OF BIRTH

County of [redacted]rayton

City of Cambridge

No. ____, ____ St.

Hospital ____

Form V. S.-No. 11-C—15m-6-20-11

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

Registration District No. 36 File No. 9353

Primary Registration District No. 2114 Registered No. 164

FULL NAME OF CHILD ____

Sex of Child: Male | Twin, Triplet, or other? ____ and Number in order of birth ____ (To be answered only in event of plural births) | Legitimate? Yes | Date of birth: Oct (Month) 14 (Day) 191~ (Year)

FATHER		MOTHER	
FULL NAME	Kelsie Marquess	FULL MAIDEN NAME	Cora Cox
RESIDENCE	Cambridge Ida.	RESIDENCE	Cambridge Ida.
COLOR	W	AGE AT LAST BIRTHDAY (Years)	20
COLOR	W	AGE AT LAST BIRTHDAY (Years)	18
BIRTHPLACE	Mo.	BIRTHPLACE	Mo
OCCUPATION	Ranching	OCCUPATION	House wife

Number of child of this mother, including present birth 1st

Number of children, of this mother, now living, including present birth 1st

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 6:45 A.M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) C E Schmuck M.D.

(Physician or Midwife)

Address Cambridge Idaho

Given names added from a supplemental report

____, 19____

____ Registrar

Filed Nov 2 1912 C E Schmuck Registrar

S-Y CO., 16670

363-22-0354-962

PLACE OF BIRTH

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

County of Washington

City of Cambridge

No. ____, ____ St.

Hospital ____

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

Registration District No. 26 File No. 9354

Primary Registration District No. 2114 Registered No. 165

FULL NAME OF CHILD ____

Sex of Child: F W

Twin, Triplet, or other? Twins and Number in order of birth 1 (To be answered only in event of plural births)

Legitimate? yes

Date of birth Oct. 22, ____, 1912 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	H A Coleman	FULL MAIDEN NAME	Mary Rose
RESIDENCE	Cambridge Idaho	RESIDENCE	Cambridge
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY	24 (Years)	AGE AT LAST BIRTHDAY	24 (Years)
BIRTHPLACE	Texas	BIRTHPLACE	Texas
OCCUPATION	Clothing store	OCCUPATION	H W

Number of child of this mother, including present birth 1

Number of children, of this mother, now living, including present birth ____

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 10 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Surgeon H. Draper

Physician

(Physician or Midwife)

Address Cambridge Idaho

Given names added from a supplemental report

____, 19____

____ Registrar

Filed Nov 1, 1912 C E Schmutz Registrar

S-Y CO., 16670

343-22-8449-962

PLACE OF BIRTH

BOARD OF HEALTH

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

County of Washington

City of Cambridge

No. ____, ____ St.

Hospital ____

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

Registration District No. 26 File No. **9355**

Primary Registration District No. 2114 Registered No. 166

FULL NAME OF CHILD ____

Sex of Child	Twin, Triplet, or other?	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
F M	Twins (To be answered only in event of plural births)	2	yes	Oct 22, 1912

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	Ed Coleman	Mary Rose
RESIDENCE	Cambridge Ida	Cambridge Ida
COLOR	W	W
AGE AT LAST BIRTHDAY (Years)	24	24
BIRTHPLACE	Texas	Texas
OCCUPATION	Clothing store	H W

Number of child of this mother, including present birth 2

Number of children, of this mother, now living, including present birth —

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive at 10 30 P M. on the date above stated.

(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Simeon Hopper

Physician

(Physician or Midwife)

Address Cambridge Ohio

Given names added from a supplemental report

____, 19____

Filed Nov 1 1912 C E Stebbins Local Registrar

____ Registrar

S-Y CO., 16670

PLACE OF BIRTH

STATE OF IDAHO

213-206-004-694

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH

County of Washington

City of Midvale

No. ..... St.

Hospital .....

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

Form V. S. No. 11-C—20m-2-15-12

CERTIFICATE OF BIRTH

Registration District No. .....

File No. 9356

Primary Registration District No. 2113

Registered No. 158

FULL NAME OF CHILD Opal Mabel Battershell

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Female			yes	Oct 6 1912

FATHER		MOTHER	
FULL NAME	John W Battershell	FULL MAIDEN NAME	Millie Wadman
RESIDENCE	Midvale	RESIDENCE	Midvale
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	29 (Years)	AGE AT LAST BIRTHDAY	25 (Years)
BIRTHPLACE	Ill	BIRTHPLACE	Idaho
OCCUPATION	Rancher	OCCUPATION	~~Rancher~~ Housewife

Number of child of this mother, including present birth 2

Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 1.30 P.M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) T A Schmitz M D

(Physician or midwife)

Address Midvale Idaho

Given names added from a supplemental report

..... 19.....

Filed Oct 10 1912 T A Schmitz M D

Registrar

..... Registrar

8-Y CO. 20174

SEP 13 1949

DEC 31 1953

235-120-044-234

Form V. S. No. 11-C-1915-6-5-12

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH

County of Washington

City of Midvale

No. ..... St.

Hospital .....

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 26 File No. 9357

Primary Registration District No. 2118 Registered No. 159

FULL NAME OF CHILD Clifford Clarence Stephens

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Male			yes	Oct 20 1912

FATHER

FULL NAME Geo W Stephens

RESIDENCE Midvale

COLOR White AGE AT LAST BIRTHDAY 51 (Years)

BIRTHPLACE Oregon

OCCUPATION Rancher

MOTHER

FULL MAIDEN NAME Elizabeth Stewart

RESIDENCE Midvale

COLOR White AGE AT LAST BIRTHDAY 28 (Years)

BIRTHPLACE Idaho

OCCUPATION House Wife

Number of child of this mother, including present birth #8

Number of children of this mother now living, including present birth 8

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 7 30 P. M. on the date above stated.

(Signature) Dr F A Schmitz

Physician (Physician or midwife)

Address Midvale Idaho

Filed Oct 20 1912 F A Schmitz Registrar

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report

..... 19.....

..... Registrar

S-Y CO. 20174

PLACE OF BIRTH

STATE OF IDAHO

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of Idaho } ss.
County of Adams }

Certificate No. 9357

Date Filed .....

The undersigned does solemnly swear that certain facts on the certificate of ..... (BIRTH OR DEATH)
for ..... (NAME ON ORIGINAL CERTIFICATE) who ..... (WAS BORN OR DIED) on ..... (DATE OF EVENT)
in ..... (PLACE OF EVENT) are erroneous or were omitted; and that, to the best of his knowledge, the true facts as shown by ..... (BIBLE RECORD, INSURANCE POLICY, ETC.) prepared on ..... (GIVE DATE), are:

FACTS TO BE CORRECTED ("NAME", "BIRTH DATE", "CAUSE OF DEATH", ETC.)	FROM (AS ON ORIGINAL)	TO (THE CORRECT FACTS)
Name	Unnamed	Clifford Clarence Stephens

Subscribed and sworn to before me this 15 day of Nov., 1943.

P. H. Ware
Notary Public, residing at Indian Valley
My commission expires Jan. 11, 1947
(SEAL)

Signed Elizabeth Stephens
(SIGNATURE OF PARENT OR ATTENDANT IF CORRECTING A BIRTH RECORD; OF ATTENDANT, FUNERAL DIRECTOR, INFORMANT IF CORRECTING A DEATH RECORD; OR OTHER CREDIBLE PERSON.)

.....
(STREET ADDRESS, CITY, STATE)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of ..... } ss.
County of ..... }

[THIS AFFIDAVIT MUST ALSO BE EXECUTED. (SEE CHAPTER 139, 1937 IDAHO SESSION LAWS.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this ..... day of ....., 19 .....

Notary Public, residing at .....
My commission expires .....
(SEAL)

Signed .....
(SIGNATURE OF ANY CREDIBLE PERSON OTHER THAN PREVIOUS AFFIANT.)

.....
(STREET ADDRESS, CITY, STATE)

Received for filing on ..... By .....
(REGISTRAR'S SIGNATURE)

NOV 18 1943

145-122-044-793

PLACE OF BIRTH

Form V. S. No. 15-C—20m-2-15-12

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

9358

County of Washington

City of Midvale

Registration District No. 26 File No.

No. St.

Primary Registration District No. 2113 Registered No. 160

Hospital

FULL NAME OF CHILD Jasper Jacob adair

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth
male			yes	Oct 22 (Month) (Day) 1913 (Year)

FATHER		MOTHER	
FULL NAME	John Wadair	FULL MAIDEN NAME	Bertha Puckett
RESIDENCE	Midvale	RESIDENCE	Midvale
COLOR	White	AGE AT LAST BIRTHDAY (Years)	43
BIRTHPLACE	Missouri	COLOR	White
OCCUPATION	Rancher	AGE AT LAST BIRTHDAY (Years)	34
		BIRTHPLACE	Missouri
		OCCUPATION	House Wife

Number of child of this mother, including present birth 9 Number of children of this mother now living, including present birth 8

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 5 a. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Dr. F. A. Schmidt

Physician (Physician or midwife)

Address Midvale Idaho

Given names added from a supplemental report

.....19.....

.....
Registrar

Filed Oct 26 1913 F. A. Schmidt
Registrar

8-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY. WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

DEC 5 1955

8666 - 122-044-719

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH

County of Washington

City of Mcwdle

No. ..... St.

Hospital .....

Form V. S. No. 11-C—Rev. 6-25-40

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 26 File No. 9359

Primary Registration District No. 2113 Registered No. 161

FULL NAME OF CHILD George William Hoffer

Sex of Child	Twin / Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
male				yes	oct 22 1913

FATHER		MOTHER	
FULL NAME	Walter J. Hoffer	FULL MAIDEN NAME	Vinita Parton
RESIDENCE	Mcwdle	RESIDENCE	Mcwdle
COLOR	White	AGE AT LAST BIRTHDAY (Years)	35
COLOR	White	AGE AT LAST BIRTHDAY (Years)	21
BIRTHPLACE	Missouri	BIRTHPLACE	Missouri
OCCUPATION	Rancher	OCCUPATION	House Wife

Number of child of this mother, including present birth 4 Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at ..... M. on the date above stated.

(Signature) F. A. Schmitz M.D.

Physician

(Physician or midwife)

Address Mcwdle

Filed Oct 25 1913 F. A. Schmitz M.D. Registrar

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report

..... 19.....

..... Registrar

S-Y CO. 20174

OCT 4 1961

613-126-044-551

PLACE OF BIRTH

Form V. S. No. 11-C—20m-2-15-12

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

County of Washington

City of Midvale

Registration District No. 26 File No. 9360

No. ____ St.

Primary Registration District No. 2113 Registered No. 162

Hospital ____

FULL NAME OF CHILD Laurence Wayne WATKINS

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Male		2	yes	Oct 26 1912

FATHER		MOTHER	
FULL NAME	Mat Watkins	FULL MAIDEN NAME	Lucinda Jane Evans
RESIDENCE	Midvale	RESIDENCE	Midvale
COLOR	White	AGE AT LAST BIRTHDAY (Years)	23
COLOR	White	AGE AT LAST BIRTHDAY (Years)	22
BIRTHPLACE	Kentucky	BIRTHPLACE	Idaho
OCCUPATION	Rancher	OCCUPATION	House Wife

Number of child of this mother, including present birth 2

Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 8 a M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) F A Schmitz M D

Physician (Physician or midwife)

Address Midvale

Given names added from a supplemental report

....., 19.....

Filed Oct 30 1912 F A Schmitz

S-Y CO. 20174 Registrar

Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

JUL 2 1 1942

MAY 6 1975

689 - 227-044-235

PLACE OF BIRTH

Form V. S. No. 11-C—20m-2-15-12

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

9361

County of Washington

City of Midvale

Registration District No. 26 File No.

No. St.

Primary Registration District No. 2113 Registered No. 163

Hospital

FULL NAME OF CHILD Not named

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Female			Yes	Oct 27 1912

FATHER		MOTHER	
FULL NAME	Wm W Watson	FULL MAIDEN NAME	Maud Stewart
RESIDENCE	Midvale	RESIDENCE	Midvale
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	37 (Years)	AGE AT LAST BIRTHDAY	38 (Years)
BIRTHPLACE	Nebraska	BIRTHPLACE	Mo
OCCUPATION	Rancher	OCCUPATION	House Wife

Number of child of this mother, including present birth 9

Number of children of this mother now living, including present birth 9

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at M. on the date above stated.

(Signature) Mrs. E. M. Stewart

Midwife (Physician or midwife)

Address Midvale

Filed Oct 30 1912 D. F. Schmutz Registrar

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report

19

Registrar

R-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

PLACE OF BIRTH

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

County of Washington

City of Weiser

Registration District No. 26 File No. 9362

No. ....., ... St.

Primary Registration District No. 1010 Registered No. 146

Hospital Josephine

FULL NAME OF CHILD Dudley Bayer

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
male		first	yes	June 21, 1912

FATHER		MOTHER	
FULL NAME	Carl Dudley Bayer	FULL MAIDEN NAME	Anna Florence Johnston
RESIDENCE	Weiser, Idaho	RESIDENCE	Weiser Idaho
COLOR	white	COLOR	white
AGE AT LAST BIRTHDAY	32 (Years)	AGE AT LAST BIRTHDAY	30 (Years)
BIRTHPLACE	Mendon, Ill.	BIRTHPLACE	St Clair, Minn.
OCCUPATION	Commission Merchant	OCCUPATION	Stenographer

Number of child of this mother, including present birth 1

Number of children, of this mother, now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 10 A. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Jr B Dudley MD

(Physician or Midwife)

Given names added from a supplemental report

....., 19.....

.....
Registrar

Address .....

Filed Dec 20th 1912 W. R. Hamilton
Registrar

S-Y CO., 16670

PLACE OF BIRTH

County of ..... Township

City of ..... Township

009-216044-115

PLACE OF BIRTH — STATE OF IDAHO — Form V. S. No. 11-C

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

County of Washington

City of Weiser — Registration District No. 26 — File No. 9363

No. ____, ____ St. — Primary Registration District No. 1060 — Registered No. 147

Hospital Josephine

FULL NAME OF CHILD Elsie Pinneo Dudley

Sex of Child: female — Twin, Triplet, or other? (To be answered only in event of plural births) — and Number in order of birth: 5th — Legitimate? yes — Date of birth: Sept 11 (Month) (Day), 1912 (Year)

FATHER	MOTHER
FULL NAME: Stowell B. Dudley	FULL MAIDEN NAME: Mary I Pinneo.
RESIDENCE: Weiser, Idaho	RESIDENCE: Weiser, Idaho.
COLOR: White — AGE AT LAST BIRTHDAY: 41 (Years)	COLOR: White — AGE AT LAST BIRTHDAY: 43 (Years)
BIRTHPLACE: Henrietta Tp Texas Co, O.	BIRTHPLACE: Dayton Ohio
OCCUPATION: Physician	OCCUPATION: Nohouse jr

Number of child of this mother, including present birth: 5

Number of children, of this mother, now living, including present birth: 5

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 10 AM M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Sos Dudley

(Physician or Midwife)

Address

Given names added from a supplemental report

....., 19.....

Registrar

Filed Oct-20 19.12 W. R. Hamilton

Registrar

S-Y CO., 16670

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

DEC 19 1941

793-229-044-693

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

PLACE OF BIRTH

Form V. S. No. 11-C—10m-8-7-11

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

County of Washington

City of Weiser

Registration District No. 25 — File No. 9364

No. ____, ____ St.

Hospital Weiser General — Primary Registration District No. 1010. — Registered No. 150.

FULL NAME OF CHILD Dorothy Isabelle Gillmore

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
female			yes	Sept 29, 1912

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	James L Gillmore	Mattie Wilhelmina Williams
RESIDENCE	Midvale Idaho	Midvale Idaho
COLOR	White	White
AGE AT LAST BIRTHDAY (Years)	30	30
BIRTHPLACE	Goldendale Wash	Butler Missouri
OCCUPATION	Clerk at Bank	Housewife

Number of child of this mother, including present birth: one

Number of children, of this mother, now living, including present birth: one

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn), at 11 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) James A Young

Physician (Physician or Midwife)

Address Weiser Idaho

Given names added from a supplemental report

....., 19.....

Filed Oct 20th 1912 W. R. Hamilton

SYMS - YORK CO., PTRS. & BDRS. 17326

Registrar

Registrar

DUP OF 1912-342574

986

219-207-044-849

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Form V. S. No. 11-C—20m-2-15-12

PLACE OF BIRTH

County of Washington

City of Weiser

No. 1004 W. 4th, St.

Hospital

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 26 File No. 9365

Primary Registration District No. 2012 Registered No. 153.

FULL NAME OF CHILD Marjorie Augusta Bartroschek

Sex of Child	Twin Triplet or other?	Number in order of birth	Legitimate?	Date of Birth
Female	# (To be answered only in event of plural births)	2	Yes	10 (Month) 7 (Day) 1912 (Year)

FATHER	MOTHER
FULL NAME Theodore Bartroschek	FULL MAIDEN NAME Evelyn Hurd
RESIDENCE Malheur Co. Oregon	RESIDENCE Malheur Co. Oregon
COLOR White	COLOR White
AGE AT LAST BIRTHDAY 36 (Years)	AGE AT LAST BIRTHDAY 37 (Years)
BIRTHPLACE Germany	BIRTHPLACE New York
OCCUPATION Farmer	OCCUPATION House-wife

Number of child of this mother, including present birth 2

Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 4.30 P.M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) C. L. Chivers, M.D.

(Physician or midwife)

Address Weiser, Idaho

Given names added from a supplemental report

.....19.....

.....
Registrar

Filed Oct- 5th 1912 W. R. Hamilton
Registrar

S-Y CO. 20174

Form V. S. No. 11-C—20m-2-15-12

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

PLACE OF BIRTH

County of

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of Idaho
County of Washington } ss.

Certificate No. 9356

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of Birth
(Birth or Death)
for (Name on Original Certificate) who born (Was Born or Died) on Oct 4 - 1912 (Date of Event)
in (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the true facts are shown by (Bible Record, Insurance Policy, Etc.) prepared on (Give Date), are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
Name	Unnamed Bathrscek	Marjorie Augusta Bartoschek
Surname	Bathrscek	Bartoschek

Subscribed and sworn to before me this 4th day of September, 1942

J. H. Goodrich
Notary Public, residing at Weiser, Idaho
My commission expires May 10-1952
(Seal)

Signed Evelyn U. Bartoschek
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting death record; or other credible person.)

711 E Main St. Weiser Idaho
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of
County of } ss.

[This Affidavit **MUST** Also be Executed. (See Chapter 139, 1937 Idaho Session Laws,)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this
day of , 19

Notary Public, residing at
My commission expires
(Seal)

Signed
(Signature of Any Credible Person)

(Street Address, City, State)

MAY 19 1967

SEP 24 1948

987

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

65-212 [redacted] 4

PLACE OF BIRTH

Form V. S. No. 11-C—20m-2-15-12

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Washington

City of Weiser — Registration District No. 26 — File No. 9366

No. Washington & 4th East — Primary Registration District No. 1010 — Registered No. 154

Hospital

FULL NAME OF CHILD Ida Bell Virginia Weaver

Sex of Child	Twin, Triplet or other?	and	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Female	# (To be answered only in event of plural births)		2	Yes	10 12 1912

FATHER	MOTHER
FULL NAME: Jess Thomas Weaver	FULL MAIDEN NAME: Edna Gould
RESIDENCE: Weiser, Idaho	RESIDENCE: Weiser, Idaho.
COLOR: White — AGE AT LAST BIRTHDAY: 27 (Years)	COLOR: White — AGE AT LAST BIRTHDAY: 19 (Years)
BIRTHPLACE: Pensylvania	BIRTHPLACE: Nebraska
OCCUPATION: Laborer	OCCUPATION: House-wife

Number of child of this mother, including present birth 2

Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) on the date above stated, at 12.05 a.m.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) E. A. Shirley, M.D.

(Physician or midwife)

Address Weiser, Idaho.

Given names added from a supplemental report

....., 19.....

Filed Oct-13th 1912 W. R. Hamilton

Registrar

S-Y CO. 20174

Registrar

JAN 10 1968

249-115-044-863

PLACE OF BIRTH

Form V. S. No. 11-C—25m-9-8-15

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Washington

City of Weiser.

Registration District No. 26.

File No. 9367 9367

No. ____ St.

Primary Registration District No. 1010.

Registered No. 155.

Hospital ____

FULL NAME OF CHILD James Wilbert Burns.

Sex of Child	Twin / Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Male.				Yes.	Oct 15 1912

FATHER	MOTHER
FULL NAME: James Keith Burns.	FULL MAIDEN NAME: Vera Hollenback.
RESIDENCE: McCall, Idaho.	RESIDENCE: McCall, Idaho.
COLOR: White. AGE AT LAST BIRTHDAY: 22. (Years)	COLOR: White. AGE AT LAST BIRTHDAY: 22. (Years)
BIRTHPLACE: Chicago, Ill.	BIRTHPLACE: Spring Hill, Kansas
OCCUPATION: Forest Ranger.	OCCUPATION: House-wife.

Number of child of this mother, including present birth 1. Number of children of this mother now living, including present birth 1.

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 5.45 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) W. R. Hamilton.

Physician. (Physician or midwife)

Address Weiser, Idaho.

Given names added from a supplemental report.

....19....

Filed Oct 15th 1912. W. R. Hamilton

Registrar

S-Y-CO 36071

Registrar

N. B. In case of more than one child at birth, a separate certificate must be filled out for each, in order of birth stated.

AUG 25 19

365-218-044-639

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

Form V. S. No. 11-C—10m-8-7-11

PLACE OF BIRTH

County of Washington

City of Weiser

No ____, ____ St.

Hospital ____

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

Registration District No 26 File No 9368

Primary Registration District No 1010 Registered No 157

FULL NAME OF CHILD Mollie Elizabeth Long

Sex of Child	Twin, Triplet or other?	Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
F	— and —	—	Yes	Oct 15 1912

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	William F Long	FULL MAIDEN NAME	Nettie Clover
RESIDENCE	Farmer Weiser Ida	RESIDENCE	Weiser Ida
COLOR	White	AGE AT LAST BIRTHDAY (Years)	38
COLOR	White	AGE AT LAST BIRTHDAY (Years)	25
BIRTHPLACE	Colorado	BIRTHPLACE	Nebraska
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 1

Number of children, of this mother, now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive at 2:45 P. M. on the date above stated.

(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) W. R. Hamilton

Physician

(Physician or Midwife)

Address Weiser Ida

Given names added from a supplemental report

....., 19.....

Filed Oct-18th 1912 W. R. Hamilton

Registrar

SYMS - YORK CO., PTRS. & BDRS. 17326

Registrar

393-115-044-257

PLACE OF BIRTH

Form V. S. No. 11-C—15m-6-20-11

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

County of Washington

City of Weiser

Registration District No. 26

File No. 9369

No. ____, ____ St.

Primary Registration District No. 2112

Registered No. ____

Hospital ____

FULL NAME OF CHILD John Delbert Little

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
male	____	10th	ye	10 — 15 —, 1912

FATHER		MOTHER	
FULL NAME	Joseph Little	FULL MAIDEN NAME	Elizabeth Keal Little
RESIDENCE	Ontario Oregon	RESIDENCE	Ontario Oregon
COLOR	White	AGE AT LAST BIRTHDAY (Years)	46
COLOR	White	AGE AT LAST BIRTHDAY (Years)	40
BIRTHPLACE	England	BIRTHPLACE	Pennsylvania
OCCUPATION	Rancher	OCCUPATION	

Number of child of this mother, including present birth 10

Number of children, of this mother, now living, including present birth 7

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Weiser (Born alive or stillborn) at 3 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) S. O. Dudley

(Physician or Midwife)

Given names added from a supplemental report

....., 19.....

Registrar

Address ____

Filed Oct-20-12 W. R. Hamilton

Registrar

S-Y CO., 16670

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

JAN 7 1953

419-206-044-253

PLACE OF BIRTH

County of Washington

City of Weiser

No. —, — St.

Hospital — — —

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

Form V. S. No. 11-C—15m-6-20-11

Registration District No. 26 File No. 9370

Primary Registration District No. 2112 Registered No. 152

FULL NAME OF CHILD Ina

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
F	—	—	Yes	10 6 '12

FATHER		MOTHER	
FULL NAME	John Martin	FULL MAIDEN NAME	Dora Kelley
RESIDENCE	Weiser Idaho	RESIDENCE	Weiser Ida.
COLOR	W	AGE AT LAST BIRTHDAY (Years)	43
COLOR	W	AGE AT LAST BIRTHDAY (Years)	36
BIRTHPLACE	Sweden	BIRTHPLACE	Weiser Idaho
OCCUPATION	Rancher	OCCUPATION	H.W.

Number of child of this mother, including present birth 7

Number of children, of this mother, now living, including present birth 6

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 11 P M. on the date above stated.

(Signature) Ernest O Finney

Physician (Physician or Midwife)

Address Weiser Idaho.

Filed Oct 9th 1912 W. R. Wallace Registrar

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report

....., 19.....

..... Registrar

S-Y CO., 16670

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

K

OCT 9 1974

141-130-044-165

PLACE OF BIRTH

Form V. S. No. 11-C—10m-8-7-11

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

County of Washington

City of Weiser

No. ....., ... St.

Hospital .....

Registration District No. 26 File No. 9371

Primary Registration District No. 212 Registered No. 157

FULL NAME OF CHILD Donald CHARLES Adams

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Male			Yes	Sept 30 1912

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	Vere Adams R.F.D.	Thelma Jones
RESIDENCE	Weiser Idaho	Weiser Idaho
COLOR	White	White
AGE AT LAST BIRTHDAY (Years)	22	20
BIRTHPLACE	Weiser Idaho	Weiser Idaho
OCCUPATION	Farmer	Housewife

Number of child of this mother, including present birth. One

Number of children, of this mother, now living, including present birth. One

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Alive (Born alive or stillborn), at 11.30 A.M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) James A Young

Weiser Idaho (Physician or Midwife)

Given names added from a supplemental report

....., 19.....

Address .....

Filed Oct-20 1912 W. R. Hamilton

Registrar

Registrar

SYMS - YORK CO., PTRS. & BORS. 17328

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE ~~OF BIRTH~~ OR DEATH

State of Idaho }
County of Washington } ss.

Certificate No. 9371

Date Filed FEB 23 1942

The undersigned does solemnly swear that certain facts on the certificate of _____ (Birth or Death)
for Donald Adams (Name on Original Certificate) who was born (Was Born or Died) on Sept. 30, 1912. (Date of Event)
in _____ (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts are shown by _____ (Bible Record, Insurance Policy, Etc.) prepared on _____ (Give Date), are:

FACTS TO BE CORRECTED ("Name", "Birth Date", "Cause of Death", Etc.)	FROM (As on Original)	TO (The Correct Facts)
name	Donald Adams	Donald Charles Adams

Subscribed and sworn to before me this 24th day of February, 1942.

Notary Public, residing at Weiser Idaho

My commission expires Dec 10 1944
(Seal)

Signed Ida A. James
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

_____
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Idaho }
County of Washington } ss.

[This Affidivat **MUST** Also be Executed.
(See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 24th day of February, 1942.

Notary Public, residing at Weiser Idaho

My commission expires Dec 10 1944
(Seal)

Signed Vere Adams
(Signature of Any Credible Person Other Than Previous Year)

R.F.D. Weiser Idaho
(Street Address, City, State)

MAY 7 1942

361-29-044-013

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

U. S. No. 11-C—10m-8-7-11

STATE OF IDAHO

Bureau of [illegible]

CERTIFICATE OF BIRTH

PLACE OF BIRTH

County of Washington

City of Weiser

No. ..... St.

Hospital .....

Registration District No. 26 — File No. 9372

Primary Registration District No. 2112 — Registered No. 149

FULL NAME OF CHILD Mildred Elma Coats

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	Legitimate?	Date of birth (Month) (Day) (Year)
female	— and —	yes	Aug 29 1912

FATHER		MOTHER	
FULL NAME	John Coats	FULL MAIDEN NAME	Nancy Saling
RESIDENCE	Weiser Idaho RFD	RESIDENCE	Weiser Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	24 (Years)	AGE AT LAST BIRTHDAY	20 (Years)
BIRTHPLACE	Springfield, Mo.	BIRTHPLACE	Weiser Idaho
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 1

Number of children, of this mother, now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn) at 11.30 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) James A Young

Physician

(Physician or Midwife)

Address Weiser Idaho

Given names added from a supplemental report

....., 19.....

Filed Oct-26 1912 W. R. Hamilton

Registrar

BYMS - YORK CO., PTRS. & BDRS. 17326

Registrar

STATE OF IDAHO

DEC 31 1941

349-129-044-666

PLACE OF BIRTH

Form V. S. No. 11-C—1m-6-20-11

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

County of Washington

City of Weiser

No. ..... St.

Hospital .....

Registration District No. 26 File No. 9373

Primary Registration District No. 2112 Registered No. 145

FULL NAME OF CHILD Ralph Edwin Turnidge

Sex of Child Male

~~Twin, triplet, or other?~~ and Number in order of birth (To be answered only in event of plural births)

Legitimate? Yes

Date of birth Aug 29 (Month) (Day) 1912 (Year)

FATHER	MOTHER
FULL NAME Archie Turnidge	FULL MAIDEN NAME Isabella Wood
RESIDENCE Weiser, Idaho	RESIDENCE Weiser, Idaho.
COLOR white	COLOR white
AGE AT LAST BIRTHDAY 22 (Years)	AGE AT LAST BIRTHDAY 22 (Years)
BIRTHPLACE Macon, Idaho.	BIRTHPLACE Ashland, Ills.
OCCUPATION Rancher	OCCUPATION housewife.

Number of child of this mother, including present birth 1

Number of children, of this mother, now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 3 a. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) S B Burdley MD

(Physician or Midwife)

Given names added from a supplemental report

....., 19.....

Registrar

Address .....

Filed Oct 20th 1912 W. R. Hancock

Registrar

S-Y CO., 16670

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

STATE OF IOWA

PLACE OF BIRTH

IDAHO STATE BOARD OF HEALTH
DIVISION OF VITAL STATISTICS

Affidavit to Correct or Amend An Original Certificate of Birth or Death

State of IDAHO
County of Washington } ss.

Certificate No. 9373
Date Filed

The undersigned does solemnly swear that certain facts on the certificate of birth (Birth or Death)
for Unnamed Turnidge (Name on Original Certificate) who was born (Was Born or Died) on August 29, 1912 (Date of Event)
in Weiser, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts are shown by Social Security Card (Bible Record, Insurance Policy, Etc.) University School record prepared on June 14, 1937 (Give Date) Viewed by Vital Statistics, are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
Child's name	missing	Ralph Edwin Turnidge

Subscribed and sworn to before me this 27th day of June, 19 56
Elizabeth Coulter
Notary Public, residing at Weiser, Idaho
My commission expires January 20, 1959
(Seal)

Signed Archie L. Turnidge
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)
Rt. 2, Weiser, Idaho
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of IDAHO
County of Washington } ss.

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 27th day of June, 19 56
Elizabeth Coulter
Notary Public, residing at Weiser, Idaho
My commission expires January 20, 1959
(Seal)

Signed Isabel Turnidge
(Signature of Any Credible Person)
Rt. 2, Weiser, Idaho
(Street Address, City, State)

FORM DPH 55. 155

JUL 2 1956

318-204-044-555

PLACE OF BIRTH

Form V. S. No. 11-C—15m-6-20-11

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

County of Washington

City of Weiser

Registration District No. 26 File No. 9374

No. ____, ____ St.

Primary Registration District No. 2112 Registered No. 145

Hospital ____

FULL NAME OF CHILD Anna Lucile Taylor

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Girl			Yes.	August 4th, 1912

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	Achillis B. Taylor.	Anna Everett
RESIDENCE	Weiser Idaho	Weiser Idaho
COLOR	White	White
AGE AT LAST BIRTHDAY	46 (Years)	34 (Years)
BIRTHPLACE	Illinois	Weiser Idaho
OCCUPATION	Farmer	Farmers Wife

Number of child of this mother, including present birth two

Number of children, of this mother, now living, including present birth two

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was female (Born alive or stillborn) at 11 A.M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Sos Dudley

(Physician or Midwife)

Given names added from a supplemental report

..... 19.....

Registrar

Address .....

Filed Oct-20th 1912 W. R. Haworth

Registrar

S-Y CO., 16670

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

MAY 25 1970

913-109
031-855

PLACE OF BIRTH

Form V. S. No. 11-C—10m-8-7-11

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

County of Lemhi

City of Kamiah

No ____, ____ St.

Hospital ____

Registration District No 2 File No. 9375

Primary Registration District No. 212 Registered No. 193

FULL NAME OF CHILD Joseph Race

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Male		1	Yes	Oct 9 1912

FATHER		MOTHER	
FULL NAME	Peter Race	FULL MAIDEN NAME	Annie Hensley
RESIDENCE	Kamiah	RESIDENCE	Kamiah
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	55 (Years)	AGE AT LAST BIRTHDAY	45 (Years)
BIRTHPLACE	Poland	BIRTHPLACE	Mo
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 1

Number of children, of this mother, now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive Oct 9, at 5 P. M. (Born alive or stillborn) on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) H Taylor M.D

(Physician or Midwife)

Address Kamiah

Filed Oct 10 1912 H Taylor M.D. Reg.

Given names added from a supplemental report

....., 19.....

Registrar

SYMS - YORK CO., PTRS. & BDRS. 17326

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

JUL 15 1969

JAN 2 1973

214-206-031-745

PLACE OF BIRTH

AMENDED - OCTOBER 22, 1948

County of Lewis

City of Kamiah

No. ____ St.

Hospital ____

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 32 File No. 9376

Primary Registration District No. 2128 Registered No. 192

FULL NAME OF CHILD Ruth Aurilla Baughn
(Certificate of no value without full name of child.)

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Female			yes	October 6 1912

What bactericidal solution was used in eyes? ____

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

FATHER		MOTHER	
FULL NAME	Arthur Theodore Baughn	FULL MAIDEN NAME	Hazel I. Punches
RESIDENCE	Kamiah, Idaho	RESIDENCE	Kamiah, Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	27 (Years)	AGE AT LAST BIRTHDAY	23 (Years)
BIRTHPLACE	Fort Collins, Colorado	BIRTHPLACE	Reed City, Michigan
OCCUPATION	Farmer	OCCUPATION	Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 9:00 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Give names added from a supplemental report.

..... 192.....

..... Registrar.

(Signature) E. Taylor, M.D.

(Physician or midwife)

Address Kamiah, Idaho

Filed Oct. 8 1912 E. Taylor, M. D.
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

RECEIVED
OCT 22 1948
VITAL STATISTICS

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

United States Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
   (a) County Lewis (b) City Kamiah
   (c) Street Address or R.F.D. No.
   (d) Name of Hospital or Maternity Home: born at home
   (e) Mothers stay **BEFORE** delivery: In **THIS** county 4 years -- months -- days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
   (a) State Idaho (b) County Lewis
   (c) City Kamiah
   (d) Street Address or R.F.D. No.
   (e) How long has **MOTHER** lived in Idaho? 4 yrs.

3. **RESIDENCE OF FATHER** (city, state) Kamiah, Ida.

4. **FULL NAME OF CHILD** RUTH AURILLA BAUGHN

5. Date of Birth of Child (Month, day, year) Oct. 6, 1912

6. Sex female

7. Twin or Triplet No If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** ARTHUR THEODORE BAUGHN
11. Color or Race white
12. Age at time of THIS birth 27 yrs.
13. Birthplace Fort Collins, Colorado (City or town) (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business //

MOTHER OF CHILD

16. **FULL MAIDEN NAME** HAZEL I. PUNCHES
17. Color or Race White
18. Age at time of THIS birth 23 yrs.
19. Birthplace Reed City, Michigan (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business //

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child one (b) Born alive and now living Yes

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was born (Born alive, ~~XXXXX~~) at 8:30 A.M. on the date and at the place stated above, and that personal particulars were furnished by Mrs. Hazel I. Punches (First name) (Last name) BAUGHN who is related as Mother (Mother, etc.)

25. Attendant's **OWN** signature Rosa I. Adams ~~XXXXXXXXXX~~ Midwife Date Oct. 19, 1948

AFFIDAVIT

State of Washington } ss.
County of Clark }

(To be completed when the attendant does not sign in Item 25.)

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 59 years of age, that I have known this person for 36 years, and that Mrs. ROSA I. ADAMS (First name) (Last name), who attended this birth has signed above (Is now deceased) or (Cannot be located) further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Hazel I. Baughn Signature
1508 S.W. Clay, Portland, Ore P. O. Address

Subscribed and sworn to before me this 19th day of October, 1948.
(SEAL) Kathleen Mauney, Notary Public, residing at Vancouver, Wn
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on by, Registrar

OCT 22 1948

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavit of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

Form V. S. No. 11-C—10m-8-7-11

PLACE OF BIRTH

County of Lewis

City of Kamiah

No ____, ____ St.

Hospital ____

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

Registration District No. 32 File No. 9376

Primary Registration District No. 2128 Registered No. 192

FULL NAME OF CHILD Ruth Ella Bond

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Female		1	yes	Oct 6 1912

FATHER		MOTHER	
FULL NAME	Arthur T Bond	FULL MAIDEN NAME	Hazel Pinches
RESIDENCE	Kamiah	RESIDENCE	Kamiah
COLOR	Whit	COLOR	Whit
AGE AT LAST BIRTHDAY	28 (Years)	AGE AT LAST BIRTHDAY	24 (Years)
BIRTHPLACE	Colorado	BIRTHPLACE	Michigan
OCCUPATION	Farmer	OCCUPATION	Home Wife

Number of child of this mother, including present birth 1

Number of children, of this mother, now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive Oct 6 (Born alive or stillborn) at 9 P M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) E Taylor MD

(Physician or Midwife)

Address Kamiah

Given names added from a supplemental report

....., 19.....

Filed Oct 8 1912 E Taylor MD

Registrar

Registrar

SYMS - YORK CO., PTRS. & BDRS. 17326

291-105
031-955

PLACE OF BIRTH

Form V. S. No. 11-C—10m-8-7-11

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

County of Lewis

City of Kamiah

No ....., ... St.

Hospital .....

Registration District No 32 File No. 9377

Primary Registration District No. 2125 Registered No. 191

FULL NAME OF CHILD Ellis Bradberry

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Male		3	Yes	Oct 5th 1912

FATHER		MOTHER	
FULL NAME	Lewis P. Bradberry	FULL MAIDEN NAME	Georgia B. Reed
RESIDENCE	Kamiah	RESIDENCE	Kamiah
COLOR	White	AGE AT LAST BIRTHDAY (Years)	36	COLOR	White	AGE AT LAST BIRTHDAY (Years)	32
BIRTHPLACE	Oregon	BIRTHPLACE	Wash
OCCUPATION	Clerk	OCCUPATION	Housewife

Number of child of this mother, including present birth 3

Number of children, of this mother, now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive Oct 5th at 6 P M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) E Taylor, M D

(Physician or Midwife)

Address Kamiah

Given names added from a supplemental report

....., 19.....

Filed OCT 8 1912

E Taylor, M D
Registrar

SYMS - YORK CO., PTRS. & BDRS. 17326

Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

PLACE OF BIRTH

STATE OF IDAHO

Bureau of Vital Statistics

369-104-037-1-249

PLACE OF BIRTH

Form V. S. No. 11-C-10m-8-7-11

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

County of Lewis

City of Kamiah

No ....., ... St.

Hospital .....

Registration District No 32 File No. 9378

Primary Registration District No 2128 Registered No. 190

FULL NAME OF CHILD Edward Corbitt

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Male			Yes	Oct 4, 1912

FATHER		MOTHER	
FULL NAME	Paul Corbitt	FULL MAIDEN NAME	Lydia Smith
RESIDENCE	Kamiah	RESIDENCE	Kamiah
COLOR	Indian	COLOR	Indian
AGE AT LAST BIRTHDAY	35 (Years)	AGE AT LAST BIRTHDAY	34 (Years)
BIRTHPLACE	Idaho	BIRTHPLACE	Idaho
OCCUPATION	Farmer	OCCUPATION	House Wife

Number of child of this mother, including present birth 8

Number of children, of this mother, now living, including present birth 6

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) October 4, at 5-0 M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report

....., 19.....

..... Registrar

(Signature) E. Taylor M.D.

(Physician or Midwife)

Address Kamiah Idaho

Filed Oct 4 1912 E. Taylor, M.D. Registrar

SYMS - YORK CO., PTRS. & BDRS. 17326

MARGIN RESERVED FOR BINDING

WRITE PLAINLY. WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

Form V.S. No. 11-C-10m 8-1-11

STATE OF IDAHO

Bureau of Vital Statistics

231-121031-268

PLACE OF BIRTH

Form V. S. No. 11-C—15m-6-20-11

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

County of Lemhi

City of Kenmerick Registration District No. 32 File No. 9379

No. ....., ... St.

Primary Registration District No. 2128 Registered No. 183

Hospital .....

FULL NAME OF CHILD Norman Henry Stapleton

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Male		first	Yes	Sept. 21st 1912

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	Henry Stapleton	Margie Boyer
RESIDENCE	Kenmerick	Kenmerick
COLOR	White	White
AGE AT LAST BIRTHDAY (Years)	24	20
BIRTHPLACE	Cuncader	Dewey
OCCUPATION	Laborer	House Wife

Number of child of this mother, including present birth 1

Number of childrea, of this mother, now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born Alive Sept 22 (Born alive or stillborn) at 2 a.m. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) E. Taylor M.D.

(Physician or Midwife)

Address Kenmerick

Given names added from a supplemental report

..... 19.....

Filed Sept 25 1912 E. Taylor M.D.

S-Y CO., 16670 Registrar

Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

PLACE OF BIRTH

CERTIFICATE OF BIRTH

Registration District No. File No. 9471

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of Idaho } ss. JAN 26 1942
County of Big Horn }

Certificate No. 9379

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of Birth (BIRTH OR DEATH)
for Norman Henry Stapleton (NAME ON ORIGINAL CERTIFICATE) who was born (WAS BORN OR DIED) on Sept 21, 1912 (DATE OF EVENT)
in Cowley Idaho (PLACE OF EVENT) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts as shown by Personal Knowledge (BIBLE RECORD, INSURANCE POLICY, ETC.) prepared on of Undersigned Parents (GIVE DATE), are:

FACTS TO BE CORRECTED ("NAME", "BIRTH DATE", "CAUSE OF DEATH", ETC.)	FROM (AS ON ORIGINAL)	TO (THE CORRECT FACTS)
birth date	September 20, 1912	September 21, 1912

Subscribed and sworn to before me this 20
day of Jan, 19 42.

Signed Mrs Mae Stapleton
(SIGNATURE OF PARENT OR ATTENDANT IF CORRECTING A BIRTH RECORD; OF ATTENDANT, FUNERAL DIRECTOR, INFORMANT IF CORRECTING A DEATH RECORD; OR OTHER CREDIBLE PERSON.)

Notary Public, residing at Lewiston Ida

My commission expires 1-7-43
(SEAL)

(STREET ADDRESS, CITY, STATE)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of } ss.
County of }

[THIS AFFIDAVIT MUST ALSO BE EXECUTED. (SEE CHAPTER 139, 1937 IDAHO SESSION LAWS.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this
day of , 19 .

Signed
(SIGNATURE OF ANY CREDIBLE PERSON OTHER THAN PREVIOUS AFFIANT.)

Notary Public, residing at

My commission expires
(SEAL)

(STREET ADDRESS, CITY, STATE)

Received for filing on JAN 26 1942 By
(REGISTRAR'S SIGNATURE)

MAY 2 9 1974

266-116-031-763

PLACE OF BIRTH

Form V. S. No. 11-C—10m-8-7-11

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

County of Lewis

City of Kamiah

No ____, ____ St.

Hospital ____

Registration District No 22 File No. 9380

Primary Registration District No 2128 Registered No. 178

FULL NAME OF CHILD CARL LAVERN Bowman

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Male		Third	Yes	Sept 16th 1912

FATHER		MOTHER	
FULL NAME	Alias Bowman	FULL MAIDEN NAME	Mary Poland
RESIDENCE	Kamiah	RESIDENCE	Kamiah
COLOR	White	AGE AT LAST BIRTHDAY (Years)	25
COLOR	White	AGE AT LAST BIRTHDAY (Years)	21
BIRTHPLACE	Oregon	BIRTHPLACE	Kansas
OCCUPATION	Laborer	OCCUPATION	Housewife

Number of child of this mother, including present birth 3

Number of children, of this mother, now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born Alive Sept 16 at 3 P M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) E. Taylor M.D.

(Physician or Midwife)

Given names added from a supplemental report

....., 19.....

Address Kamiah

Filed Oct 4 1912 E. Taylor M.D.

Registrar

Registrar

SYMS - YORK CO., PTRS. & BDRS. 17326

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

PLACE OF BIRTH

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of Idaho } ss.
County of Kootenai

Certificate No. 9380
Date Filed

The undersigned does solemnly swear that certain facts on the certificate of Birth (BIRTH OR DEATH)
for Carl Laverne Bowman (NAME ON ORIGINAL CERTIFICATE) who Born (WAS BORN OR DIED) on Sept 16 1913 (DATE OF EVENT)
in Kootenai (PLACE OF EVENT) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts as shown by Bible (BIBLE RECORD, INSURANCE POLICY, ETC.) prepared on Sept 16, 1913 (GIVE DATE), are:

FACTS TO BE CORRECTED ("NAME", "BIRTH DATE", "CAUSE OF DEATH", ETC.)	FROM (AS ON ORIGINAL)	TO (THE CORRECT FACTS)
Name	Unnamed	Carl Laverne Bowman

Subscribed and sworn to before me this 17th
day of July, 1942

E. H. Mason
Notary Public, residing at Yakima Wash.
My commission expires October 22nd. 1945
(SEAL)

Signed Mary Bowman Mother
(SIGNATURE OF PARENT OR ATTENDANT IF CORRECTING A BIRTH RECORD; OF ATTENDANT, FUNERAL DIRECTOR, INFORMANT IF CORRECTING A DEATH RECORD; OR OTHER CREDIBLE PERSON.)

(STREET ADDRESS, CITY, STATE)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of } ss.
County of

[THIS AFFIDAVIT MUST ALSO BE EXECUTED. (SEE CHAPTER 130, 1937 IDAHO SESSION LAWS.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this
day of , 19

Notary Public, residing at
My commission expires
(SEAL)

Signed
(SIGNATURE OF ANY CREDIBLE PERSON OTHER THAN PREVIOUS AFFIANT.)

(STREET ADDRESS, CITY, STATE)

Received for filing on JUL 22 1942 By
(REGISTRAR'S SIGNATURE)

JUL 24 1942

OCT 21 1974

854-120-031-45-1

PLACE OF BIRTH

Form V. S. No. 11-C—10m-8-7-11

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

County of Lewis

City of Kamiah

No ____, ____ St.

Registration District No 32 File No. 9381

Primary Registration District No. 2127 Registered No. 160

Hospital ____

FULL NAME OF CHILD Wilbur Leonard Heinecken

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
M			Yes	I d, 191

FATHER		MOTHER	
FULL NAME	Leonard Heinecken	FULL MAIDEN NAME	Josephine Beam
RESIDENCE	Kamiah	RESIDENCE	Kamiah
COLOR	W.	COLOR	W.
AGE AT LAST BIRTHDAY (Years)	29	AGE AT LAST BIRTHDAY (Years)	28
BIRTHPLACE	Iowa.	BIRTHPLACE	Wash
OCCUPATION	Laborer	OCCUPATION	Hse.

Number of child of this mother, including present birth 3

Number of children, of this mother, now living, ~~including present birth~~ 2 boy, dead 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was ____ (Born alive or ~~stillborn~~) at 7 9 M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) O. G. Jeffreys

(Physician or ~~Midwife~~)

Address Kamiah

Given names added from a supplemental report

____, 19____

Filed 10-14-1912 Ellen B. Rogers Registrar

Registrar

SYMS - YORK CO., PTRS. & BDRS. 17326

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

791-124-031-815

PLACE OF BIRTH

Form V. S. No. 11-C—10m-8-7-11

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

County of Lewis

City of Kamiah

No ....., ... St.

Registration District No 92 File No. 9383

Primary Registration District No. 2127 Registered No. 162

Hospital .....

FULL NAME OF CHILD Adrian Graham

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
M			Ye	5 24 191 2

FATHER		MOTHER	
FULL NAME	Ellis Graham	FULL MAIDEN NAME	Lillie Hancock
RESIDENCE	Kamiah	RESIDENCE	Kamiah
COLOR	W.	COLOR	W.
AGE AT LAST BIRTHDAY	31 (Years)	AGE AT LAST BIRTHDAY	23 (Years)
BIRTHPLACE	Ark.	BIRTHPLACE	Ark.
OCCUPATION	Farmer	OCCUPATION	Hw.

Number of child of this mother, including present birth 2

Number of children, of this mother, now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was ....., at 10 25 P. M. on the date above stated.

(Born alive ~~or stillborn~~)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) O. A. Jeffreys

(Physician or Midwife)

Given names added from a supplemental report

....., 19.....

Address Kamiah

Filed 10-14- Elizabeth B. Rogers

SYMS - YORK CO., PTRS. & BDRS. 17326

Registrar

Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

785-201-031-613

PLACE OF BIRTH

Form V. S. No. 11-C—10m-8-7-11

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

County of Lewis

City of Kooskia

No ....., ... St.

Registration District No. 92 File No. 9384

Hospital .....

Primary Registration District No. 2127 Registered No. 163

FULL NAME OF CHILD Katherine Elizabeth Preston

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
F.			yes	6 / 1 / 191[illegible]

FATHER		MOTHER	
FULL NAME	Eugene Preston	FULL MAIDEN NAME	Josephine Walker
RESIDENCE	Kooskia	RESIDENCE	Kooskia
COLOR	W.	COLOR	W.
AGE AT LAST BIRTHDAY	21 (Years)	AGE AT LAST BIRTHDAY	18 (Years)
BIRTHPLACE	Ken.	BIRTHPLACE	Ken.
OCCUPATION	Farmer	OCCUPATION	Hse.

Number of child of this mother, including present birth 1

Number of children, of this mother, now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was ..... (Born alive ~~or stillborn~~), at 1:45 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) D. G. Jeffreys

(Physician ~~or midwife~~)

Address Kooskia

Filed 10-14- 19[illegible] Elsie B. Rogers

Registrar

..... 19.....

Registrar

Given names added from a supplemental report

SYMS - YORK CO., PTRS. & BDRS. 17326

313-119-031-168

PLACE OF BIRTH

Form V. S. No. 11-C—10m-8-7-11

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

County of Lewis

City of Grer

No ____, ____ St.

Hospital ____

Registration District No 92 File No 9385

Primary Registration District No 2127 Registered No. 164

FULL NAME OF CHILD OLIVER BUD CALVIN

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
M.			Y	6 19 1912

FATHER		MOTHER	
FULL NAME	C P Calvin	FULL MAIDEN NAME	Clara Johnson
RESIDENCE	Grer	RESIDENCE	Grer
COLOR	W.	AGE AT LAST BIRTHDAY (Years)	36
COLOR	W.	AGE AT LAST BIRTHDAY (Years)	27
BIRTHPLACE	Ill.	BIRTHPLACE	Idaho
OCCUPATION	Farmer	OCCUPATION	Hse.

Number of child of this mother, including present birth 3

Number of children, of this mother, now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was ____, at 11 25 9 M. (Born alive or stillborn) on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) D. G. Jeffreys

(Physician or Midwife)

Address Kendrick

Given names added from a supplemental report

____, 19____

Filed 10-14-19 12 Elbert B. Rogers Registrar

____ Registrar

SYMS - YORK CO., PTRS. & BDRS. 17326

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of IDAHO } ss. FEB 4 1942 Certificate No. 9385
County of CLEARWATER } Date Filed

The undersigned does solemnly swear that certain facts on the certificate of Birth (BIRTH OR DEATH)
for Oliver Wm. Carl Calvin (NAME ON ORIGINAL CERTIFICATE) who was born (WAS BORN OR DIED) on June 19, 1912 (DATE OF EVENT)
in Greer, Idaho (PLACE OF EVENT) are erroneous ~~or were omitted~~; and that, to the best of his knowledge, the
true facts as shown by selves the parents (BIBLE RECORD, INSURANCE POLICY, ETC.) prepared on January 28, 1942 (GIVE DATE), are:

FACTS TO BE CORRECTED ("NAME", "BIRTH DATE", "CAUSE OF DEATH", ETC.)	FROM (AS ON ORIGINAL)	TO (THE CORRECT FACTS)
name	Oliver Wm. Carl	Oliver Bud Calvin

Subscribed and sworn to before me this 28
day of January, 19 42

Notary Public, residing at Orofino, Idaho
My commission expires May 10, 1945
(SEAL)

Signed Clara Calvin
(SIGNATURE OF PARENT OR ATTENDANT IF CORRECTING A BIRTH RECORD; OF ATTENDANT, FUNERAL DIRECTOR, INFORMANT IF CORRECTING A DEATH RECORD; OR OTHER CREDIBLE PERSON.)

(STREET ADDRESS, CITY, STATE)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of IDAHO } ss.
County of CLEARWATER }

[THIS AFFIDAVIT MUST ALSO BE EXECUTED. (SEE CHAPTER 139, 1937 IDAHO SESSION LAWS.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 28
day of January, 19 42

Notary Public, residing at Orofino
My commission expires May 10, 1945
(SEAL)

Signed O. P. Hall
(SIGNATURE OF ANY CREDIBLE PERSON OTHER THAN PREVIOUS AFFIANT.)

Greer, Idaho
(STREET ADDRESS, CITY, STATE)

Received for filing on FEB 4 1942 By
(REGISTRAR'S SIGNATURE)

FEB 14 1942

743-22-031-298

PLACE OF BIRTH

Form V. S. No. 11-C—10m-8-7-11

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

County of Lewis

City of Steele

No ....., ... St.

Hospital .....

Registration District No 32 File No. 9386

Primary Registration District No 2127 Registered No. 165

FULL NAME OF CHILD Clark Pollard Puckett

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
F.			yes	6 21 1912

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	M. V. Puckett	Retta Bryant
RESIDENCE	Steele	Steele
COLOR	W.	W.
AGE AT LAST BIRTHDAY (Years)	41	27
BIRTHPLACE	Tenn.	Kans.
OCCUPATION	Farmer	Hse

Number of child of this mother, including present birth 5

Number of children, of this mother, now living, including present birth 5

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was ..... (Born alive or stillborn), at 9 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) D. G. Jeffreys

(Physician or Midwife)

Address Kellogg

Given names added from a supplemental report

....., 19.....

Filed 10-14-1912 Ellen F. Rogers

Registrar

SYMS - YORK CO., PTRS. & BDRS. 17326

Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

JAN 20 1942

FEB 29 1944

459-225-031-795

PLACE OF BIRTH

Form V. S. No. 11-C—10m-8-7-11

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

County of Lewis

City of Kamiah

No _____ St.

Registration District No 92 File No. 9387

Hospital _____ Primary Registration District No. 2127 Registered No. 166

FULL NAME OF CHILD Georgia Ettja Meiners

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
F			Y	6 25 1912

FATHER		MOTHER	
FULL NAME	John Meiners	FULL MAIDEN NAME	Lillian Irvin
RESIDENCE	Kamiah	RESIDENCE	Kamiah
COLOR	W.	COLOR	W.
AGE AT LAST BIRTHDAY	34 (Years)	AGE AT LAST BIRTHDAY	31 (Years)
BIRTHPLACE	Ill.	BIRTHPLACE	Wash
OCCUPATION	Farmer	OCCUPATION	Her

Number of child of this mother, including present birth 2

Number of children, of this mother, now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was _____, at 12-15 P. M. on the date above stated.

(Born alive ~~or stillborn~~)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) O. A. Jeffreys

(Physician ~~or Midwife~~)

Address Kamiah

Given names added from a supplemental report

....., 19.....

Filed 10-14-1912 Eleanor B. Rogers

Registrar

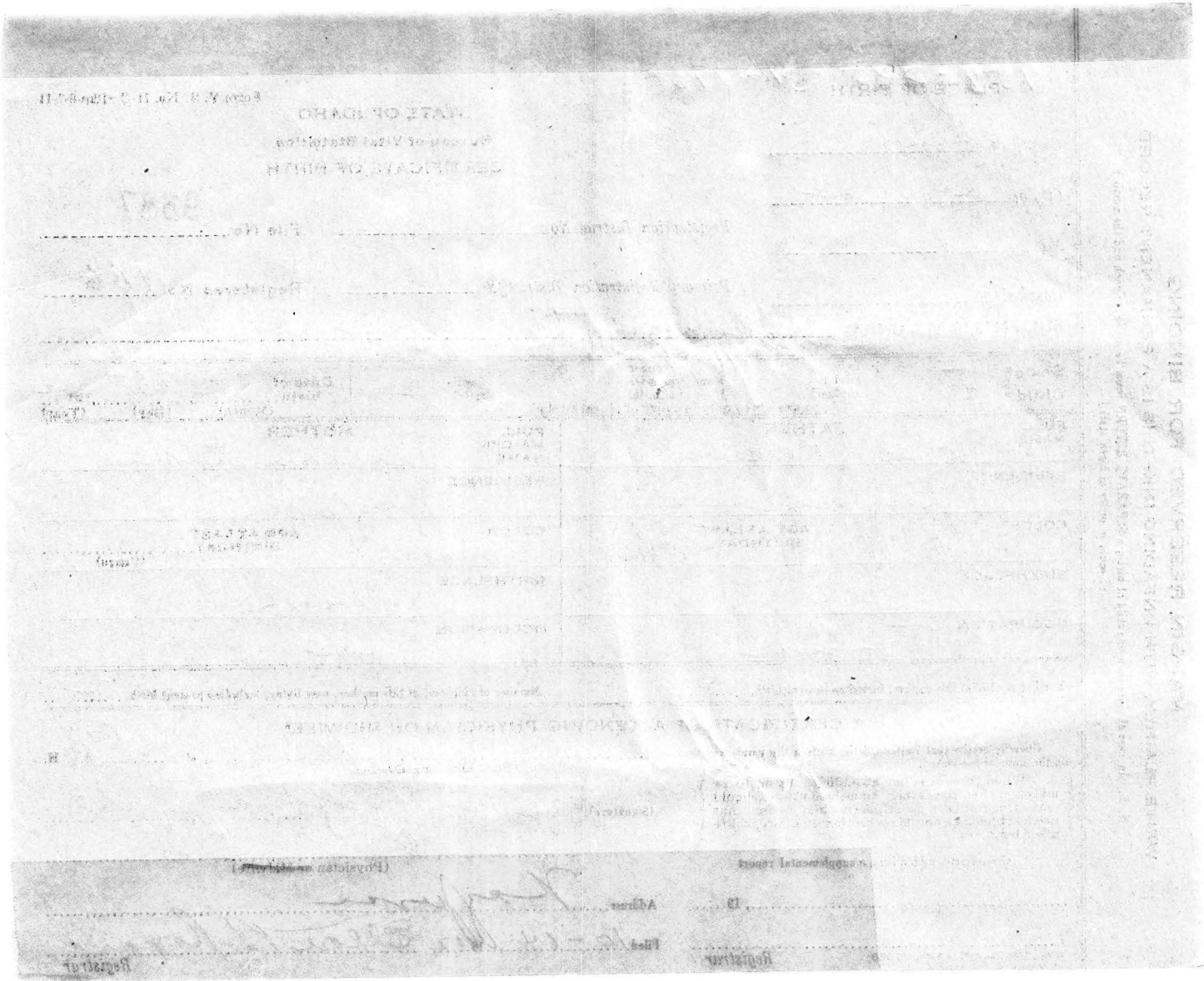
SYMS - YORK CO., PTRS. & BDRS. 17326

Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated



619-208-031-619

PLACE OF BIRTH

Form V. S. No. 11-C—10m-8-7-11

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

County of Lewis

City of Nezperce

No ..... St.

Hospital .....

Registration District No 92 File No. 9388

Primary Registration District No 2127 Registered No. 167

FULL NAME OF CHILD Ida May Farran

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
F.			No.	7 8 1912

FATHER		MOTHER	
FULL NAME	Edward Farran	FULL MAIDEN NAME	Bergonia Farran
RESIDENCE		RESIDENCE	Garfield Wash
COLOR		COLOR	W.
AGE AT LAST BIRTHDAY (Years)		AGE AT LAST BIRTHDAY (Years)	16
BIRTHPLACE		BIRTHPLACE	Ore
OCCUPATION	Laborer	OCCUPATION	Schoolgirl

Number of child of this mother, including present birth 1

Number of children, of this mother, now living, including present birth None

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was ..... (Born alive ~~or stillborn~~), at 7 A. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) D. A. Jeffreys

(Physician ~~or Midwife~~)

Address Nezperce

Given names added from a supplemental report

....., 19.....

Filed 10-14-12 Elmo B. Rogers

Registrar

.....

Registrar

SYMS - YORK CO., PTRS. & BDRS. 17326

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

419 - 217 - 31 - 552

PLACE OF BIRTH

Form V. S. No. 11-C—10m-8-7-11

STATE OF IDAHO

Bureau of ~~Vital~~ Statistics

CERTIFICATE OF BIRTH

County of Lewis

City of Nezperce

No. ..... St.

Hospital .....

Registration District No. 32 File No. 9389

Primary Registration District No. 2127 Registered No. 168

FULL NAME OF CHILD Jeanette Mosjoie Martin

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
F.			Yes	7 17 1912

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	Conrad Martin	Marie Rebelsiech
RESIDENCE	Nezperce	Nezperce
COLOR	W	W
AGE AT LAST BIRTHDAY (Years)	39	31
BIRTHPLACE	Minn.	Idaho.
OCCUPATION	R.R Conductor	Hs

Number of child of this mother, including present birth 2

Number of children, of this mother, now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was ..... (Born alive or ~~stillborn~~), at 4 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) D A Jeffreys

(Physician or ~~Midwife~~)

Address Nezperce

Given names added from a supplemental report

....., 19.....

Registrar

Filed 10-14-12 Elsie B Rogers

Registrar

SYMS - YORK CO., PTRS. & SDRS. 17326

MAR 2 7 1942

JUL 3 0 1943

MAY 1 2 1953

443-123031-254

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

Form V. S. No. 11-C—10m-8-7-11

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

PLACE OF BIRTH

County of Lewis

City of Kamiah

No ..... St.

Hospital .....

Registration District No. 32 File No. 9390

Primary Registration District No. 2127 Registered No. 169

FULL NAME OF CHILD Henry Joseph Muckem

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
M			Yes	July 23 1912

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	Geo. Muckem	Mary Lenbeck
RESIDENCE	Kamiah	Kamiah
COLOR	W	W
AGE AT LAST BIRTHDAY	46 (Years)	43 (Years)
BIRTHPLACE	Ger.	Ger.
OCCUPATION	Farmer	Hse

Number of child of this mother, including present birth 7

Number of children, of this mother, now living, including present birth 6

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was ..... (Born alive ~~or stillborn~~), at 10-45 A. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report

..... 19.....

..... Registrar

(Signature) D. A. Jeffreys

(Physician ~~or Midwife~~)

Address Kamiah

Filed 10-14-1912 Ellen B. Cooper Registrar

SYMS - YORK CO., PTRS. & BDRS. 17326

Peter Lepp 3/1/46

467-128-031-666

PLACE OF BIRTH

Form V. S. No. 11-C—10m-8-7-11

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

9391

County of Lewis

City of Mohler

Registration District No. 92 File No.

No. , St.

Primary Registration District No. 2127 not given Registered No. 170

Hospital

FULL NAME OF CHILD Buell Dale

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
M.			Yes	7 28 1912

FATHER		MOTHER	
FULL NAME	S. J. Doggett	FULL MAIDEN NAME	Edna Woodward
RESIDENCE	Mohler	RESIDENCE	Mohler
COLOR	W.	COLOR	W.
AGE AT LAST BIRTHDAY (Years)	45	AGE AT LAST BIRTHDAY (Years)	38
BIRTHPLACE	Col.	BIRTHPLACE	Mo.
OCCUPATION	Blacksmith	OCCUPATION	Hs.

Number of child of this mother, including present birth 10

Number of children, of this mother, now living, including present birth 10

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was ..... (Born alive ~~or stillborn~~), at 8:50 a. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) D. A. Jeffreys

(Physician ~~or Midwife~~)

Address Nezperce

Given names added from a supplemental report

....., 19.....

Filed Oct. 14, 1912 Ellen B. Rogers

Registrar

Registrar

SYMS - YORK CO., PTRS. & SDRS. 17326

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

295-230-031-855

PLACE OF BIRTH

County of Lewis

City of New Jersey

No _____, _____ St.

Hospital _____

Form V. S. No. 11-C—10m-8-7-11

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

Registration District No 32 File No. 9392

Primary Registration District No. 2127 Registered No. 171

FULL NAME OF CHILD Frieda Rebecca Siems

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births) and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
F		Y	M 30 191 2

FATHER		MOTHER	
FULL NAME	Henry Siems	FULL MAIDEN NAME	Mimi Heuermann
RESIDENCE	New Jersey	RESIDENCE	New Jersey
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY	47 (Years)	AGE AT LAST BIRTHDAY	29 (Years)
BIRTHPLACE	Ger.	BIRTHPLACE	Ger.
OCCUPATION	Farmer	OCCUPATION	H

Number of child of this mother, including present birth 2

Number of children, of this mother, now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was _____ (Born alive or stillborn), at 8-16-9 M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) O. G. Jeffreys

(Physician or Midwife)

Address New Jersey

Given names added from a supplemental report

_____, 19____

_____ Registrar

Filed 10-14-1912 Elmer B. Rogers Registrar

SYMS - YORK CO., PTRS. & BDRS. 17326

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

331-102-031-255

PLACE OF BIRTH

Form V. S. No. 11-C—10m-8-7-11

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

County of Lemhi

City of Mezpah

No ____, ____ St.

Hospital ____

Registration District No 32 File No. 9393

Primary Registration District No. 2127 Registered No. 172

FULL NAME OF CHILD Russel Thomas Clausen

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
M.			Yes	8 2 1912

FATHER	MOTHER
FULL NAME Geo. J. Clausen	FULL MAIDEN NAME Amy Beem
RESIDENCE Mezpah	RESIDENCE Mezpah
COLOR W. AGE AT LAST BIRTHDAY 20 (Years)	COLOR W. AGE AT LAST BIRTHDAY 18 (Years)
BIRTHPLACE Minn.	BIRTHPLACE Ida
OCCUPATION Farmer	OCCUPATION None

Number of child of this mother, including present birth 1

Number of children, of this mother, now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was ____, at 8-10 P. M. on the date above stated.

(Born alive ~~or stillborn~~)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) D. G. Jeffrey

(Physician or ~~Midwife~~)

Address Mezpah

Given names added from a supplemental report

....., 19.....

Filed 10-14-12 Elora B. Rogers

Registrar

SYMS - YORK CO., PTRS. & BDRS. 17328

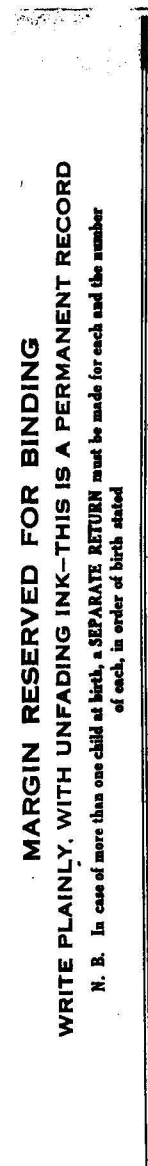
Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

MAY 12 1992



MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

369-106-031-239

PLACE OF BIRTH

Form V. S. No. 11-C—10m-8-7-11

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

County of Lewis

City of Nezperce

No ..... St.

Hospital .....

Registration District No 32 File No. 9394

Primary Registration District No. 2127 Registered No. 173

FULL NAME OF CHILD James Edward Coryell

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
M.			yes	8 6 1912

FATHER		MOTHER	
FULL NAME	James Coryell	FULL MAIDEN NAME	Irene Strickfaddem
RESIDENCE	Nezperce	RESIDENCE	Nezperce
COLOR	W.	COLOR	W.
AGE AT LAST BIRTHDAY	33 (Years)	AGE AT LAST BIRTHDAY	24 (Years)
BIRTHPLACE	Ill	BIRTHPLACE	Ida
OCCUPATION	Farmer	OCCUPATION	Hse

Number of child of this mother, including present birth 3

Number of children, of this mother, now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was ..... at 4 46 M.
on the date above stated. (Born alive or ~~stillborn~~)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) D. G. Jeffreys

(Physician or ~~Midwife~~)

Address Nezperce

Given names added from a supplemental report

....., 19.....

Filed 10-14 1912 Ellen B. Rogers

.....
Registrar

SYMS - YORK CO., PTRS. & BDRS. 17326

Registrar

SEP 11 1945

694-220-031-235

PLACE OF BIRTH

Form V. S. No. 11-C—10m-8-7-11

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

County of Lewis

City of Nezperce

No ..... St.

Registration District No 32 File No. 9395

Primary Registration District No. 2127 Registered No. 174

Hospital .....

FULL NAME OF CHILD Angela Maria Augusta Widmann

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
F.			Yes	8 20 1912

	FATHER	MOTHER
FULL NAME	August Widmann	FULL MAIDEN NAME Anna Steinach
RESIDENCE	Nezperce	RESIDENCE Nezperce
COLOR	W.	COLOR W.
AGE AT LAST BIRTHDAY	34 (Years)	30 (Years)
BIRTHPLACE	Minn.	BIRTHPLACE Switzerland
OCCUPATION	Laborer	OCCUPATION Hse.

Number of child of this mother, including present birth 4

Number of children, of this mother, now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was ....., at 8:15 A. M. on the date above stated.

(Born alive ~~or stillborn~~)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) O. A. Jeffreys

(Physician ~~or Midwife~~)

Address Nezperce

Given names added from a supplemental report

....., 19.....

Filed 10-14 1912 Ellen B. Rogers

Registrar

.....

Registrar

SYMS - YORK CO., PTRS. & BDRS. 17826

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

JAN 1 6 1974

129-226-031-915

PLACE OF BIRTH

Form V. S. No. 11-C—10m-8-7-11

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

County of Lewis

City of Nezperce

No ____ St.

Registration District No 32 File No 9396

Primary Registration District No 2127 Registered No. 175

Hospital ____

FULL NAME OF CHILD Marjory Louise Akin

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
F.			Ye	8 16 1912

FATHER		MOTHER	
FULL NAME	J. W. Akin	FULL MAIDEN NAME	Edna Raven
RESIDENCE	Nezperce	RESIDENCE	Nezperce
COLOR	W.	COLOR	W.
AGE AT LAST BIRTHDAY (Years)	33	AGE AT LAST BIRTHDAY (Years)	24
BIRTHPLACE	Kan	BIRTHPLACE	Wash.
OCCUPATION	U. V. S.	OCCUPATION	Hse.

Number of child of this mother, including present birth 2

Number of children, of this mother, now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was ____ (Born alive or ~~stillborn~~) at 11 40 M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) D. G. Jeffreys

(Physician or ~~Midwife~~)

Address Nezperce

Given names added from a supplemental report

....., 19.....

Filed 10-14 1912 Elena B. Rogers

Registrar

Registrar

SYMS - YORK CO., PTRS. & BDRS. 17326

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

799-102-031-845

Form V. S. No. 11-C—20m-2-15-12

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

9397

County of Lewis

City of Winchester — Registration District No. 32 — File No.

No. ____ St. — Primary Registration District No. 212 — Registered No. 176

Hospital

FULL NAME OF CHILD Alton Le. Price

Sex of Child	Twin / Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Male			Yes	9 7 1917

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	Dallas W. Price	Malta Hunsucker
RESIDENCE	Winchester	Winchester
COLOR	White	White
AGE AT LAST BIRTHDAY (Years)	30	25
BIRTHPLACE	Texas	North Carolina
OCCUPATION	Homesmaker	Housewife

Number of child of this mother, including present birth 4

Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born Alive, at 9 A.M. on the date above stated.
(Born alive or stillborn)

(Signature) Dallas Price
Father of child
(Physician or midwife)

Address Winchester

Filed 10-15-1917 Ellen B. Rogers
Registrar

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report

....., 19.....

Registrar

S-Y CO. 20174

N. B. In case of more than one child at birth, a separate RETURN must be made for each and the number of each, in order of birth stated.

WRITE PLAINLY. WITH UNFADING MARGIN. IS A PERMANENT RECORD

SEP 25 1942

593-207-031-814.

PLACE OF BIRTH

Form V. S. No. 11-C—10m-8-7-11

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

County of Lewis

City of Kamiah

No ____, ____ St.

Registration District No 12 File No. 9398

Hospital ____

Primary Registration District No. 2127 Registered No. 177

Name not given yet.

FULL NAME OF CHILD Girl Berry

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
F			yes	9 7 1912

FATHER		MOTHER	
FULL NAME	Horace Niles	FULL MAIDEN NAME	Effie Hamilton
RESIDENCE	Kamiah	RESIDENCE	Kamiah
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY (Years)	30	AGE AT LAST BIRTHDAY (Years)	22
BIRTHPLACE	Neb.	BIRTHPLACE	Wash
OCCUPATION	Farmer	OCCUPATION	Hse.

Number of child of this mother, including present birth 2

Number of children, of this mother, now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was ____, at 1.15 P. M. on the date above stated.

(Born alive ~~or stillborn~~)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) O. G. Jeffreys

(Physician or ~~Midwife~~)

Address Kamiah

Given names added from a supplemental report

....., 19.....

Filed 10-14 1912 Elbert B. Rogers

Registrar

SYMS - YORK CO., PTRS. & BDRS. 17826

Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

STATE OF IDAHO

CERTIFICATE OF BIRTH

MAILING OR SERVICE FOR BIRTHING

395-216-031-113

PLACE OF BIRTH

Form V. S. No. 11-C—10m-8-7-11

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

County of Lewis

City of Mohler

No ____, ____ St.

Registration District No 32 File No. 9399

Primary Registration District No 2127

Hospital ____ Registered No. 179

FULL NAME OF CHILD Lenna Emma Livingood

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
F			Yes	9 16 1912

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	Otto C. Livingood	Viola Jackson
RESIDENCE	Mohler	Mohler
COLOR	W.	W.
AGE AT LAST BIRTHDAY (Years)	27	18
BIRTHPLACE	Kan.	Idaho
OCCUPATION	Farmer	Hs

Number of child of this mother, including present birth 1

Number of children, of this mother, now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was ____ (Born alive or stillborn) at 2 45 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) O. A. Jeffreys

(Physician or midwife)

Address Mohler

Given names added from a supplemental report

____, 19____

____ Registrar

Filed 10-14 1912 Ellen P. Rogers Registrar

SYMS - YORK CO., PTRS. & BDRS. 17326

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

FEB 25 1942

DECEASED

795-216-031-33

PLACE OF BIRTH

Form V. S. No. 11-C—10m-8-7-11

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

County of Lewis

City of Vollmer

No ____, ____ St.

Hospital ____

Registration District No. 32 File No. 9400

Primary Registration District No. 3127 Registered No. 180

FULL NAME OF CHILD Not named Laura Elizabeth

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
female			Yes	Sep. 16, 1912

FATHER		MOTHER	
FULL NAME	Austin D. Gregory	FULL MAIDEN NAME	Helen Clear
RESIDENCE	Vollmer Idaho	RESIDENCE	Vollmer Idaho
COLOR	white	COLOR	white
AGE AT LAST BIRTHDAY	40 (Years)	AGE AT LAST BIRTHDAY	28 (Years)
BIRTHPLACE	Mich	BIRTHPLACE	Mazeppa Wis.
OCCUPATION	Grain Man.	OCCUPATION	housewife

Number of child of this mother, including present birth ____ Number of children, of this mother, now living, including present birth ____

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn), at 4. P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) E. L. Bunker

(Physician or Midwife)

Address ____

Given names added from a supplemental report

____, 19____

Registrar

Filed 11-9- 1912 Ellen B. Rogers

Registrar

SYMS - YORK CO., PTGS. & SOBS 17826

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

APR 2 7 1973

982-117-031-699

[redacted]

11-C—10m-8-7-11

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

PLACE OF BIRTH

County of Lewis

City of Voldmer

No ....., ... St.

Hospital .....

CERTIFICATE OF BIRTH

Registration District No. 32 File No. 9401

Primary Registration District No. 2127 Registered No. 181

FULL NAME OF CHILD Archie Ryker

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth
male			Yes	Sep. (Month) 17 (Day) 1912 (Year)

FATHER		MOTHER	
FULL NAME	Jacob Ryker	FULL MAIDEN NAME	Mable Faylett
RESIDENCE	Portland Or	RESIDENCE	Voldmer Ida
COLOR	white	COLOR	white
AGE AT LAST BIRTHDAY	23 (Years)	AGE AT LAST BIRTHDAY	20 (Years)
BIRTHPLACE	not known	BIRTHPLACE	Idaho
OCCUPATION	laborer	OCCUPATION	housewife

Number of child of this mother, including present birth .....

Number of children, of this mother, now living, including present birth .....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn) at 5:30 P.M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) L L Burda

(Physician or Midwife)

Address .....

Given names added from a supplemental report

....., 19.....

.....
Registrar

SYMS - YORK CO., PTRS. & BDRS. 17326

File 1-9-1912 Ellen B Rogers
Registrar

238-219-031-966

MARGIN RESERVED FOR BINDING

WRITE PLAINLY. WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

Form V. S. No. 11-C—10m-8-7-11

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

PLACE OF BIRTH

County of Lewis

City of Nezperce

No. 0, *St.*

Hospital

Registration District No. 32 **File No.** 9402

Primary Registration District No. 2127 **Registered No.** 182

FULL NAME OF CHILD Calhoun Marie

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
F.			yes	9 19 191-

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	Ed. Schnell	Pearl Rowe
RESIDENCE	Nezperce	Nezperce
COLOR	W.	W.
AGE AT LAST BIRTHDAY (Years)	27	21
BIRTHPLACE	Mich.	N. C.
OCCUPATION	Bank Cashier	Hse.

Number of child of this mother, including present birth 1

Number of children, of this mother, now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was ..... (Born alive ~~or stillborn~~), at 2 45 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) D. A. Jeffreys

(Physician ~~or Midwife~~)

Address Nezperce

Given names added from a supplemental report

....., 19.....

Filed 10-14 1912 Elsie B. Rogers

Registrar

Registrar

SYMS - YORK CO., PTRS. & BDRS. 17326

DUP OF 1912-367633

713-124-031-689

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

Form V. S. No. 11-C—15m-6-20-11

PLACE OF BIRTH

County of Lewis

City of near Reeck

No. ____, ____ St.

Hospital ____

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

Registration District No. ~~42~~ 32 File No. 9403

Primary Registration District No. ~~2075~~ 3127 Registered No. 184

FULL NAME OF CHILD Verner B

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Male		2	yes	Sept 24, 1912

FATHER	MOTHER
FULL NAME William Romer Galloway	FULL MAIDEN NAME Blanche Sarah Whetted
RESIDENCE Steele P.O.	RESIDENCE Steele R.D.
COLOR W AGE AT LAST BIRTHDAY 33 (Years)	COLOR W AGE AT LAST BIRTHDAY 20 (Years)
BIRTHPLACE Barren Co, Ky.	BIRTHPLACE Weiser Ida
OCCUPATION Farmer	OCCUPATION Housewife

Number of child of this mother, including present birth 2

Number of children, of this mother, now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 7:55 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. M Seyle MD

(Physician or Midwife)

Address ____

Given names added from a supplemental report

____, 19____

____ Registrar

Filed 10-11- 1912 Elbert B. Rogers Registrar

S-Y CO., 16670

4/10/41 J.J.

Amended 7/12/72

855-128-031-331

PLACE OF BIRTH

Form V. S. No. 11-C—10m-8-7-11

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

County of Lewis

City of Nez Perce

No ....., ... St.

Registration District No 92 File No. 9404

Primary Registration District No. 2127 Registered No. 183

Hospital .....

FULL NAME OF CHILD Cleo Darrell Henrichs

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
M.				Yes	9 28 1912

FATHER	MOTHER
FULL NAME Evan J. Henrichs	FULL MAIDEN NAME Christina Clausen
RESIDENCE Nez Perce	RESIDENCE Nez Perce
COLOR W.	COLOR W.
AGE AT LAST BIRTHDAY 26 (Years)	AGE AT LAST BIRTHDAY 25 (Years)
BIRTHPLACE Ore.	BIRTHPLACE Minn.
OCCUPATION Farmer	OCCUPATION Housework

Number of child of this mother, including present birth 3

Number of children, of this mother living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was ..... at 9 A.M. on the date above stated.

(Born alive ~~or stillborn~~)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) O. G. Jeffreys

(Physician ~~or Midwife~~)

Address Nez Perce

Given names added from a supplemental report

....., 19.....

Filed 10-14-1912 Ellen K. Rogers

SYMS - YORK CO., PTRS. & BDRS. 17326

Registrar

Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

IDAHO DEPARTMENT OF HEALTH

BUREAU OF VITAL STATISTICS

7 12 72

Affidavit to Correct or Amend An Original Certificate of Birth or Death

RECEIVED
JUL 12 1972
Bureau of Vital Statistics

State of ..... } ss.
County of ..... }

Certificate No. 9404

Date Filed .....

The undersigned does solemnly swear that certain facts on the certificate of birth (Birth or Death)
for Cleo Darrel Henrich (Name on Original Certificate) who was born (Was Born or Died) on Sept. 28, 1912 (Date of Event)
in Nezperce, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts are shown by ..... (Bible Record, Insurance Policy, Etc.) prepared on ..... (Give Date), are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
Name	Cleo Darrel Henrich	Cleo Darrell Henrichs
Fathers name	Henrich	Henrichs

Subscribed and sworn to before me this 12th day of July, 1972

Florence Curtright

Notary Public, residing at Boise

My commission expires 4-20-74

(Seal)

Signed Mrs Mabel F. Henrichs
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

228 High Nampa
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of ..... } ss.
County of ..... }

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this ..... day of ....., 19.....

Notary Public, residing at .....

My commission expires .....

(Seal)

Signed .....
(Signature of Any Credible Person)

.....
(Street Address, City, State)

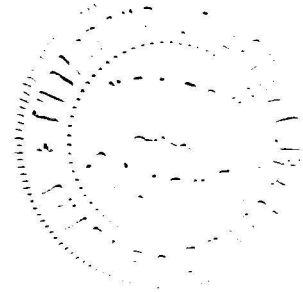
FORM DH 60-155

JUL 12 1972

Social Security Card # 518-28-9253 Form OA-702.1 Rev.(11-61) gives name as Cleo Darrell Henrichs.
Viewed by VS

Own childs birth certificate Mary Christine Henrichs born May 18, 1937 in American Falls, Idaho State file no. 255308 gives fathers name as Cleo Darrell Henrichs.
Viewed by VS

Fathers death certificate file No. 56-4679 date of death Dec. 2, 1956 at Nampa, Idaho gives name as Everett Jacob Henrichs.
Viewed by VS



351-130-031-168

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

Form V. S. No. 11-3—10m-8-7-11

PLACE OF BIRTH

County of Lewis

City of Vollmer

No. ____, ____ St.

Hospital ____

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

Registration District No. 32 File No. 9405

Primary Registration District No. 2127 Registered No. 186

FULL NAME OF CHILD ~~Not Named~~ Delbert Llewellyn Leach

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Male			Yes	Sep 30, 1912

FATHER		MOTHER	
FULL NAME	Theophilus Eli Leach	FULL MAIDEN NAME	Charlotte Johnson
RESIDENCE	Vollmer	RESIDENCE	Vollmer Ida
COLOR	white	COLOR	white
AGE AT LAST BIRTHDAY	36 (Years)	AGE AT LAST BIRTHDAY	30 (Years)
BIRTHPLACE	Missouri	BIRTHPLACE	Lewiston Ida
OCCUPATION	laborer	OCCUPATION	housewife

Number of child of this mother, including present birth.....

Number of children, of this mother, now living, including present birth.....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Alive, at 4 P. M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) E L Bunte

(Physician or ~~Midwife~~)

Given names added from a supplemental report

....., 19.....

Address .....

Filed 11-9- 1912 Ellen B. Rogers

.....
Registrar

Registrar

SYMS - YORK CO., PTRS. & BDRS. 17326

MAR 4 1942

482-201-031-212

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

Form V. S. No. 11-C—10m-8-7-11

PLACE OF BIRTH

County of Lewis

City of Vollmer

No ____, ____ St.

Hospital ____

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

Registration District No. 32 File No. 9406

Primary Registration District No. 2127 Registered No. 187

FULL NAME OF CHILD Arlice Mary Dyberg

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
female			yes	Oct 1, 1912

FATHER

FULL NAME Gustav Dyberg

RESIDENCE Vollmer Ida

COLOR white AGE AT LAST BIRTHDAY 29 (Years)

BIRTHPLACE Minn.

OCCUPATION farmer

MOTHER

FULL MAIDEN NAME Mary Francis Bartlett

RESIDENCE Vollmer Ida

COLOR white AGE AT LAST BIRTHDAY 23 (Years)

BIRTHPLACE Mont

OCCUPATION housewife

Number of child of this mother, including present birth ____

Number of children, of this mother, now living, including present birth ____

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn) on the date above stated., at 4 P M.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) E L Burke

(Physician or ~~Midwife~~)

Given names added from a supplemental report

____, 19____

Address ____

Filed 11-9-1917 Elva B. Rogers

Registrar

SYMS - YORK CO., PTRS. & BDRS 17326

Registrar

APR 27 1954

963-204-031-168

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

Form V. S. No. 11-C—10m-8-7-11

PLACE OF BIRTH

County of Lewis

City of Nezperce

No. ..... St.

Hospital .....

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

Registration District No. 22 File No. 9407

Primary Registration District No. 2127 Registered No. 189

FULL NAME OF CHILD ELNORA ZOLBER

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Fe			Yes	10 4 1912

FATHER		MOTHER	
FULL NAME	Leroy Zolber	FULL MAIDEN NAME	Mary Cora Johnson
RESIDENCE	Nezperce	RESIDENCE	Nezperce
COLOR	W.	COLOR	W.
AGE AT LAST BIRTHDAY	30 (Years)	AGE AT LAST BIRTHDAY	24 (Years)
BIRTHPLACE	Mich.	BIRTHPLACE	Wash.
OCCUPATION	Farmer	OCCUPATION	Hse.

Number of child of this mother, including present birth 3

Number of children, of this mother, now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was ..... (Born alive or ~~stillborn~~) at 11 30 9 M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) O. A. Jeffreys

(Physician or ~~Midwife~~)

Address Nezperce

Given names added from a supplemental report

....., 19.....

Filed 10-14-1912 Ellen B. Rogers

Registrar

Registrar

SYMS - YORK CO., PTRS. & BDRS. 17326

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

Certificate No. 9407

State of Washington } ss.
County of Walla Walla }

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of Birth (BIRTH OR DEATH)
for Elnora Zaeber (NAME ON ORIGINAL CERTIFICATE) who was born (WAS BORN OR DIED) on October 4, 1912 (DATE OF EVENT)
in Nez Perce Idaho (PLACE OF EVENT) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts as shown by Bible Record (BIBLE RECORD, INSURANCE POLICY, ETC.) prepared on October 4, 1912 (GIVE DATE), are:

FACTS TO BE CORRECTED ("NAME", "BIRTH DATE", "CAUSE OF DEATH", ETC.)	FROM (AS ON ORIGINAL)	TO (THE CORRECT FACTS)
Name	Unnamed	ElnoraZolber

Subscribed and sworn to before me this 10th
day of March, 19 43

W. H. Wasser
Notary Public, residing at College Place, Wn

My commission expires Mch 3 1-1946
(SEAL.)

Signed Mary Johnson Zolber
Mrs. Minnie Zolber
(SIGNATURE OF PARENT OR ATTENDANT IF CORRECTING A BIRTH RECORD; OF ATTENDANT, FUNERAL DIRECTOR, INFORMANT IF CORRECTING DEATH RECORD; OR OTHER CREDIBLE PERSON.)

(STREET ADDRESS, CITY, STATE)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of ..... } ss.
County of ..... }

[THIS AFFIDAVIT MUST ALSO BE EXECUTED. (SEE CHAPTER 139, 1937 IDAHO SESSION LAWS.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this .....
day of ....., 19 .....

Notary Public, residing at .....

My commission expires .....
(SEAL)

Signed .....
(SIGNATURE OF ANY CREDIBLE PERSON OTHER THAN PREVIOUS AFFIANT.)

(STREET ADDRESS, CITY, STATE)

Received for filing on ..... By .....
(REGISTRAR'S SIGNATURE)

MAR 1 3 1943

367 - 110 - 031 - 215

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

Form V. S. No. 11-C—15m-6-20-11

PLACE OF BIRTH

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

County of Lewis

City of Vollmer

Registration District No. 32 File No. 9408

No. ____, ____ St.

Primary Registration District No. 2127 Registered No. 194

Hospital ____

FULL NAME OF CHILD unnamed Lewis Albert

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Male			yes	Oct 10, 1912

FATHER

FULL NAME: Harry R Cox

RESIDENCE: Vollmer Ida

COLOR: White AGE AT LAST BIRTHDAY: 34 (Years)

BIRTHPLACE: Penn

OCCUPATION: Farmer

MOTHER

FULL MAIDEN NAME: Carrie E. Banks

RESIDENCE: Vollmer Ida

COLOR: White AGE AT LAST BIRTHDAY: 30 (Years)

BIRTHPLACE: Iowa

OCCUPATION: housewife

Number of child of this mother, including present birth: 6

Number of children, of this mother, now living, including present birth: 6

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 8 a. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) H. C. Parrish M. D.

(Physician or Midwife)

Address Ho Idaho

Given names added from a supplemental report

....., 19.....

Filed 10-26-1912 Ellen B. Rogers

S-Y CO., 16670 Registrar

Registrar

DEC 3 0 1941

613 - 218-031-255

PLACE OF BIRTH

County of Gem

City of Ilo

No. ____, ____ St.

Hospital ____

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

Form V. S. No. 11-C—15m-6-20-11

Registration District No. 32 File No. 9409

Primary Registration District No. 2127 Registered No. 195

FULL NAME OF CHILD unnamed Chas

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Female			yes	Oct 18, 1913

FATHER		MOTHER	
FULL NAME	Clarence S. Watson	FULL MAIDEN NAME	Mable Benjamin
RESIDENCE	Ilo, Idaho	RESIDENCE	Ilo Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	34 (Years)	AGE AT LAST BIRTHDAY	33 (Years)
BIRTHPLACE	Linn Co Oregon	BIRTHPLACE	Douglas Co. Kansas
OCCUPATION	Farmer	OCCUPATION	housewife

Number of child of this mother, including present birth 1

Number of children, of this mother, now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) on the date above stated, at 4 P. M.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) H. C. Parrish M. D.

(Physician or Midwife)

Address Ilo, Idaho

Given names added from a supplemental report

....., 19.....

Filed 10-26-1913 Elton R. Rogers

Registrar

S-Y CO., 16670

Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

296-119-031-553

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

Form V. S. No. 11-C—15m-6-20-11

PLACE OF BIRTH

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

County of Gem

City of Ilo

No. ____, ____ St.

Hospital ____

Registration District No. 32 File No. 9410

Primary Registration District No. 2127 Registered No. 196

FULL NAME OF CHILD unnamed Orville Frederick Broker

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Male			yes	Oct 19, 1912

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	Harvey P. Broker	Angela Nelson
RESIDENCE	Ilo Idaho	Ilo Idaho
COLOR	White	White
AGE AT LAST BIRTHDAY (Years)	48	37
BIRTHPLACE	Ill	Kansas
OCCUPATION	Farmer	housewife

Number of child of this mother, including present birth 4

Number of children, of this mother, now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 3 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) H. C. Parrish M. D.

(Physician or Midwife)

Address Ilo, Idaho

Given names added from a supplemental report

....., 19.....

Filed 10-26-1912 Ellen B. Rogers

Registrar

S-Y CO., 16670

Registrar

MAY 28 1947

SEP 22 1955

235-123-031-695

PLACE OF BIRTH

County of Lewis

City of Culdesac

No. ____, ____ St.

Hospital ____

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

Form V. S. No. 11-C—15m-6-20-11

Registration District No. 10 32 2127

File No. 9411

Primary Registration District No. 2073

Registered No. 197

FULL NAME OF CHILD ____

Sex of Child	Twin, Triplet, or other?	and Number in order of birth	Legitimate?	Date of birth
Male	✓	4	yes	Oct 23, 1912 (Month) (Day) (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	John Steinhouse	FULL MAIDEN NAME	Lillie Wicks
RESIDENCE	Culdesac	RESIDENCE	Culdesac
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	32 (Years)	AGE AT LAST BIRTHDAY	23 (Years)
BIRTHPLACE	Kansas	BIRTHPLACE	Nebraska
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 4

Number of children, of this mother, now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was ____ (Born alive or ~~stillborn~~) at 4 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. H. Ragsdale

(Physician or ~~Midwife~~)

Address Culdesac

Given names added from a supplemental report

____, 19____

Filed 11-9-1912 Edna B. Rogers

____ Registrar

S-Y CO., 16670

Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

PLACE OF BIRTH

County of

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

812-125-031-352

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

Form V. S. No. 11-C—10m-8-7-11

PLACE OF BIRTH

County of Lewis

City of Forest

No. ____, ____ St.

Hospital ____

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

Registration District No. 32 File No. 9412

Primary Registration District No. 2127 Registered No. 198

FULL NAME OF CHILD ____

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Male			Yes	Oct. 25 1912

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	Robert A. Hasley	May Etta Leseo
RESIDENCE	Forest	Forest
COLOR	White	White
AGE AT LAST BIRTHDAY (Years)	42	39
BIRTHPLACE	Illinois	Kansas
OCCUPATION	Farming	Housewife

Number of child of this mother, including present birth 11

Number of children, of this mother, now living, including present birth 10

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 12:45 A.M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report

....., 19....

.....
Registrar

(Signature) Lou Laughlin

Physician

(Physician or Midwife)

Address Winchester Ida

Filed 11-9-1912 Elsie B. Rogers
Registrar

SYMS - YORK CO., PTRS. & SDRS. 17326

PLACE OF BIRTH

STATE OF IDAHO

Bureau of Vital Statistics

Form V. S. No. 11-C—Jan-8-7-11

253-227-031-553

Form V. S. No. 11-C—20m-2-15-12

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Lemhi

City of Winchester

No. ..... St.

Hospital .....

Registration District No. 32 File No. 9413

Primary Registration District No. 2127 Registered No. 199

FULL NAME OF CHILD Lillie Alice

Sex of Child	Twin / Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Female				Yes	10 - 27 - 1912

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	Clyde Nelson	Thelma Nelson
RESIDENCE	Winchester	Winchester
COLOR	White	White
AGE AT LAST BIRTHDAY (Years)	30	22
BIRTHPLACE	Mich	Mich
OCCUPATION	Rancher	Housewife

Number of child of this mother, including present birth 2

Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born Alive (Born alive or stillborn), at 8:45 A. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report

..... 19.....

..... Registrar

(Signature) Elsie P. Rogers

Physician

(Physician or midwife)

Address Winchester, Idaho

Filed 10-30-1912 Elsie P. Rogers Registrar

S-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

JUN 6 1967

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

City of Basin — Registration District No. 31 — File No. 9414

No. ____ St. — Primary Registration District No. 2176 — Registered No. 184

Hospital ____

FULL NAME OF CHILD ARVIL Joyce

Sex of Child	Twin, Triplet or other?	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Male	X	X (To be answered only in event of plural births)	Yes	Nov. 4 1912

FATHER		MOTHER	
FULL NAME	Frank Joyce	FULL MAIDEN NAME	Lucilla Lucas
RESIDENCE	Basin Idaho	RESIDENCE	Basin Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	28	AGE AT LAST BIRTHDAY (Years)	33
BIRTHPLACE	Utah	BIRTHPLACE	Utah
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 6 — Number of children of this mother now living, including present birth 5

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 10 a M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) E. P. Oldham M.D.

(Physician or midwife)

Address Oakley Idaho,

Given names added from a supplemental report

....., 19.....

Filed Nov. 9 1912 L. B. Stoneberger

Registrar

.....

Registrar

S-Y CO. 20174

k

Form V. S. No. 11-C—20m-8-10-12

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

PLACE OF BIRTH

County of Canyon

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of Idaho }
County of Cassia } ss.

Certificate No. 9414

Date Filed Birth (Birth or Death)

The undersigned does solemnly swear that certain facts on the certificate of for Arvil Voyce (Name on Original Certificate) who Born (Was Born or Died) on Nov 4, 1912 (Date of Event) in Basin, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the true facts are shown by Bible Record (Bible Record, Insurance Policy, Etc.) prepared on (Give Date), are:

FACTS TO BE CORRECTED ("Name", "Birth Date", "Cause of Death", Etc.)	FROM (As on Original)	TO (The Correct Facts)
Name	Unnamed	Arvil Voyce

Subscribed and sworn to before me this 6 day of Sept, 1942

Bernice Curtis
Notary Public, residing at Declo, Ida.

My commission expires
(Seal)

Signed Lucile Voyce
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Idaho }
County of Cassia } ss.

[This Affidivat **MUST** Also be Executed.
(See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 6 day of Sept, 1942

Bernice Curtis
Notary Public, residing at Declo, Ida.

My commission expires
(Seal)

NOTARY PUBLIC IN AND FOR THE STATE OF IDAHO, RESIDING AT DECLO, IDAHO, MY COMMISSION EXPIRES MAY 17, 1943.

Signed Amanda Parley
(Signature of Any Credible Person Other Than Previous Year)

1167 so Overland Parley
(Street Address, City, State)

SEP 28 1942

AUG 14 1943

239 - 203 - 016 - 495

Form V. S. No. 11-C—20m-2-15-12

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH

County of Cassia

City of _____

No. _____ St.

Hospital _____

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

Registration District No. 31 File No. 9415

Primary Registration District No. 21 N Registered No. 165

FULL NAME OF CHILD Alvira Stubble

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Female	X	X	Yes	Nov. 3 1912

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	George Stubble	Edith Diehl
RESIDENCE	Milner Idaho	Milner Idaho
COLOR	White	White
AGE AT LAST BIRTHDAY (Years)	34	27
BIRTHPLACE	Ohio	Pennsylvania
OCCUPATION	R R Construction Superintendent	Housewife

Number of child of this mother, including present birth 2

Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 4:30 P.M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) G P Shamleffer

(Physician or midwife)

Address Oakley Idaho

Given names added from a supplemental report

..... 19.....

Filed Nov 9 1912 L B Stockebrand Registrar

..... Registrar

8-Y CO. 20174

Form V. S. No. 11-C—20m-9-15-12

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

PLACE OF BIRTH

568-101-016-213

Form V. S. No. 11-C—Rev-8-15-12

PLACE OF BIRTH

County of Cassia

City of Oakley

No. ____ St.

Hospital ____

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 31 File No. 9416

Primary Registration District No. 2126 Registered No. 186

FULL NAME OF CHILD Ralph Henry Voyce

Sex of Child	Twin, Triplet or other?	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Male	X (To be answered only in event of plural births)	X	yes	Nov. 1 1917

	FATHER	MOTHER
FULL NAME / MAIDEN NAME	Henry Voyce	Lula Bates
RESIDENCE	Oakley Idaho	Oakley Idaho
COLOR	White	White
AGE AT LAST BIRTHDAY (Years)	33	33
BIRTHPLACE	Utah	Utah
OCCUPATION	Blacksmith	Housewife

Number of child of this mother, including present birth 3

Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 2.15 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) E P Shawcroft

(Physician or midwife)

Address Oakley Idaho

Given names added from a supplemental report

....., 19.....

Filed Nov 9 19 17 L B Stockdale

Registrar

.....

Registrar

S-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

PLACE OF BIRTH

IDAHO DEPARTMENT OF HEALTH
BUREAU OF VITAL STATISTICS

RECEIVED
BUREAU OF
VITAL STATISTICS

Affidavit to Correct or Amend An Original Certificate of Birth or Death

State of Utah
County of Salt Lake } ss.

APR 25 10 19 AM '78

Certificate No. 9416

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of birth (Birth or Death)
for Unnamed Voyce (Male) (Name on Original Certificate) who was born (Was Born or Died) on Nov 1, 1912 (Date of Event)
in Oakley, Idaho (Cassia) (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts are shown by (Bible Record, Insurance Policy, Etc.) prepared on (Give Date), are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
place of birth	omitted	Oakley
child's name	omitted	Ralph Henry Voyce

Subscribed and sworn to before me this 20th day of April, 1978

R. S. Jacobson
Notary Public, residing at Salt Lake City, Utah
My commission expires Apr 10, 1979
(Seal)

Signed Terence J. Hoyt
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)
3617 South 360 East #43
Salt Lake City, Utah 84106
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Utah
County of Salt Lake } ss.

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 20th day of April, 1978

R. S. Jacobson
Notary Public, residing at Salt Lake City, Utah
My commission expires Apr 10, 1979
(Seal)

Signed Grace W. Voyce
(Signature of Any Credible Person)
396 E Wasatch St. Midvale Ut.
(Street Address, City, State) 84047

FORM DH 60-155

CL 9/29/77 1cc pd. rec. # 7806

Certif of birth from the LDS Church gives name as Ralph Henry Voyce born Nov 1, 1912 at Oakley,Idao. father's name as Henry Voyce and mother's Lula E. Bates. entered on record Jan 5, 1913. viewed by V. S.

MAY 17 1978

Certif of Ordination to the Holy Priesthood gives name a Ralph H. Voyce ordained an Elder on April 18, 1932. viewed by V. S.

553-223-06-291

PLACE OF BIRTH

County of Cassia

City of _____

No. _____ St.

Hospital _____

Form V. S. No. 11-C—20m-8-15-12

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 31 File No. 9417

Primary Registration District No. 2176 Registered No. 187

FULL NAME OF CHILD Nelson

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Female	X	X	Yes	Oct. 23 1912

FATHER		MOTHER	
FULL NAME	Andrew J. Nelson	FULL MAIDEN NAME	Cora Brackett
RESIDENCE	Oakley Idaho	RESIDENCE	Oakley Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	33	AGE AT LAST BIRTHDAY (Years)	28
BIRTHPLACE	Utah	BIRTHPLACE	Colorado
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 1

Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 5:30 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) E P Olds M.D.

(Physician or midwife)

Address Oakley Idaho

Given names added from a supplemental report

..... 19.....

Filed Nov 9 19 12 L. B. Stockley Registrar

..... Registrar

5-Y CO. 20174

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

MARGIN RESERVED FOR BINDING

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH

County of

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Form V. S. No. 11-C-20m-2-15-12

444-118-016-351

Form V. S. No. 11-C—20m-2-15-12

PLACE OF BIRTH

County of Cassia

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Name added 4/1/81

City of _____ Registration District No. 31 File No. 9418

No. _____ St. Primary Registration District No. 2176 Registered No. 178

Hospital _____

FULL NAME OF CHILD Arnold Kearn Drummer

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Male	X	X	Yes	Oct. 8 1917

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	William Drummer	Eva Seamster
RESIDENCE	Oakley Idaho	Oakley Idaho
COLOR	White	White
AGE AT LAST BIRTHDAY (Years)	38	21
BIRTHPLACE	Utah	Utah
OCCUPATION	Blacksmith	Housewife

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 9-50 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) E P Oshaw M.D.

(Physician or midwife)

Address Oakley Idaho

Given names added from a supplemental report

..... 19.....

Registrar

Filed Oct 19 12

Registrar

8-7 CO. 20-74

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

IDAHO DEPARTMENT OF HEALTH AND WELFARE
Bureau of Vital Statistics

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE

State of _____ } ss.
County of _____ }

Certificate No. 9418
Date Filed _____

The undersigned does solemnly swear that certain facts on the certificate of birth

for unnamed Dummer (Name on Original Certificate) who was born (Was Born, Died, etc.) on Oct. 18, 1912 (Date of Event)

in Cassia county (Place of Event) are erroneous or were omitted:

ITEMS TO BE CORRECTED	FROM	TO
Child's name	unnamed Dummer	Arnold Kearn Dummer

Subscribed and sworn to before me this 1st day of April, 195[illegible].

Notary Public, Florence Cartright

Residing at Burley

My commission expires Lifetime

(Seal)

Arnold Dummar
Signature of Applicant

251 East 17th Street, Ogden Utah 84404
Street Address, City, State

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of _____ } ss.
County of _____ }

(Must be completed ___)
(Is not necessary ___)

The undersigned does solemnly swear that he has knowledge of the facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this _____ day of _____, 19___.

Notary Public, _____

Residing at _____

My commission expires _____

(Seal)

_____
Supporting Signature

_____
Street Address, City, State

APR 1 1981

VA National Service Life Ins. gives name as Arnold Kearn Dummar. Countersigned at Washington, D.C. April 29, 1944. Viewed by V.S.

Honorable Discharge from the U. S. Navy dated Nov. 19, 1945 gives name as Arnold Kearn Dummar. Viewed by V.S.

4/19-129-016-696

Form V. S. No. 11-C—20m-2-15-12

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

PLACE OF BIRTH

County of Cassia

City of _____

No. _____ St.

Hospital _____

Registration District No. 31 File No. 9419

Primary Registration District No. 212 Registered No. 189

FULL NAME OF CHILD Marrs

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Male	X	X	Yes	Sept. 29 1912

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	Bert O. Marrs	Stella M. Frost
RESIDENCE	Valley View, Idaho	Valley View Ida.
COLOR	White	White
AGE AT LAST BIRTHDAY (Years)	28	21
BIRTHPLACE	Montana	Utah
OCCUPATION	Farmer	Housework

Number of child of this mother, including present birth 4

Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) twins in one hour, at 2 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) C. D. Cohan M.D.

(Physician or midwife)

Address Oakley Idaho

Given names added from a supplemental report

..... 19.....

Filed Nov 9 19 12 L. B. Stockdale Registrar

..... Registrar

S-Y CO. 20174

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

MARGIN RESERVED FOR BINDING

418-229-016-381

Amended 3-2-71

Form V. S. No. 11-C—20m-2-15-12

PLACE OF BIRTH

County of Cassia

City of Basin

No. _____ St.

Hospital _____

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 31 File No. 9420

Primary Registration District No. 2126 Registered No. 190

FULL NAME OF CHILD Leona Fay Dayley

Sex of Child	Twin / Triplet or other?	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Female	X (To be answered only in event of plural births)	X	Yes	Sept 29, 1912

FATHER		MOTHER	
FULL NAME	Charles Dayley	FULL MAIDEN NAME	Elizabeth Chapman
RESIDENCE	Basin Idaho	RESIDENCE	Basin Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	31	AGE AT LAST BIRTHDAY (Years)	19
BIRTHPLACE	Basin Idaho	BIRTHPLACE	Utah
OCCUPATION	Farmer	OCCUPATION	Housework

Number of child of this mother, including present birth 2

Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 11 55 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) O. O. Shane MD

(Physician or midwife)

Address Oakley Idaho

Given names added from a supplemental report

_____ 19____

_____ Registrar

Filed Nov 9 19 12 L. B. Sheets Registrar

5-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

DECEASED

IDAHO DEPARTMENT OF HEALTH

BUREAU OF VITAL STATISTICS

Affidavit to Correct or Amend An Original Certificate of Birth or Death

State of Idaho } ss.
County of Cassia

Certificate No. 9420

Date Filed Nov. 9, 1912

RECEIVED JAN 13 1971 Bureau of Vital Statistics

The undersigned does solemnly swear that certain facts on the certificate of birth (Birth or Death)
for Unnamed Dayley (Name on Original Certificate) who was born (Was Born or Died) on September 28, 1912 (Date of Event)
in Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts are shown by ..... (Bible Record, Insurance Policy, Etc.) prepared on ..... (Give Date), are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
Child's name-	Unnamed Dayley	Leona Fay Dayley
Date of birth	Sept. 28, 1912	September 29, 1912
place of birth	omitted	Basin

Subscribed and sworn to before me this 14th day of December, 1970

Vera Carter

Notary Public, residing at Burley Idaho

My commission expires April 29-1973.

(Seal)

Signed: Leona Fay Dayley
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

1209 E. St. Rupert, Idaho 83350
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Idaho } ss.
County of Cassia

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 14th day of December, 1970

Vera Carter

Notary Public, residing at Burley, Idaho.

My commission expires April 29-1973.

(Seal)

Signed: Mary W Chapman
(Signature of Any Credible Person)

1448 Almo ave Burley Ida.
(Street Address, City, State)

FORM DH 60-155 CL 11/30/70 1cc pd. rec. # 6011

Church Certificate of Birth gives name as Leona Fay Dayley born Sept. 29, 1912 at Basin, Idaho. Father Charles Dayley and Mother Lizzie Chapman. Recorded Sept. 30, 1912.
Viewed by V.S.

Family Record gives name as Leona Fay born Sept. 29, 1912 at Basin, Idaho. Father Charles Fredrick Dayley and mother Elizabeth Chapman. Family Record obviously old.
Viewed by V.S.

MAR 3 1971

154-204-016-453

name added 3/23/81

Form V. S. No. 11-C—20m-2-15-12

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Cassia

City of Burley

Registration District No. 31

File No. 9421

No. ____ St.

Primary Registration District No. 3134

Registered No. 173

Hospital ____

FULL NAME OF CHILD Barnetta Marie Anderson

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Female	Twin	1st	Yes	Oct. 4th 1912

FATHER		MOTHER	
FULL NAME	A. F. Anderson	FULL MAIDEN NAME	Emma M. Decker
RESIDENCE	Burley, Idaho	RESIDENCE	Burley, Idaho.
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	23	AGE AT LAST BIRTHDAY (Years)	24
BIRTHPLACE	South Dakota	BIRTHPLACE	Penn.
OCCUPATION	Laborer	OCCUPATION	

Number of child of this mother, including present birth 1st

Number of children of this mother now living, including present birth 1st

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born Alive (Born alive or stillborn), at 10 P. M. on the date above stated.

(Signature) Dr. J. C. Patterson

Physician (Physician or midwife)

Address Burley, Idaho.

Filed Nov 9 1912 D. B. Stockdale Registrar

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report

....., 19.....

..... Registrar

S-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

MAR 1 2 1975

IDAHO DEPARTMENT OF HEALTH AND WELFARE
Bureau of Vital Statistics

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE

RECEIVED
BUREAU OF
VITAL STATISTICS
JAN 15 3 28 PM '81

State of _____ } ss.
County of _____

Certificate No. 9421
Date Filed _____

The undersigned does solemnly swear that certain facts on the certificate of birth

for Unnamed Anderson (female) who was born on Oct 4, 1912
(Name on Original Certificate) (Was Born, Died, etc.) (Date of Event)

in Burley, Idaho (Cassia) are erroneous or were omitted:
(Place of Event)

ITEMS TO BE CORRECTED	FROM	TO
child's name	Unnamed	Barnetta Marie Anderson

Subscribed and sworn to before me this 12th day of January, 1981

Notary Public, Lois M. Richardson
Residing at Milwaukie, Oregon
My commission expires 10-25-83.
(Seal)

x Barnetta Marie Zimmerman
Signature of Applicant
x 3535 SE Kelly Portland, Or. 97202
Street Address, City, State

SUPPORTING AFFIDAVIT OF A SECOND PERSON

(Must be completed ___)
(Is not necessary ___)

State of _____ } ss.
County of _____

The undersigned does solemnly swear that he has knowledge of the facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this _____ day of _____, 19___.

Notary Public, _____
Residing at _____
My commission expires _____
(Seal)

_____
Supporting Signature

_____
Street Address, City, State

Notification of Birth Registration from Idaho for Robert Fredrick Zimmerman File No. 320809. born Aug 4, 1941 in Twin Falls, Idaho. father's name as Fredrick Anthony Zimmerman and mother's name as Barnetta Marie Anderson. viewed by V. S.

MAR 25 1981

Marriage license fromIdaho gives names as Fred A. Zimmerman and Barnetta Marie Anderson. dated Nov 27, 1940. viewedby V. S.

485-212-016-495

Form V. S. No. 11-C—20m-2-15-12

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Cassia

City of Burley

No. ..... St.

Hospital .....

Registration District No. 31 File No. 9422

Primary Registration District No. 712 Registered No. 191

FULL NAME OF CHILD Nora Barnetta Myers

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Female			Yes	Oct. 12 1912

FATHER		MOTHER	
FULL NAME	R. L. Myers	FULL MAIDEN NAME	Mary Myer
RESIDENCE	Burley, Idaho	RESIDENCE	Burley, Idaho.
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	32	AGE AT LAST BIRTHDAY (Years)	31
BIRTHPLACE	Wash.	BIRTHPLACE	Nevada
OCCUPATION	Farmer	OCCUPATION	

Number of child of this mother, including present birth 2

Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born Alive (Born alive or stillborn), at 5.35 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Dr. J. C. Patterson M. D.

(Physician or midwife)

Address Burley, Idaho

Given names added from a supplemental report

..... 19.....

..... Registrar

Filed Nov 9 1912 L. B. Stonebraker Registrar

S-Y CO. 20174

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

MARGIN RESERVED FOR BINDING

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

SEP 10 1947

Form V. S. No. 11-C—20m-2-12-42

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

PLACE OF BIRTH

County of

154-204-016-453

Form V. S. No. 11-C—20m-2-15-12

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Cassia

City of Burley

No. ____ St.

Hospital ____

Registration District No. 31 File No. 9423

Primary Registration District No. 2132 Registered No. 192

FULL NAME OF CHILD Anderson

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Female	Twin	2nd	Yes	Oct. 4th 1912

FATHER		MOTHER	
FULL NAME	A. T. Anderson	FULL MAIDEN NAME	Emma M. Decker
RESIDENCE	Burley, Idaho.	RESIDENCE	Burley, Idaho.
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	23	AGE AT LAST BIRTHDAY (Years)	24
BIRTHPLACE	South Dakota	BIRTHPLACE	Penn.
OCCUPATION	Laborer	OCCUPATION	

Number of child of this mother, including present birth 2nd

Number of children of this mother now living, including present birth 2nd

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born Alive (Born alive or stillborn) at 10.20 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Dr. J. C. Patterson

Physician

(Physician or midwife)

Address Burley, Idaho.

Given names added from a supplemental report

....., 19.....

Filed Nov 9 19 12 L B Stoneburger

Registrar

.....
Registrar

S-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Form V. S. No. 11-C—20m-9-16-12

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

PLACE OF BIRTH

County of

819-119-016-253

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

PLACE OF BIRTH

County of Cassia

City of Albion

No. ____, ____ St.

Hospital ____

Form V. S. No. 11-C—16m-8-7-11

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

Registration District No. 31 File No. 9424

Primary Registration District No. 2125 Registered No. 183

FULL NAME OF CHILD Victor Austin Harper

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Male	X		X	Yes	Oct 19, 1912

FATHER	MOTHER
FULL NAME: Joseph Harper	FULL MAIDEN NAME: Sarah Baty
RESIDENCE: Albion - Ida	RESIDENCE: Albion Ida
COLOR: White	COLOR: White
AGE AT LAST BIRTHDAY: 40 (Years)	AGE AT LAST BIRTHDAY: 33 (Years)
BIRTHPLACE: Utah	BIRTHPLACE: Utah
OCCUPATION: Farmer	OCCUPATION: Housewife

Number of child of this mother, including present birth: 6

Number of children, of this mother, now living, including present birth: 6

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Alive, at 11 a M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) L B Stockslager MD
(Physician or Midwife)

Address Albion Idaho

Given names added from a supplemental report

....., 19.....

Filed Oct 21 1912 L B Stockslager
Registrar

.....
Registrar

SYMS - YORK CO., PTRS. & BDRS. 17326

NOV 8 1976

IDAHO DEPARTMENT OF HEALTH
BUREAU OF VITAL STATISTICS

RECEIVED
BUREAU OF

Affidavit to Correct or Amend An Original Certificate of Birth or Death

State of Utah
County of Salt Lake } ss. DEC 8 9 54 AM '76

Certificate No. 9424

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of birth (Birth or Death)
for Unnamed Harper (Male) (Name on Original Certificate) who was born (Was Born or Died) on Nov. 19, 1912 (Date of Event)
in Albion, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts are shown by (Bible Record, Insurance Policy, Etc.) prepared on (Give Date), are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
child's name	Unnamed	Victor Austin Harper

Subscribed and sworn to before me this ..... day of ....., 19.....

Notary Public, residing at .....
My commission expires .....
(Seal)

Signed Roy L. Harper
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

35 F St. Salt Lake City, Ut. 84103
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Utah
County of Salt Lake } ss.

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 25 day of Nov., 19 76

Mark E. Gerratt
Notary Public, residing at Salt Lake City, Ut.
My commission expires March 5, 1978
(Seal)

Signed N. Austin Belcher
(Signature of Any Credible Person)

1333 CHANDLER DRIVE
SALT LAKE CITY, Utah, 84103
(Street Address, City, State)

FORM DH 60-155

CL 11/5/76

Insurance poliy from Massachusetts Mutual Life Ins. Co. gives name as DEC 17 1976
Victor A. Harper. No. 3035873. Insurance datd
April 15, 1958. viewed by V. S.

Birth certif from LDS Church gives nameas Victor Austin Harper born Oct 19,
1912 at Albion, Idaho. Father's name as Joseph Harper and mother's as Sarah
Baty. entered onr ecord Nov 17, 1912. viewed by V. S.

967-105-016-413

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

Form V. S. No. 11-C—16m-8-7-11

PLACE OF BIRTH

County of Cassia

City of Albion

No. ____, ____ St.

Hospital ____

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

Registration District No. 31 File No. 9425

Primary Registration District No. 2,25 Registered No. 194

FULL NAME OF CHILD Ropers

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Male	X	X	X	Oct 5 1912

FATHER		MOTHER	
FULL NAME	C. Henry Ropers	FULL MAIDEN NAME	Hope H. Dack
RESIDENCE	Albion Idaho	RESIDENCE	Albion
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	39 (Years)	AGE AT LAST BIRTHDAY	37 (Years)
BIRTHPLACE	Utah	BIRTHPLACE	Utah
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 9

Number of children, of this mother, now living, including present birth 8

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Alive (Born alive or stillborn) at 8:10 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) L. L. Stockdale M.D.

(Physician or Midwife)

Address Albion Ida.

Given names added from a supplemental report

....., 19.....

Filed Oct 12, 1912 L. L. Stockdale

Registrar

SYMS - YORK CO., PTRS. & BDRS. 17326

Registrar

STATE OF IDAHO

PLACE OF BIRTH

[redacted]-029-693

Form VS. No. 11-C—15m-6-20-11

STATE OF IDAHO
Bureau of Vital Statistics
CERTIFICATE OF BIRTH

County of [redacted]

City of [redacted]

No. [redacted] St.

Hospital [redacted]

Registration District No. 15 2062

Primary Registration District No. 2062

File No. 9426

Registered No. 337

FULL NAME Lellah Kathryn Marie Marsh ~~Lelah Hazel Marsh~~

Sex of Child	Twin, triplet, or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
girl			Yes	July 23, 1912

FATHER		MOTHER	
FULL NAME	Jesse Ralph Marsh	FULL MAIDEN NAME	Eva May Williams
RESIDENCE	Viola-Idaho	RESIDENCE	Viola, Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	36	AGE AT LAST BIRTHDAY (Years)	22
BIRTHPLACE	Pyatt Co. Illinois	BIRTHPLACE	Warren Co. Iowa
OCCUPATION	Farmer	OCCUPATION	

Number of child of this mother, including present birth 3

Number of children, of this mother, now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive July 23 (Born alive or stillborn), at 7.29 P.M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Miss M. Marie Schmeckpeper

Nurse (Physician or Midwife)

Address [redacted]

Given names added from a supplemental report

....., 19.....

.....
Registrar

Filed 1051 19 12

S. F. Rae
Registrar

S-Y CO., 16670

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

c.c. 4/30/41. w.h.

Correction made 8/25/41 mbk

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH — BUREAU OF VITAL STATISTICS

Affidavit to Correct or Amend an Original Certificate of Birth or Death

Certificate No. 9427

State of Washington } ss. AUG 7 1941
County of Whitman } Date Filed

The undersigned does solemnly swear that certain facts on the certificate of Birth (Birth or death)
for Leilah Marie Marsh (Name on original certificate) who born (Was born or died) on July 23, 1912 (Date of event)
in Viola, Idaho (Place of event) are erroneous or were omitted; and that, to the best of his knowledge, the true facts as shown by personal knowledge of ~~xxxxxxx~~ affiant (mother) (Bible record, insurance policy, etc.) prepared on (Give date), are:

FACTS TO BE CORRECTED ("Name", "birth date", "cause of death", etc.)	FROM (As on original)	TO (The correct facts)
Name	Leila Marie Marsh/ Lellah Kathryn Marie Marsh	

Subscribed and sworn to before me this 4th day of August, 19 41

Notary Public, residing at Pullman, Wn.

My commission expires April 13, 1942

[SEAL]

Signed Mrs. Era M. Hammond
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person)

517 Dexter St. Pullman, Wash.
(Street Address, City, State)

Supporting Affidavit of a Second Person

State of ..... } ss.
County of ..... }

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this ..... day of ....., 19.....

Notary Public, residing at .....

My commission expires .....

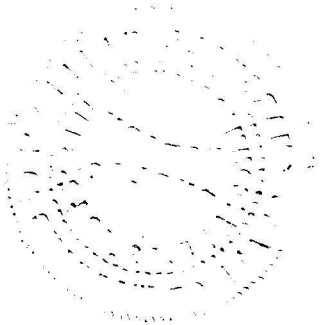
[SEAL]

Signed (Mrs.) Era M Hammond
(Signature of any credible person other than the previous affiant)

517-Dexter
(Street Address, City, State)

Received for filing on ..... by .....
(Registrar's signature)

JAN 21 1966



691-212-029-699

Form V. S. No. 11-C—20m-8-15-12

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

9427

PLACE OF BIRTH

County of Latah

City of Moscow

No. ____ St.

Hospital ____

Registration District No. 15

Primary Registration District No. 2063

File No. ____

Registered No. 383

FULL NAME OF CHILD Berenice Ellen

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
F			yes	Oct 12 1912

FATHER		MOTHER	
FULL NAME	M. M. Frazier	FULL MAIDEN NAME	Mertie Orr
RESIDENCE	Moscow	RESIDENCE	Moscow
COLOR	W.	COLOR	W
AGE AT LAST BIRTHDAY (Years)	28	AGE AT LAST BIRTHDAY (Years)	28
BIRTHPLACE	Idaho	BIRTHPLACE	Iowa
OCCUPATION	Farmer	OCCUPATION	—

Number of child of this mother, including present birth 3

Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was ____ (Born alive or ~~stillborn~~) at 1 a. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. M. Clarke

(Physician or ~~midwife~~)

Address Moscow

Filed Oct 20 19 12

S. F. Rae
Registrar

Given names added from a supplemental report

____ 19____

____
Registrar

S-Y CO. 20174

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

MARGIN RESERVED FOR BINDING

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

MAY 3 1971

493-110-029-859

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

Form V. S. No. 11-C—15m-6-20-11

PLACE OF BIRTH

County of Latah

City of Genesee

No. ____, ____ St.

Hospital ____

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

Registration District No. 15 File No. 9428

Primary Registration District No. 2563 Registered No. 297

FULL NAME OF CHILD Edwin Leonard Miller

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Boy			yes	9-10-1912

FATHER		MOTHER	
FULL NAME	Earnest E Miller	FULL MAIDEN NAME	Louise Herdeman
RESIDENCE	Genesee	RESIDENCE	
COLOR	White	COLOR	
AGE AT LAST BIRTHDAY	44 (Years)	AGE AT LAST BIRTHDAY	34 (Years)
BIRTHPLACE	Germany	BIRTHPLACE	Germany
OCCUPATION	Implement Dealer	OCCUPATION	Housewife

Number of child of this mother, including present birth 5

Number of children, of this mother, now living, including present birth 5

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 12 a M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) W A Burg M D

(Physician or Midwife)

Address Union Town Wn

Given names added from a supplemental report

____, 19____

Filed Oct. 5 1912 W. T. Eheen

S-Y CO., 16670

Registrar

Registrar

717-215-029-317

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

Form V. S. No. 11-C—10m-8-7-11

PLACE OF BIRTH

County of Latah

City of Genesee

No. ____, ____ St.

Hospital ____

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

Registration District No. 15 — File No. 9429

Primary Registration District No. 2063 — Registered No. 298

FULL NAME OF CHILD Evelyn marie Gage

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
female	—	—	Yes	Oct. 15, 1912

FATHER		MOTHER	
FULL NAME	Jesse A. Gage	FULL MAIDEN NAME	Jimmie Carlisle
RESIDENCE	Genesee Ida.	RESIDENCE	Genesee Ida.
COLOR	white	COLOR	white
AGE AT LAST BIRTHDAY	26 (Years)	AGE AT LAST BIRTHDAY	20 (Years)
BIRTHPLACE	Genesee Ida	BIRTHPLACE	Arkansas
OCCUPATION	Farmer	OCCUPATION	House wife

Number of child of this mother, including present birth 1

Number of children, of this mother, now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

* I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 10.06 A.M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report

....., 19.....

(Signature) J. M. McCall

Physician

(Physician or Midwife)

Address Genesee Idaho

Filed Oct 16 1912 W. T. Eckert

Registrar

SYMS - YORK CO., PTRS. & SDRS. 17326

Registrar

JUL 2 9 1942

STATE OF IDAHO
Bureau of Vital Statistics

813 - 119-029-962

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

Form V. S. No. 11-C—10m-8-7-11

PLACE OF BIRTH

County of Latah

City of Genesee

No. ____, ____ St.

Hospital ____

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

Registration District No. 15 — File No. 9430

Primary Registration District No. 2063 — Registered No. 299

FULL NAME OF CHILD Verner Bernard Halvorson

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
male	—	—	Yes	Oct. 19 1912

FATHER		MOTHER	
FULL NAME	Ingle Mathews Halvorson	FULL MAIDEN NAME	Clara Minnie Roseman
RESIDENCE	Concord Montana	RESIDENCE	Concord Montana
COLOR	white	COLOR	white
AGE AT LAST BIRTHDAY (Years)	26	AGE AT LAST BIRTHDAY (Years)	23
BIRTHPLACE	Genesee Idaho	BIRTHPLACE	Minnesota
OCCUPATION	Farmer	OCCUPATION	House Wife

Number of child of this mother, including present birth: 1

Number of children, of this mother, now living, including present birth: 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 9.50 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report

....., 19.....

.....
Registrar

(Signature) J. M. McCall M.D.
Physician
(Physician or Midwife)

Address Genesee Idaho

Filed Oct. 30 1912 W. P. Thorn
Registrar

SYMS - YORK CO., PTRS. & BDRS. 17326

238-208-029-231

Form V. S. No. 11-C—20m-2-15-12

PLACE OF BIRTH

County of Kalah

City of Genesee

No. ..... St.

Hospital .....

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 15 File No. 9431

Primary Registration District No. 2063 Registered No. 300

FULL NAME OF CHILD Mary Schlueter

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
F	0	—	Yes	Oct 9 1912

FATHER		MOTHER	
FULL NAME	Theodore Schlueter	FULL MAIDEN NAME	Cecilia Stadberg
RESIDENCE	Farmer	RESIDENCE	Farmer
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY (Years)	45	AGE AT LAST BIRTHDAY (Years)	37
BIRTHPLACE	Germany	BIRTHPLACE	Germany
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth .....

Number of children of this mother now living, including present birth .....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 8 A. M. on the date above stated.

(Signature) W. F. Ehrem

(Physician or midwife)

Address Genesee Idaho

Filed Oct 9 1912 W. F. Ehrem

Registrar

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report

..... 19.....

..... Registrar

S-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Form V. S. No. H-C—20m-3-15-12

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

PLACE OF BIRTH

County of

-963-25-029-369

PLACE OF BIRTH

STATE OF IDAHO

Form V. S. No. 11-C—15m-6-20-11

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

County of Latah,

City of Kendrick

Registration District No. 15

File No. 9432

No. ....., ... St.

Primary Registration District No. 2064

Registered No. 315

Hospital .....

FULL NAME OF CHILD Evelyn Louise

Sex of Child	Twin, Triplet, or other?	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Girl.	—	—	Yes	Oct 15, 1912

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	Harvey E. Roberts	FULL MAIDEN NAME	Lizzie Torgerson
RESIDENCE	Camas Prairie, Mont	RESIDENCE	Montana
COLOR	White.	COLOR	White.
AGE AT LAST BIRTHDAY	24. (Years)	AGE AT LAST BIRTHDAY	23. (Years)
BIRTHPLACE	Idaho	BIRTHPLACE	Idaho.
OCCUPATION	Farmer	OCCUPATION	Housewife.

Number of child of this mother, including present birth 2.

Number of children, of this mother, now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 4:30 A. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Isaac J. Roberts

(Physician or Midwife)

Address Kendrick Idaho

Given names added from a supplemental report

....., 19.....

Filed Oct 23 19 12 J. E. Hoyt

Registrar

.....

Registrar

S-Y CO., 16670

MARGIN RESERVED FOR BINDING

WRITE PLAINLY. WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

FEB 1 1943

666-110-029-213

Form V. S. No. 11-C—15m-6-20-11

PLACE OF BIRTH

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

County of Latah

City of Kendrick

No. ____, ____ St.

Hospital

Registration District No. 15 File No. 9433

Primary Registration District No. 2064 Registered No. 316

FULL NAME OF CHILD Claude Ellsworth Woody Jr

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth
Male	—	—	Yes	Sept. 10 (Month) (Day) 1912 (Year)

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	John L. Woody	Martha W. Baldwin
RESIDENCE	Near Kendrick Idaho	Near Kendrick Idaho
COLOR	White	White
AGE AT LAST BIRTHDAY (Years)	40	34
BIRTHPLACE	North Carolina	Pomeroy Wash.
OCCUPATION	Farmer	Housewife

Number of child of this mother, including present birth ____ Number of children, of this mother, now living, including present birth ____

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Alive (Born alive or stillborn) at 11 A M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) W. C. Rothwell M.D.

(Physician or Midwife)

Address Kendrick Idaho

Given names added from a supplemental report

____, 19____

Filed Dec 22 19 12 J. E. Hoyt

S-Y CO., 16670

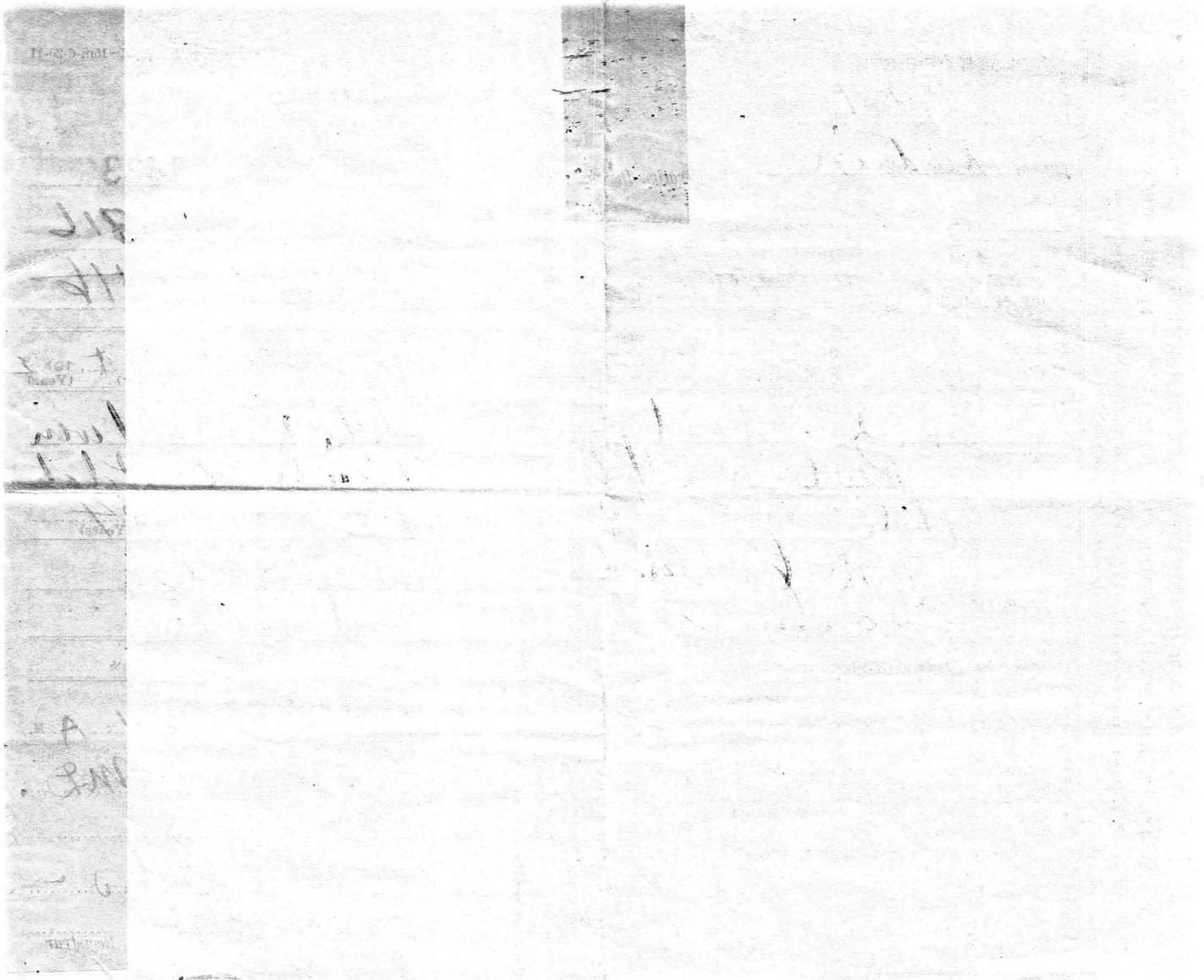
Registrar

Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated



168-230-029-235

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

Form V. S. No. 11-C—15m-6-20-11

PLACE OF BIRTH

County of Latah

City of Kendrick

No. ..... St.

Hospital .....

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

Registration District No. 15 File No. 9434

Primary Registration District No. 7064 Registered No. 317

FULL NAME OF CHILD Ina Eunice Johnson

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Female			Yes	Sept. 30, 1912

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	John L. Johnson	Florence M Stevens
RESIDENCE	Kendrick Idaho	Kendrick Idaho
COLOR	White	White
AGE AT LAST BIRTHDAY (Years)	41	31
BIRTHPLACE	Nebraska	Washington Co. Oregon
OCCUPATION	Farmer	Housewife

Number of child of this mother, including present birth 4

Number of children, of this mother, now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born Alive (Born alive or stillborn) 11.30 PM 1912 M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. L. Johnson (Father)

(Physician or Midwife)

Address Kendrick Idaho

Given names added from a supplemental report

....., 19.....

Filed Oct 30 1912 J. E. Hoyt

Registrar

Registrar

S-Y CO., 16670

SEP 21 1944

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS
AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of ..... } ss.
County of ..... }

Certificate No. 9434

Date Filed .....

The undersigned does solemnly swear that certain facts on the certificate of ..... (Birth or Death)
for ..... (Name on Original Certificate) who ..... (Was Born or Died) on ..... (Date of Event)
in ..... (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the true facts are shown by ..... (Bible Record, Insurance Policy, Etc.) prepared on ..... (Give Date), are:

FACTS TO BE CORRECTED ("Name", "Birth Date", "Cause of Death", Etc.)	FROM (As on Original)	TO (The Correct Facts)
birthdate	Oct. 1 1912	Sept. 30 1912

Subscribed and sworn to before me this 16th day of Sept., 1944

Notary Public, residing at Kimberly

My commission expires Jan. 31, 1948
(Seal)

Signed Mrs. J. L. Johnson mother
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

Juliaetta Idaho
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of ..... } ss.
County of ..... }

[This Affidivat **MUST** Also be Executed.
(See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

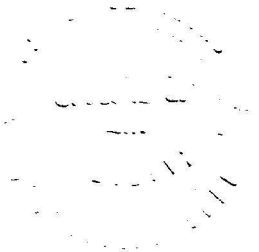
Subscribed and sworn to before me this ..... day of ....., 19....

Notary Public, residing at .....

My commission expires .....
(Seal)

Signed .....
(Signature of Any Credible Person Other Than Previous Year)

.....
(Street Address, City, State)



SEP 2 2 1944

693-103-029-712

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

Form V. S. No. 11-C—10m-8-7-11

PLACE OF BIRTH

County of Lolale

City of Kendrick

No ____, ____ St.

Hospital ____

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

Registration District No 15 File No. 9435

Primary Registration District No. 2064 Registered No. 319

FULL NAME OF CHILD Harold Walter Wilcox

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
M			yes	10 3 12

FATHER		MOTHER	
FULL NAME	Ben Wilcox	FULL MAIDEN NAME	Laura Gosh
RESIDENCE	Kendrick Ida	RESIDENCE	same
COLOR	white	COLOR	white
AGE AT LAST BIRTHDAY	22 (Years)	AGE AT LAST BIRTHDAY	18 (Years)
BIRTHPLACE	Oregon	BIRTHPLACE	Ida
OCCUPATION	farmer	OCCUPATION	housewife

Number of child of this mother, including present birth one

Number of children, of this mother, now living, including present birth one

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 9 a M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) John E. Hoyt M.D.

(Physician or Midwife)

Address Kendrick, Ida

Given names added from a supplemental report

....., 19.....

Filed 10 3 1912 J. E. Hoyt

Registrar

SYMS - YORK CO., PTRS. & BDRS. 17326

Registrar

10-6-41

449-125-029-914

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

Form V. S. No. 11-C—15m-6-20-11

PLACE OF BIRTH

County of Latah

City of Kendrick

No. ____, ____ St.

Hospital ____

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

Registration District No. 15 File No. 9436

Primary Registration District No. 2064 Registered No. 318

FULL NAME OF CHILD Patrick Murphy

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Male			Yes	Sept 25, 1912

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	Richard Murphy	Anna Paulson
RESIDENCE	Kendrick Idaho	Kendrick Idaho
COLOR	White	White
AGE AT LAST BIRTHDAY (Years)	45	32
BIRTHPLACE	Iowa	Norway
OCCUPATION	Brick mason	Housewife

Number of child of this mother, including present birth ____ Number of children, of this mother, now living, including present birth ____

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 6.30 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) W. A. Rothwell MD

(Physician or Midwife)

Address Kendrick Idaho.

Given names added from a supplemental report

____, 19____

____ Registrar

Filed Oct 31 19 17 J E Hoyt Registrar

S-Y CO., 16670

769-205-089-412

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

Form V. S. No. 11-C—10m-8-7-11

PLACE OF BIRTH

County of Lotoka

City of Juliaetta

No. ____, ____ St.

Hospital ____

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

Registration District No. 15 File No. 9437

Primary Registration District No. 2064 Registered No. 320

FULL NAME OF CHILD Elizabeth Morgan Porter

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
F			Yes	10 — 5 — 1912

FATHER

FULL NAME Roswell H Porter

RESIDENCE Juliaetta

COLOR W AGE AT LAST BIRTHDAY 44 (Years)

BIRTHPLACE Michigan

OCCUPATION Electrician

MOTHER

FULL MAIDEN NAME Grace Baker

RESIDENCE same

COLOR W AGE AT LAST BIRTHDAY 30 (Years)

BIRTHPLACE Michigan

OCCUPATION housewife

Number of child of this mother, including present birth 3

Number of children, of this mother, now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive at 10.30 P M. on the date above stated.

(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) John E. Hoy M.D.

(Physician or Midwife)

Address Kendrick Ida

Given names added from a supplemental report

....., 19.....

Filed Oct 6 1912 J. E. Hoy

Registrar

SYMS - YORK CO., PTRS. & BDRS. 17326

Registrar

MAR 10 1966

NOV 27 1967

236-115-029-713

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

Form V. S. No. 11-C—10m-8-7-11

PLACE OF BIRTH

County of Latah

City of near Kendrick

No. ____, ____ St.

Hospital ____

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

Registration District No. 15 File No. 9438

Primary Registration District No. 2064 Registered No. 321

FULL NAME OF CHILD Joseph Orchid Stone

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
M			Yes	10 15 1912

FATHER		MOTHER	
FULL NAME	Tom J Stone	FULL MAIDEN NAME	Amy Galloway
RESIDENCE	near Kendrick Ida	RESIDENCE	Idaho
COLOR	White	COLOR	W
AGE AT LAST BIRTHDAY (Years)	37	AGE AT LAST BIRTHDAY (Years)	34
BIRTHPLACE	Mo.	BIRTHPLACE	Ida.
OCCUPATION	farmer	OCCUPATION	housewife

Number of child of this mother, including present birth 4

Number of children, of this mother, now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 8 P M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report

(Signature) John E Hoyt M D

Kendrick Ida

(Physician or Midwife)

Address ____

____, 19____

J E Hoyt

Registrar

Filed Oct 16 1912

J E Hoyt

Registrar

SYMS-YORK CO., PTRS. & BDRS. 17826

SEP 25 1942

437-229-029-666

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

Form V. S. No. 11-C—10m-8-7-11

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

PLACE OF BIRTH

County of Latah

City of Troy

No ..... St.

Hospital .....

Registration District No 2065 File No. 9439

Primary Registration District No. 15 Registered No. 3

FULL NAME OF CHILD Velma Opal McGarvey

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Female			Yes	Oct 29, 1912

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	Robt. W. McGarvey	Rose Wood
RESIDENCE	Troy Idaho	Troy Idaho
COLOR	White	White
AGE AT LAST BIRTHDAY (Years)	33	36
BIRTHPLACE	Canada	Iowa
OCCUPATION	Farmer	Housework

Number of child of this mother, including present birth 9

Number of children, of this mother, now living, including present birth 8

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive Oct 29 1912, at 1:30 a. M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. W. Olson
Physician
(Physician or Midwife)

Address Troy Idaho

Given names added from a supplemental report

....., 19.....

Filed Oct 29 1912 J. W. Olson
Registrar

.....
Registrar

SYMS - YORK CO., PTRS. & BDRS. 17328

389 - 119-029-434

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

Form V. S. No. 11-C [illegible]

PLACE OF BIRTH

County of Latah

City of Troy

No. ....., ... St.

Hospital .....

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

Registration District No 2065 File No. 9440

Primary Registration District No. 15 Registered No. 329

FULL NAME OF CHILD Archibald Halvor Christie

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Male			Yes	Oct 19 1912

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	Henry A. Christie	Jemima McMillan
RESIDENCE	Troy Idaho	Troy
COLOR	White	White
AGE AT LAST BIRTHDAY (Years)	41	38
BIRTHPLACE	Maine	Ontario
OCCUPATION	Merchant - Confectionary & Pool Room	House Wife

Number of child of this mother, including present birth 4

Number of children, of this mother, now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) Oct 19, 1912, at 3:30 a. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report

....., 19.....

.....
Registrar

(Signature) J W Olson

(Physician or Midwife)

Address Troy Idaho

Filed Oct 19 1912 J W Olson
Registrar

SVMS - YORK CO., PTRS. & BDRS. 17826

cc 2/21/41 rmf

235-104-029-433

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

Form V. S. No. 11-C—10m-8-7-11

PLACE OF BIRTH

County of Latah

City of Troy

No. ____, ____ St.

Hospital ____

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

Registration District No. 15 — File No. 9441

Primary Registration District No. 2065 — Registered No. 327

FULL NAME OF CHILD Glenn Stephenson

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Male			Yes	Oct 4 1912

	FATHER	MOTHER
FULL NAME	Leon A. Stephenson	FULL MAIDEN NAME Hattie McConnell
RESIDENCE	Troy Idaho	Troy Idaho
COLOR	White	White
AGE AT LAST BIRTHDAY (Years)	46	43
BIRTHPLACE	Keokuk Co Iowa	Keokuk Co Iowa
OCCUPATION	Farmer	Home Wife

Number of child of this mother, including present birth 7

Number of children, of this mother, now living, including present birth 6

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive Oct 4th 1912, at 8:30 A. M. on the date above stated.

(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J W Olson

Physician

(Physician or Midwife)

Address Troy Idaho

Given names added from a supplemental report

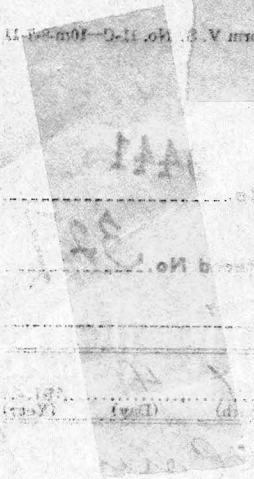
....., 19....

Filed Oct 4 1912 J W Olson

Registrar

SYMS - YORK CO., PTRS. & BDRS. 17326

Registrar



FEB 1 1 1972

249 - 212-029-211

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

Form V. S. No. 11-C—10m-8-7-11

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

PLACE OF BIRTH

County of Latah

City of Troy

No ____, ____ St.

Hospital ____

Registration District No. 2065 File No. 9442

Primary Registration District No. 15 Registered No. 328

FULL NAME OF CHILD Myrtle Mary Burgess

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Female			Yes	Oct 12 1912

FATHER		MOTHER	
FULL NAME	Jesse W. Burgess	FULL MAIDEN NAME	Carrie Saad
RESIDENCE	Troy Idaho	RESIDENCE	Troy Idaho
COLOR	White	AGE AT LAST BIRTHDAY (Years)	34
COLOR	White	AGE AT LAST BIRTHDAY (Years)	35
BIRTHPLACE	Ill	BIRTHPLACE	Syria
OCCUPATION	Janitor school house	OCCUPATION	Home Wife

Number of child of this mother, including present birth 6

Number of children, of this mother, now living, including present birth 6

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) Oct 12 1912 at 10:40a M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report

....., 19.....

.....
Registrar

(Signature) J. W. Olson

Physician

(Physician or Midwife)

Address Troy Idaho

Filed Oct 12 1912 J. W. Olson
Registrar

SYMS - YORK CO., PTRS. & BDRS. 17326

464-21-029-469

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

PLACE OF BIRTH

Form V. S. No. 11-C—10m-8-7-11

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

County of Latah.

City of Portland

No ....., ... St.

Hospital .....

Registration District No 15 File No. 9443

Primary Registration District No. 2066 Registered No. 301

FULL NAME OF CHILD Mabel Ferne Daugherty.

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Female	✓	✓	yes	Sept 11 1912

FATHER	MOTHER
FULL NAME Harry C. Daugherty.	FULL MAIDEN NAME Halle Lee Morris.
RESIDENCE Portland.	RESIDENCE Portland
COLOR white. AGE AT LAST BIRTHDAY 25. (Years)	COLOR white. AGE AT LAST BIRTHDAY 26. (Years)
BIRTHPLACE Kansas.	BIRTHPLACE Kansas.
OCCUPATION Laborer.	OCCUPATION Housewife.

Number of child of this mother, including present birth one. Number of children, of this mother, now living, including present birth one.

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born Alive. (Born alive or stillborn) at 5 A. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Dr. J.M. Thompson M.D.

(Physician or Midwife)

Address Portland. Idaho.

Given names added from a supplemental report

....., 19.....

Filed Sept. 20th 1912. Dr. J.M. Thompson Registrar

..... Registrar

SYMS - YORK CO., PTRS. & BORS. 17328

MAR 16 1944

654-114-029-653

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

Form V. S. No. 11-C—10m-8-7-11

PLACE OF BIRTH

County of Latah.

City of Potlatch.

No ____, ____ St.

Hospital ____

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

Registration District No. 15 File No. 9444

Primary Registration District No. 2066 Registered No. 302

FULL NAME OF CHILD Charles William Fedder

Sex of Child	Twin, Triplet or other?	and	Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Male.	✓		✓	yes	Oct. 14, 1912

(To be answered only in event of plural births)

FATHER	MOTHER
FULL NAME: William Fedder.	FULL MAIDEN NAME: Nellie R. Weller
RESIDENCE: Potlatch	RESIDENCE: Potlatch.
COLOR: white. AGE AT LAST BIRTHDAY: 23 (Years)	COLOR: white. AGE AT LAST BIRTHDAY: 26 (Years)
BIRTHPLACE: Iowa.	BIRTHPLACE: Missouri
OCCUPATION: Laborer.	OCCUPATION: Housewife.

Number of child of this mother, including present birth: 2nd.

Number of children, of this mother, now living, including present birth: 2.

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive. (Born alive or stillborn) on the date above stated., at 4:30 P. M.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) D. J. W. Thompson M. D.

(Physician or Midwife)

Address Potlatch Idaho.

Given names added from a supplemental report

....., 19.....

Filed Oct. 25th 1912. D. J. W. Thompson Registrar

.....

Registrar

SYMS - YORK CO., PTRS. & BDRS. 17326

APR 8 · 1942

866-109-025-168

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

PLACE OF BIRTH

Form V. S. No. 11-C—10m-8-7-11

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

County of Latah.

City of Potlatch

Registration District No. 15 File No. 9445

No. ....., ... St.

Primary Registration District No. 2066. Registered No. 383

Hospital .....

FULL NAME OF CHILD Alfred Reginald Howard.

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Male.	✓		✓	yes.	Oct. 9, 1912.

FATHER		MOTHER	
FULL NAME	William Thomas Howard	FULL MAIDEN NAME	Emma J. Johnston
RESIDENCE	Potlatch	RESIDENCE	Potlatch
COLOR	white.	COLOR	white.
AGE AT LAST BIRTHDAY	34. (Years)	AGE AT LAST BIRTHDAY	29. (Years)
BIRTHPLACE	Wisconsin	BIRTHPLACE	Dakota.
OCCUPATION	Laborer.	OCCUPATION	Housewife.

Number of child of this mother, including present birth.....

Number of children, of this mother, now living, including present birth.....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born Alive (Born alive or stillborn) at 6 A. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) D. J. W. Thompson M. D.

(Physician or Midwife)

Address Potlatch

Given names added from a supplemental report

....., 19.....

Filed Oct 25th 1912. D. J. W. Thompson Registrar

SYMS - YORK CO., PTRS. & BDRS. 17328

Registrar

Certified Copy issued October 23, 1940. E.W.

JAN 8 1943

JUN 12 1974

132-123-029-127

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

Form V. S. No. 11-C—10m-8-7-11

PLACE OF BIRTH

County of Latah.

City of Potlatch

No ____, ____ St.

Hospital ____

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

Registration District No. 15. File No. 9446

Primary Registration District No. 2066 Registered No. 304

FULL NAME OF CHILD Erik. Holger. Hoterlund.

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Male.	✓	✓	yes.	Oct. 23. 1912.

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	Erik. A. Hoterlund.	Marta E. E. Asplund.
RESIDENCE	Potlatch	Potlatch.
COLOR	white.	white.
AGE AT LAST BIRTHDAY (Years)	36.	29.
BIRTHPLACE	Sweeden.	Sweden.
OCCUPATION	Laborer.	Housewife.

Number of child of this mother, including present birth 4th

Number of children, of this mother, now living, including present birth 3rd (3)

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born Alive (Born alive or stillborn), at 7:10 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report

....., 19.....

.....
Registrar

(Signature) Jas. Thompson
M. D.
(Physician or Midwife)

Address Potlatch Idaho.

Filed Oct. 28th 1912. Jas. H. Thompson
Registrar

SYMS - YORK CO., PTRS. & BDRS. 17326

263-117-029-213

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

PLACE OF BIRTH

Form V. S. No. 11-C—10m-8-7-11

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

County of Latah

City of Potlatch

Registration District No. 15 File No. 9447

No. ____, ____ St.

Primary Registration District No. 2066 Registered No. 305

Hospital ____

FULL NAME OF CHILD John L. Bottyer

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Male.	✓	✓	yes	Oct. 17th, 1912

FATHER	MOTHER
FULL NAME: J. H. Bottyer	FULL MAIDEN NAME: Beatrice Arena Balch.
RESIDENCE: Potlatch.	RESIDENCE: Potlatch
COLOR: white.	COLOR: white.
AGE AT LAST BIRTHDAY: 25. (Years)	AGE AT LAST BIRTHDAY: 20. (Years)
BIRTHPLACE: Genesee. Idaho.	BIRTHPLACE: Washington
OCCUPATION: Bank. Cashier.	OCCUPATION: Housewife.

Number of child of this mother, including present birth: One.

Number of children, of this mother, now living, including present birth: 1st.

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born Alive. (Born alive or stillborn), at 3.7 A. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) D. Jr. Thompson M. D.

(Physician or Midwife)

Address Potlatch Idaho.

Given names added from a supplemental report

....., 19.....

Filed Oct. 30th 1912. D. Jr. Thompson Registrar

.....
Registrar

SYMS - YORK CO., PTRS. & BDRS. 17328

APR 8 1942

652-228-029-651

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

Form V. S. No. 11-C—10m-8-7-11

PLACE OF BIRTH

County of Latah

City of Potlatch

No ....., ... St.

Hospital .....

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

Registration District No 15 File No. 9448

Primary Registration District No. 2066 Registered No. 306

FULL NAME OF CHILD Mary Elsie West

Sex of Child	Twin, Triplet or other?	Number in order of birth	Legitimate?	Date of birth (Month)	(Day)	(Year)
Female (Girl)	✓	✓	yes	Sep.	28.	1912

(To be answered only in event of plural births)

FATHER

FULL NAME Charlie Walter West

RESIDENCE Potlatch

COLOR white AGE AT LAST BIRTHDAY 27 (Years)

BIRTHPLACE Potlatch Idaho

OCCUPATION Farmer

MOTHER

FULL MAIDEN NAME Mabel Elizabeth Weaver

RESIDENCE Potlatch

COLOR white AGE AT LAST BIRTHDAY 20 (Years)

BIRTHPLACE Scranton S. Dakota

OCCUPATION Housewife.

Number of child of this mother, including present birth 2

Number of children, of this mother, now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born Alive. (Born alive or stillborn) at 1 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Dr. J. M. Thompson M D

(Physician or Midwife)

Address Potlatch

Given names added from a supplemental report

....., 19.....

Filed Oct. 24th 1912 Dr. J. M. Thompson Registrar

.....

Registrar

SYMS - YORK CO., PTRS. & BDRS. 17326

DUP OF 1912 398203

559-101-039-719

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

Form V. S. No. 11-C—10m-8-7-11

PLACE OF BIRTH

County of Latah

City of Potlatch

No ____, ____ St.

Hospital ____

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

Registration District No 15 — File No. 9449

Primary Registration District No 2066 — Registered No. 387

FULL NAME OF CHILD Audley Leonard Neil

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Male	✓	✓	yes	10 / 1 / 192 2

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	Wm Pearl Neil	Myrtle Paige
RESIDENCE	Potlatch	Potlatch
COLOR	W	W
AGE AT LAST BIRTHDAY (Years)	25	19
BIRTHPLACE	Kansas	Washington
OCCUPATION	Mill Man	Housewife

Number of child of this mother, including present birth 1

Number of children, of this mother, now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born Alive. (Born alive or stillborn), at 8.0 M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) E S LePard M D (Physician or Midwife)

Address Potlatch

Given names added from a supplemental report

....., 19.....

Filed Oct 1 24 19 12 — D J T Thompson Registrar

.....
Registrar

SYMS - YORK CO., PTRS. & BDRS. 17326

239 - 110-029-455

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

Form V. S. No. 11-C—10m-8-7-11

PLACE OF BIRTH

County of Latah

City of Potlatch

No ____, ____ St.

Hospital Merle

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

9451

Registration District No 12 File No. 308

Primary Registration District No. 2066 Registered No. ____

FULL NAME OF CHILD Walter Stromberg

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Male			yes	Oct 10 1912

FATHER		MOTHER	
FULL NAME	Chas W Stromberg	FULL MAIDEN NAME	Rose Trendenhall
RESIDENCE	Potlatch	RESIDENCE	Potlatch
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	27 (Years)	AGE AT LAST BIRTHDAY	25 (Years)
BIRTHPLACE	Wisconsin	BIRTHPLACE	Idaho
OCCUPATION	Laborer	OCCUPATION	Housewife

Number of child of this mother, including present birth 1st

Number of children, of this mother, now living, including present birth One

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn) at 11:30 A. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Geo T Boyd, M. D.

(Physician or Midwife)

Address Palouse, Wash.

Given names added from a supplemental report

....., 19.....

Filed Oct. 15 1912. H. Thompson Jr. D.

Registrar

SYMS - YORK CO., PTRS. & BDRS. 17326

Registrar

DECEASED

542 - 208-08-9-769

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

Form V. S. No. 11-C—16m-8-7-11

PLACE OF BIRTH

County of Latah.

City of Potlatch.

No....., ... St.

Hospital .....

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

Registration District No. 15. File No. 9452

Primary Registration District No. 2066. Registered No. 309

FULL NAME OF CHILD Desi. Nussio.

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Female.	✓	✓	yes.	Oct. 8. 1912.

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	Guerino Nussio.	Marie Poggelow.
RESIDENCE	Potlatch.	Potlatch.
COLOR	white.	white.
AGE AT LAST BIRTHDAY (Years)	30.	20.
BIRTHPLACE	Italy.	Italy.
OCCUPATION	Laborer in Mill.	Housewife.

Number of child of this mother, including present birth 2nd. Number of children, of this mother, now living, including present birth 1.

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive. (Born alive or stillborn) at 5 A. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Two attendants

(Physician or Midwife)

Address .....

Given names added from a supplemental report

....., 19.....

Registrar

Filed Oct. 31 1912. D. M. Thompson Registrar

SYMS - YORK CO., PTRS. & BDRS. 17326

STATE OF IDAHO

Bureau of Vital Statistics

PLACE OF BIRTH

133 - 114-029-255

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

Form V. S. No. 11-C—10m-8-7-11

PLACE OF BIRTH

County of Latah.

City of Potlatch.

No ....., ... St.

Hospital .....

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

Registration District No 15. File No. 9453

Primary Registration District No. 2066 Registered No. 310

FULL NAME OF CHILD Carl Allan.

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Male.				Yes	Aug 14, 1912.

FATHER	MOTHER
FULL NAME: Edwin S. Allan.	FULL MAIDEN NAME: Anna. Kenny.
RESIDENCE: Potlatch	RESIDENCE: Potlatch
COLOR: white. AGE AT LAST BIRTHDAY: 46. (Years)	COLOR: white. AGE AT LAST BIRTHDAY: 35. (Years)
BIRTHPLACE: Oregon	BIRTHPLACE: Arkansas.
OCCUPATION: Laborer.	OCCUPATION: Housewife.

Number of child of this mother, including present birth: 5.

Number of children, of this mother, now living, including present birth: 5.

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born Alive. (Born alive or stillborn) on the date above stated., at 8 P. M.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) No Attendants except parents.

(Physician or Midwife)

Address Potlatch. Idaho

Given names added from a supplemental report

....., 19.....

Filed Oct 30. 1912. J. M. Thompson M.D.

Registrar

Registrar

SYMS - YORK CO., PTRS. & BDRS 17326

413-125-029-367

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

Form V. S. No. 11-C—10m-8-7-11

PLACE OF BIRTH

County of Latah.

City of Portland

No ____, ____ St.

Hospital ____

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

Registration District No. 16 File No. 9454

Primary Registration District No. 2066 Registered No. 311

FULL NAME OF CHILD GILBERT Orville. Mackey.

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
male.	✓	✓	yes.	Aug. 25, 1912

FATHER		MOTHER	
FULL NAME	Orville. Mackey.	FULL MAIDEN NAME	Maryann Jane. Case
RESIDENCE	Portland	RESIDENCE	Portland.
COLOR	white.	COLOR	white.
AGE AT LAST BIRTHDAY	26 (Years)	AGE AT LAST BIRTHDAY	23 (Years)
BIRTHPLACE	Oregon.	BIRTHPLACE	Idaho.
OCCUPATION	Laborer.	OCCUPATION	Housewife.

Number of child of this mother, including present birth.....

Number of children, of this mother, now living, including present birth.....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive. (Born alive or stillborn) at 5 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) M. W. Harrison M. D.

(Physician or Midwife)

Address Palouse Wash.

Given names added from a supplemental report

....., 19.....

Filed Dec 30 1912 J. H. Thompson Registrar

.....

Registrar

SYMS - YORK CO., PTRS. & BDRS. 17826

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of Oregon } ss.
County of Yamhill }

Certificate No. 9454

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of birth (BIRTH OR DEATH)
for Orville Mackey (NAME ON ORIGINAL CERTIFICATE) who was born (WAS BORN OR DIED) on August 25-1912 (DATE OF EVENT)
in Potlatch Ida. (PLACE OF EVENT) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts as shown by Bible record (BIBLE RECORD, INSURANCE POLICY, ETC.) prepared on 1912 (GIVE DATE), are:

FACTS TO BE CORRECTED ("NAME", "BIRTH DATE", "CAUSE OF DEATH", ETC.)	FROM (AS ON ORIGINAL)	TO (THE CORRECT FACTS)
Name	Orville	Gilbert Orville Mackey

Subscribed and sworn to before me this 22
day of February, 1943

Notary Public, residing at Carlton Oreg.
My commission expires May 2-1943
(SEAL)

Signed Margaret J Mackey
(SIGNATURE OF PARENT OR ATTENDANT IF CORRECTING A BIRTH RECORD; OF ATTENDANT, FUNERAL DIRECTOR, INFORMANT IF CORRECTING A DEATH RECORD; OR OTHER CREDIBLE PERSON.)

Carlton Ore
(STREET ADDRESS, CITY, STATE)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Oregon } ss.
County of Yamhill }

[THIS AFFIDAVIT MUST ALSO BE EXECUTED. (SEE CHAPTER 139, 1937 IDAHO SESSION LAWS.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 22
day of February, 1943

Notary Public, residing at Carlton Ore
My commission expires May 2 1943
(SEAL)

Signed L O Mackey
(SIGNATURE OF ANY CREDIBLE PERSON OTHER THAN PREVIOUS AFFIANT.)

Carlton Ore
(STREET ADDRESS, CITY, STATE)

Received for filing on ..... By .....
(REGISTRAR'S SIGNATURE)

MAR 1 1945

455-22-025-967

PLACE OF BIRTH

STATE OF IDAHO

Form V [illegible] 11-C—15m-6-20-11

Bureau of Vital Statistics

CERTIFICATE OF [illegible]

9453

County of Latah

City of Viola Post Office Registration District No. 15 File No.

No. ____, ____ St.

Primary Registration District No. 2066 Registered No. 312

Hospital

FULL NAME OF CHILD Evelyn Alma Meeks

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Female			yes	9 21 1912

FATHER		MOTHER	
FULL NAME	Russell Meeks	FULL MAIDEN NAME	Laura Rogers
RESIDENCE	Viola	RESIDENCE	Viola
COLOR	White	COLOR	W
AGE AT LAST BIRTHDAY	31 (Years)	AGE AT LAST BIRTHDAY	23 (Years)
BIRTHPLACE	Texas	BIRTHPLACE	Missouri
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 1

Number of children, of this mother, now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive, at 10 M. on the date above stated.

(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. S. LePard M.D.

(Physician or Midwife)

Address Palouse Ida

Given names added from a supplemental report

Sept. 30 th, 1912

Geo. Thompson Registrar

Filed Oct 1st 1912 Geo. Thompson Registrar

S-Y CO., 16670

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

MARGIN RESERVED FOR BINDING

WHITE PLAINLY WITH UNRULING INK—THICK & REGULAR

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
DIVISION OF PUBLIC HEALTH
BUREAU OF VITAL STATISTICS

#9455
Paid

STATE OF Idaho)
) SS.
COUNTY OF Latah)

AFFIDAVITS FOR CORRECTION OF A RECORD

Laura May Meeks of Viola, Idaho

Being first duly sworn, deposes and says that she is the mother
(if related, specify degree,

of Evelyn Alma Meeks
if friend or otherwise, so state)

who was born in the city of Viola, County of Latah
(was born, died) State of Idaho.

on the 21st day of September, 19 12, as stated in a certificate of birth
birth or

filed by Dr. LePard
death (name of physician or midwife, or undertaker for death)

with the Local Registrar for the city of Boise, County of Ada
(unknown)
Idaho, on the _____ day of _____, 19___.

That the following facts set forth in said certificate are not correctly stated therein, to wit: Evelyn Alma Meeks listed as a male and Laura May Meeks wa born in Minnesota, Father born in Kansas, 33 years of age andMother 20 yrs of age

That affiant upon her own knowledge states the true facts to be,
his, her

and the changes necessary to make the record correct are, as follows,

Evelyn Alma Meeks is a female and that Laura May Meeks was born in Missouri Russell Meeks was born in Texas, was 31 years of age and mother was 23 yrs of age

(SEAL)

Affiant Laura may meeks

Address Viola, Idaho.

Subscribed and sworn to before me this 1st day of November 1940

I D Hanson
Notary Public
NOTARY PUBLIC for the State of Ida
Residing at Potlatch, Idaho.
My Commission Expires Dec. 3, 1940

STATE OF Idaho)
) SS.
COUNTY OF Latah)

W. P. Rogers of Potlatch, Idaho.

being first duly sworn, deposes and says that he has knowledge of the facts hereinbefore alleged and that the said facts as stated are true.

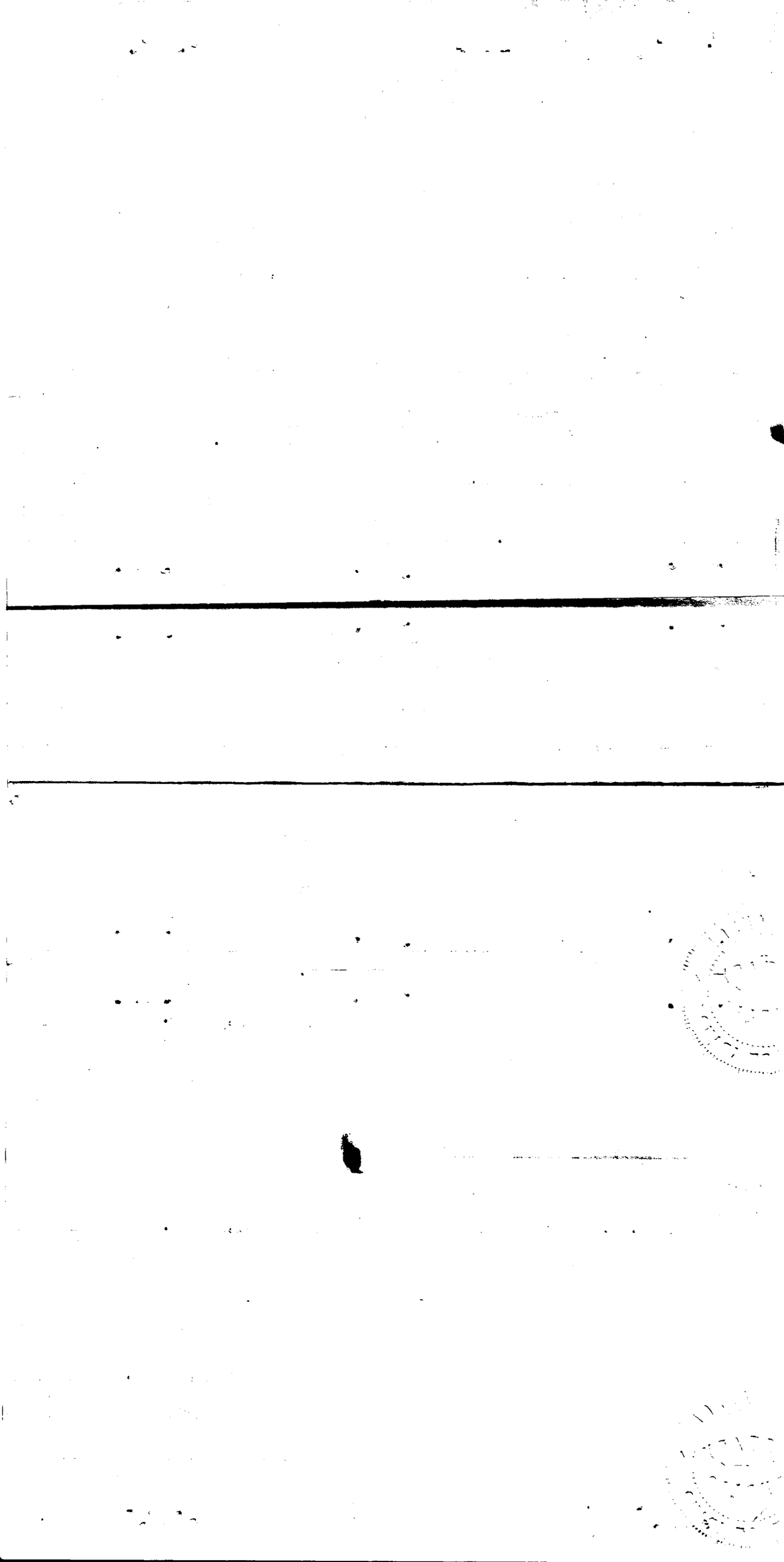
Affiant W. P. Rogers

Address Potlatch, Idaho.

Subscribed and sworn to before me this 1st day of November 19 4

(Seal)

I D Hanson
Notary Public
NOTARY PUBLIC for the State of Idaho
Residing at Potlatch, Idaho.
My Commission Expires Dec. 3, 1940



818-228-029-262

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

Form V. S. No. 11-C—10m-8-7-11

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

PLACE OF BIRTH

County of Latah

~~City of~~ Potlatch

No. 1020 Larch St.

Hospital

Registration District No. 15 — File No. 9456

Primary Registration District No. 2066. — Registered No. 313

FULL NAME OF CHILD Florence Alice Hayes

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
female			yes	Aug 28 1912

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	Herbert ~~Hayes~~ Hayes	Florence Bissell
RESIDENCE	1020 Larch	Potlatch.
COLOR	white	white
AGE AT LAST BIRTHDAY (Years)	28	24
BIRTHPLACE	Wisc	Wisc
OCCUPATION	Motorman	Housewife

Number of child of this mother, including present birth 3

Number of children, of this mother, now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 12.15 A. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Ernest Hein MD

(Physician or Midwife)

Address 203 Palouse Wash

Given names added from a supplemental report

....., 19.....

Filed Sept 5 - 1912 W. H. Thompson Registrar

.....
Registrar

SYMS - YORK CO., PTRS. & BDRS. 17326

SEP 7 1972

285-123-09-169

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

Form V. S. No. 11-C—10m-8-7-11

PLACE OF BIRTH

County of Latah

City of Potlatch

No ____, ____ St.

Hospital ____

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

9457

Registration District No 15 File No. ____

Primary Registration District No. 2066 Registered No. 314

FULL NAME OF CHILD Harold Vernon Bye

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Male			yes	Oct. 23, 191[illegible]

FATHER		MOTHER	
FULL NAME	Adolph E. Bye	FULL MAIDEN NAME	Josephine Jodell
RESIDENCE	Potlatch	RESIDENCE	Potlatch
COLOR	white	COLOR	white
AGE AT LAST BIRTHDAY	30 (Years)	AGE AT LAST BIRTHDAY	28 (Years)
BIRTHPLACE	Minnesota	BIRTHPLACE	Wisconsin
OCCUPATION	Laborer	OCCUPATION	Housewife

Number of child of this mother, including present birth 4

Number of children, of this mother, now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born Alive (Born alive or stillborn) at 1 A M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Dr. J. Thompson

M D

(Physician or Midwife)

Address Potlatch

Given names added from a supplemental report

....., 19.....

Filed Oct. 30th 1912

Dr. J. Thompson

Registrar

Registrar

SYMS - YORK CO., PTRS. & BDRS. 17326

JAN 31 1942

PLACE OF BIRTH

STATE OF IDAHO

312-110-029-719

Form V. S. No. 11-C—20m-2-15-12

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH

County of Latah

City of Parke

No. ____ St.

Hospital ____

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 15 File No. 9458

Primary Registration District No. 2068 Registered No. 324

FULL NAME OF CHILD Charles Casey

Sex of Child	Twin, Triplet or other?	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
M.	~	~	Yes.	Oct. 10. 1912

(To be answered only in event of plural births)

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	Joseph Perry	Sylva Garner
RESIDENCE	Parke	Parke
COLOR	W.	W.
AGE AT LAST BIRTHDAY (Years)	43	26
BIRTHPLACE	Indiana	Mo.
OCCUPATION	Farmer	H. W.

Number of child of this mother, including present birth 5

Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn) at 12:00 M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) P. C. Faust

(Physician or midwife)

Address Deary

Given names added from a supplemental report

....., 19.....

Filed 10/11 1912 P. C. Faust

Registrar

S-Y CO. 20174

Registrar

JUN 15 1953

112-216-029-815

Form V. S. No. 11-C—20m-2-15-12

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

PLACE OF BIRTH

County of Latah

City of Deary

No. ..... St.

Hospital .....

Registration District No. 15 File No. 9459

Primary Registration District No. 2068 Registered No. 325

FULL NAME OF CHILD Alma Fay

Sex of Child	Twin / Triplet or other?	and	Number in order of birth	Legitimate?	Date of Birth
F.	✓		✓	Yes.	Sept. 16 (Month) (Day) 1912 (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	Lewis Cass	FULL MAIDEN NAME	Pearl B. Harrison
RESIDENCE	Deary	RESIDENCE	Deary
COLOR	W.	COLOR	W.
AGE AT LAST BIRTHDAY	29 (Years)	AGE AT LAST BIRTHDAY	23 (Years)
BIRTHPLACE	Minn.	BIRTHPLACE	Idaho
OCCUPATION	Farmer	OCCUPATION	H. W.

Number of child of this mother, including present birth 2

Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive, at 7:00 P. M. (Born alive or stillborn) on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Flora M. Harrison

midwife (Physician or midwife)

Address Deary

Given names added from a supplemental report

..... 19.....

Filed 9-23-20 19..... Faust Registrar

..... Registrar

S-Y CO. 20174

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

MARGIN RESERVED FOR BINDING

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

MAR 5 1942

319-119-029-212

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Form V. S. No. 11-C—20m-2-15-12

PLACE OF BIRTH

County of Latah

City of Deary

No. ..... St.

Hospital .....

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

9460

Registration District No. 15 File No. .....

Primary Registration District No. 2068 Registered No. 324

FULL NAME OF CHILD Teasel Leaven Carlson

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
M.	—	—	Yes	Sept. 19 1912

	FATHER	MOTHER
FULL NAME	Charlie O. Carlson	FULL MAIDEN NAME Nettie Elga Baber
RESIDENCE	Deary	Deary
COLOR	W.	W.
AGE AT LAST BIRTHDAY (Years)	39	28
BIRTHPLACE	Sweden	Minn.
OCCUPATION	farmer	H. W.

Number of child of this mother, including present birth 2

Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn), at 7:30 M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Emma Carlson

midwife (Physician or midwife)

Address Deary

Given names added from a supplemental report

..... 19.....

Filed 9/21 19 12 Frank

..... Registrar

8-Y CO. 20174

Registrar

796 - 110 - 029 - 295

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

Form V. S. No. 11-C—15m-6-20-11

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

PLACE OF BIRTH

County of Latah

City of Julietta

No. ____, ____ *St.*

Hospital ____

Registration District No. 15 **File No.** 9461

Primary Registration District No. 127 **Registered No.** 322

FULL NAME OF CHILD Carroll Yost Groseclose

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Male			Yes.	Oct 10, 1912

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	William J. Groseclose	Lillie M. Kinzer
RESIDENCE	Spalding Ida.	Spalding Ida.
COLOR	W	W.
AGE AT LAST BIRTHDAY (Years)	40	35
BIRTHPLACE	Virginia	Virginia
OCCUPATION	Farmer	Housewife.

Number of child of this mother, including present birth 3

Number of children, of this mother, now living, including present birth 3.

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 9:30 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) S. A. Roe, M. D.

(Physician or Midwife)

Address Julietta, Ida

Given names added from a supplemental report

....., 19.....

Filed Oct 12 19 12

Registrar

S-Y CO., 166705

Registrar

JUL 5 1974

IDAHO DEPARTMENT OF HEALTH

BUREAU OF VITAL STATISTICS

RECEIVED
BUREAU OF
VITAL STATISTICS
JUL 22 2 03 PM '74

Affidavit to Correct or Amend An Original Certificate of Birth or Death

State of ..... } ss.
County of ..... }

Certificate No. 9461

Date Filed .....

The undersigned does solemnly swear that certain facts on the certificate of birth (Birth or Death)
for Unnamed Groseclose (Male) (Name on Original Certificate) who was born (Was Born or Died) on Oct. 10, 1912 (Date of Event)
in Juliaetta, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts are shown by ..... (Bible Record, Insurance Policy, Etc.) prepared on ..... (Give Date), are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
child's name	Unnamed	Carroll Yost Groseclose

Subscribed and sworn to before me this ..... day of ....., 19.....

.....
Notary Public, residing at .....
My commission expires .....
(Seal)

Signed DECEASED.
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

.....
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of IDAHO }
County of LATAH } ss.

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 18 day of July, 1974

Notary Public, residing at Juliaetta
My commission expires 1-18-78
(Seal)

Signed Mabel Nye
(Signature of Any Credible Person)

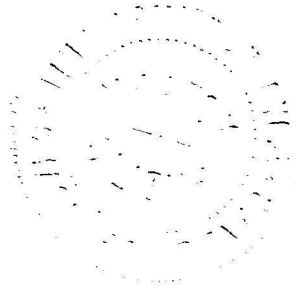
.....
(Street Address, City, State)

FORM DH 60-155 CL 7/5/74

Certificateof Baptism from Methodist Episcopal Church, South gives name as Carroll Yost Groseclose son of Wm William J. and Lilly M. Groseclose. dated September 7, 1913. viewed by V. S.

JUL 23 1974

Marriage License and Certificate from Idaho gives groom's name as Carroll Groseclose and thebride's name as Ethel Harless. dated July 7, 1938. outside of license and certificate name is given as Carroll Y. Groseclose. viewed by V. S.



941 - 230-029-449

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

Form V. S. No. 11-C—15m-6-20-11

PLACE OF BIRTH

County of Latah

City of Juliaetta

No. ____, ____ St.

Hospital ____

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

Registration District No. 15 File No. 9462

Primary Registration District No. 2127 Registered No. 323

FULL NAME OF CHILD GENEVA GEARLDINE RUARK

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Fem			no.	Oct 30, 1912

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	C. H. Ruark	Grace Murphy
RESIDENCE	Clearwater, Ida.	Clearwater, Ida.
COLOR	White.	White.
AGE AT LAST BIRTHDAY (Years)	21	20
BIRTHPLACE	Clearwater, Ida.	Pullman, Wash.
OCCUPATION	Farmer	Housewife.

Number of child of this mother, including present birth 1

Number of children, of this mother, now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 9 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) S. A. Roe M.D.

(Physician or Midwife)

Address Juliaetta, Ida.

Given names added from a supplemental report

....., 19.....

Filed Oct 31 1912

S. A. Roe
Registrar

S-Y CO., 16670

Registrar

STATE OF IDAHO

DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of Idaho } ss.
County of Idaho }

Certificate No. 9462

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of Birth (BIRTH OR DEATH)
for Geneva Gearldine Ruark (NAME ON ORIGINAL CERTIFICATE) who born (WAS BORN OR DIED) on Oct. 30th. 1912 (DATE OF EVENT)
in Juliaetta, Idaho. (PLACE OF EVENT) are erroneous or were omitted; and that, to the best of his knowledge, the true facts as shown by (BIBLE RECORD, INSURANCE POLICY, ETC.) prepared on (GIVE DATE), are:

FACTS TO BE CORRECTED ("NAME", "BIRTH DATE", "CAUSE OF DEATH", ETC.)	FROM (AS ON ORIGINAL)	TO (THE CORRECT FACTS)
Name	Unnamed Ruark	Geneva Gearldine Ruark

Subscribed and sworn to before me this 28
day of May, 1942

Notary Public, residing at Galden
My commission expires Nov. 1-1943.
(SEAL)

Signed Mrs. Grace Ruark
(SIGNATURE OF PARENT OR ATTENDANT IF CORRECTING A BIRTH RECORD; OF ATTENDANT, FUNERAL DIRECTOR, INFORMANT IF CORRECTING A DEATH RECORD; OR OTHER CREDIBLE PERSON.)

Galden, Ida.
(STREET ADDRESS, CITY, STATE)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of } ss.
County of }

[THIS AFFIDAVIT MUST ALSO BE EXECUTED. (SEE CHAPTER 139, 1937 IDAHO SESSION LAWS.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this
day of , 19

Notary Public, residing at
My commission expires
(SEAL)

Signed
(SIGNATURE OF ANY CREDIBLE PERSON OTHER THAN PREVIOUS AFFIANT.)

(STREET ADDRESS, CITY, STATE)

Received for filing on By
(REGISTRAR'S SIGNATURE)

APR 3 1942

819-[redacted]35-797

Form V. S. No. 11-C—20m-2-15-12

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Nez Perce

City of Lenore

No. ..... St.

Hospital .....

Registration District No. 16 File No. 9463

Primary Registration District No. 2076 Registered No. 238

FULL NAME OF CHILD Gladys Pearl Sharp

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Female		3	Yes	Oct. 28 1912

FATHER		MOTHER	
FULL NAME	Frank C. Sharp	FULL MAIDEN NAME	Nora Pippinger
RESIDENCE	Lenore	RESIDENCE	Lenore
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	33 (Years)	AGE AT LAST BIRTHDAY	34 (Years)
BIRTHPLACE	Ohio	BIRTHPLACE	Iowa
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 3 Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 4:30 A. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. W. Shoemaker M. D.

(Physician or midwife)

Address Lenore Idaho

Given names added from a supplemental report

..... 19.....

Filed 11-10 1912 L. J. Perkins

S-Y CO. 20174 Registrar

Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Form V. S. No. H-C -20m-2-15-12

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

PLACE OF BIRTH

County of

413-226-035-168

PLACE OF BIRTH

Form V. S. No. 11-C—15m-6-20-11

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

County of Nez Perce

City of Culdesac

Registration District No. 16

File No. 9464

No. ____, ____ St.

Primary Registration District No. 2273

Registered No. 233

Hospital ____

FULL NAME OF CHILD Evelyn Vick

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Female		4	yes	Oct 26, 1912

FATHER		MOTHER	
FULL NAME	Theodore Matson	FULL MAIDEN NAME	Florence L Johns
RESIDENCE	Culdesac Ida	RESIDENCE	Culdesac Ida
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	41 (Years)	AGE AT LAST BIRTHDAY	30 (Years)
BIRTHPLACE	Minn	BIRTHPLACE	Ore.
OCCUPATION	Ranchman	OCCUPATION	Housewife

Number of child of this mother, including present birth 4

Number of children, of this mother, now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was ____ (Born alive or stillborn) at 3 A. M. on the date above stated.

(Signature) J. H. Ragsdale

(Physician or Midwife)

Address Culdesac

Filed Oct 31 19 12 J. H. Ragsdale

11-10-1912 L. J. Parker

Registrar

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report

____, 19____

____ Registrar

S-Y CO., 16670

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

PLACE OF BIRTH

(County of)

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

653 - 116 - 035 - 265

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

Form V. S. No. 11-C—15m-6-20-11

PLACE OF BIRTH

County of Nez Perce

City of Webb.

No. ..... St.

Hospital .....

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

Registration District No. 16 File No. 9465

Primary Registration District No. 2117 Registered No. 296

FULL NAME OF CHILD Wells — Irene P.

Sex of Child	Twin, Triplet, or other?	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Male	Single	6	Yes	Oct. 16 1912

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	Butler Wells	FULL MAIDEN NAME	Cora Swearingen
RESIDENCE	Webb	RESIDENCE	Webb
COLOR	White	AGE AT LAST BIRTHDAY (Years)	47
COLOR	White	AGE AT LAST BIRTHDAY (Years)	
BIRTHPLACE	Oregon	BIRTHPLACE	Mo.
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 6

Number of children, of this mother, now living, including present birth 6

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive, at 7 a. M. on the date above stated.

(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) C. Dawson

Physician

(Physician or Midwife)

Address Lewiston

Given names added from a supplemental report

....., 19.....

Filed 11-10 1912 L. J. Perkins

Registrar

S-Y CO., 16670

Registrar

JUN 1 3 1974

865-113-035-643

PLACE OF BIRTH

County of Nez Perce.

City of Myrtle

No. ____, ____ St.

Hospital ____

STATE OF IDAHO

Bureau of Vital Statistics

Form V. S. No. 11-C—15m-6-20-11

CERTIFICATE OF BIRTH

9466

Registration District No. 15 File No. ____

Primary Registration District No. 9074 Registered No. 225

FULL NAME OF CHILD Fred William Horvath

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Male			Yes	Oct 13, 1912

FATHER		MOTHER	
FULL NAME	Geo. N. Horvath.	FULL MAIDEN NAME	Dora L. Fuller.
RESIDENCE	Myrtle, Ida.	RESIDENCE	Myrtle, Ida.
COLOR	W.	COLOR	W.
AGE AT LAST BIRTHDAY (Years)	30	AGE AT LAST BIRTHDAY (Years)	22
BIRTHPLACE	Indiana.	BIRTHPLACE	Idaho.
OCCUPATION	Farmer.	OCCUPATION	Housewife.

Number of child of this mother, including present birth 3

Number of children, of this mother, now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 11 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Sa Rae M D

(Physician or Midwife)

Address Juliaetta, Ida.

Given names added from a supplemental report

....., 19.....

.....
Registrar

Filed Oct. 14 1912

11-10-1912 L. J. Perkins Sa Rae
Registrar

S-Y CO., 16670

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

SEP 28 1942

718 - 219-035-231

PLACE OF BIRTH

County of Nez Perce

City of Gifford

No. ____ St.

Hospital ____

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

Form V. S. No. [redacted]

CERTIFICATE OF BIRTH

Registration District No. 16 File No. 9467

Primary Registration District No. 2074 Registered No. 229

FULL NAME OF CHILD Lunie Brevard

Sex of Child	Twin Triplet or other?	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
F	S	1	Yes	10 19 1912

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	Sam H Gayman	FULL MAIDEN NAME	Beulah Staggs
RESIDENCE	Gifford	RESIDENCE	Gifford
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY (Years)	38	AGE AT LAST BIRTHDAY (Years)	26
BIRTHPLACE	Mo	BIRTHPLACE	Tenn
OCCUPATION	farmer	OCCUPATION	housewife

Number of child of this mother, including present birth 2

Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born living (Born alive or stillborn), at 3:45 A.M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) E. E. Watts M.D.
(Physician or midwife)

Address Gifford

Given names added from a supplemental report

....19....

....
Registrar

Filed 10-19-1912 E E W
11-10-1912 L J Perkins
Registrar

S-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

AUG 5 1974

893-126-035-244

PLACE OF BIRTH

County of Nezperce

City of Gifford

No. ____, ____ St.

Hospital ____

FULL NAME OF CHILD Sheldon Lee Hill

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

Form V. S. No. 11-C—15m-6-20-11

Registration District No. 16 File No. 9468

Primary Registration District No. 2074 Registered No. 236

Sex of Child	Twin, Triplet, or other	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Boy	Single (To be answered only in event of plural births)	Eight	Yes	Oct. 26th, 1912.

FATHER		MOTHER	
FULL NAME	Frank Hill	FULL MAIDEN NAME	Florence Summers
RESIDENCE	Gifford, Ida.	RESIDENCE	Gifford, Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	37	AGE AT LAST BIRTHDAY (Years)	34
BIRTHPLACE	Oregon	BIRTHPLACE	Wisconsin
OCCUPATION	Farmer.	OCCUPATION	Domestic Home Wife

Number of child of this mother, including present birth 8

Number of children, of this mother, now living, including present birth 8

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born Living (Born alive or stillborn), at 7:15 A. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report

..... 19.....

..... Registrar

(Signature) D. J. Herrington

Physician & Surgeon

(Physician or Midwife)

Address Gifford, Idaho.

Filed 11-1 19 12

11-10-1912-d.g. Burken

E. E. Watts Registrar

S-Y CO., 16670

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

1C

DECEASED

316-230-035-692

PLACE OF BIRTH

Form V. S. No. 11-C—15m-6-20-11

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

County of Nezperce

City of Gifford, Idaho,

No. ____, ____ St.

Hospital ____

Registration District No. 16 File No. 9469

Primary Registration District No. 2014 Registered No. 240

FULL NAME OF CHILD ____

Sex of Child	Twin, Triplet, or other (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Girl	Single	One	Yes	Oct 30th, 1912

FATHER	MOTHER
FULL NAME Geo H Dawson	FULL MAIDEN NAME Golda Wise
RESIDENCE Hilliard, Wash.	RESIDENCE Hilliard Washington
COLOR White	AGE AT LAST BIRTHDAY 34 (Years)
COLOR White	AGE AT LAST BIRTHDAY 33 (Years)
BIRTHPLACE Kansas	BIRTHPLACE Missouri
OCCUPATION R.R. Brakeman	OCCUPATION Home-Wife

Number of child of this mother, including present birth One

Number of children, of this mother, now living, including present birth One

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Living (Born alive or stillborn), at 8 P. M. on the date above stated.

(Signature) J. J. Herrington

Physician & Surgeon

(Physician or Midwife)

Address Gifford Idaho

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report

____, 19____

____ Registrar

Filed 11-1 19 12

11-10-1912 E. E. Watts Registrar

L. J. Perkins

S-Y CO., 16670

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

689 - 219-035-315

PLACE OF BIRTH

Form V. S. No. 11-C—15m-6-20-11

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

County of Nez Perce

City of Lewiston

No. 2319 8th ave. St.

Registration District No. 16 File No. 9471

Primary Registration District No. 1009 Registered No. 928

Hospital

FULL NAME OF CHILD Ruth Emeline Whitcomb

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Girl			Yes.	10th 19, 1912

FATHER	MOTHER
FULL NAME: Bertie Finley Whitcomb	FULL MAIDEN NAME: Ida Ellis Cave
RESIDENCE: Lewiston Idaho.	RESIDENCE: Lewiston Idaho.
COLOR: White	AGE AT LAST BIRTHDAY: 26. (Years)
BIRTHPLACE: Lima Adams Co. Ills.	COLOR: White
OCCUPATION: Carpenter.	AGE AT LAST BIRTHDAY: 21 (Years)
	BIRTHPLACE: Dallas Oregon.
	OCCUPATION: Stenographer.

Number of child of this mother, including present birth 2.

Number of children, of this mother, now living, including present birth 2.

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive Oct 19 1912 at 11.10 P.M. M.
(Born alive or stillborn)
on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Adelia Henry

Midwife
(Physician or Midwife)

Address 2404 - 8 Ave Lewiston Idaho

Given names added from a supplemental report

....., 19.....

Filed 11-10 1912 R J Buchanan
Registrar

.....
Registrar

S-Y CO., 16670

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

AUG 1 8 1975

238-122-85-43

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

Form V. S. No. 11-C—10m-8-7-11

PLACE OF BIRTH

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

9472

County of Nez Perce

City of Lewiston

No. 1614, Main St.

Registration District No. 16 File No.

Primary Registration District No. 1009 Registered No. 231

Hospital

FULL NAME OF CHILD Nicholas Benjamin Sebastbach

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Male	twin	4	Yes	Oct 22 1911

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	Fred H Sebastbach	Anna Jacobs
RESIDENCE	Lewiston	Lewiston
COLOR	White	White
AGE AT LAST BIRTHDAY (Years)	32	25
BIRTHPLACE	Oregon	Washington
OCCUPATION	Laborer	Housewife

Number of child of this mother, including present birth 4

Number of children, of this mother, now living, including present birth

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was (Born alive or ~~stillborn~~) at 3 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report

....., 19.....

.....
Registrar

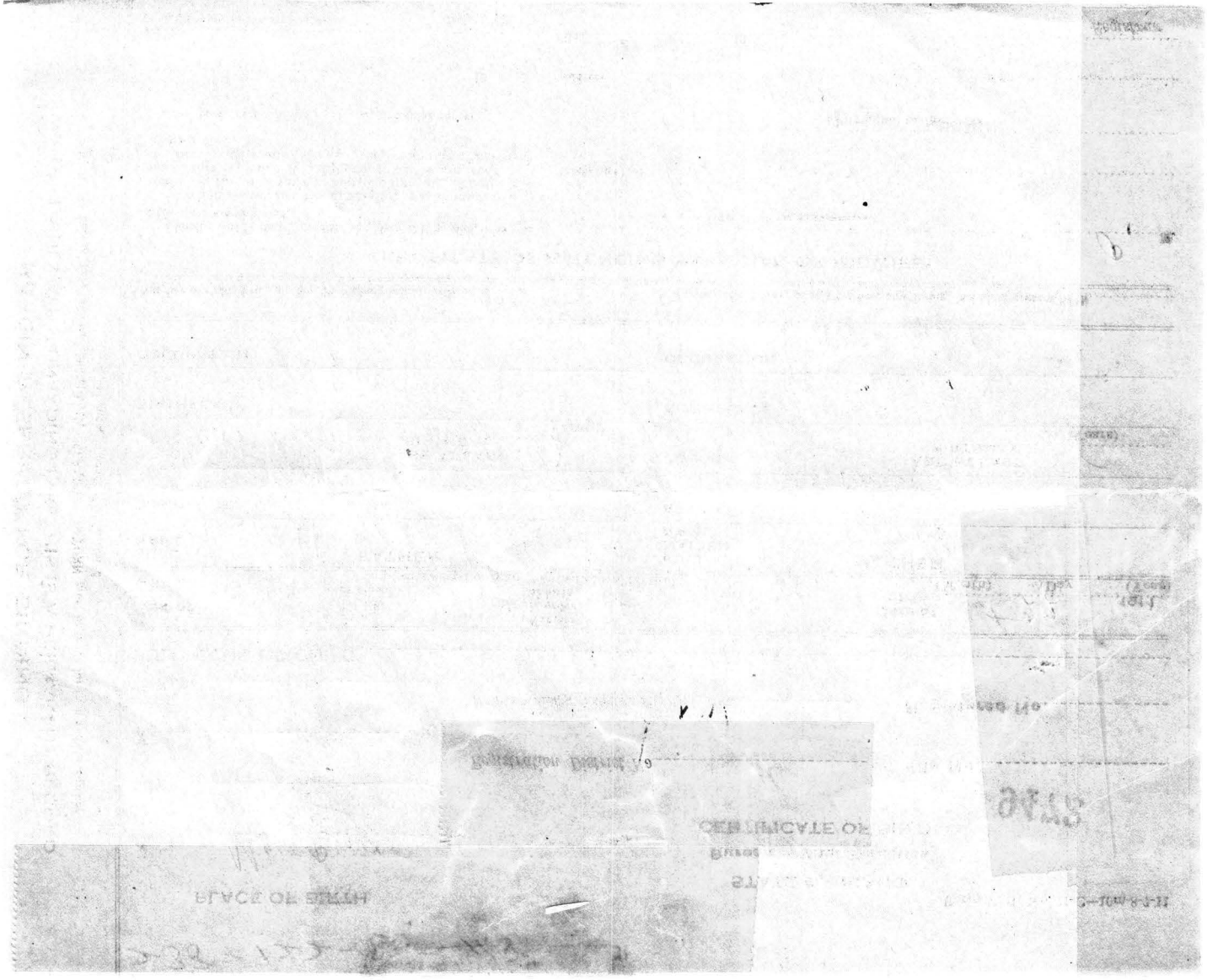
(Signature) J M Morris

(Physician or ~~Midwife~~)

Address Lewiston Idaho

Filed 11-10 1912 R J Perkins
Registrar

SYMS - YORK CO., PTRS. & BDRS. 17326



381-230
035-249

PLACE OF BIRTH

Form V. S. No. 11-C—15m-6-20-11

STATE OF IDAHO
Bureau of Vital Statistics
CERTIFICATE OF BIRTH

County of Nez Perce

City of Lewiston orchards Registration District No. 12 File No. 9473

No. ____, ____ St. Primary Registration District No. 1009 Registered No. 230

Hospital ____

FULL NAME OF CHILD Troy Ada

Sex of Child	Twin, Triplet, or other?	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Female	Single (To be answered only in event of plural births)	4	Yes	Oct. 30, 1912

FATHER		MOTHER	
FULL NAME	Aurelius Hiram Chase	FULL MAIDEN NAME	Ada Burch
RESIDENCE	Lewiston orchards	RESIDENCE	Lewiston orchards
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	36 (Years)	AGE AT LAST BIRTHDAY	31 (Years)
BIRTHPLACE	Maine	BIRTHPLACE	Minn.
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 4

Number of children, of this mother, now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 11 a M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) C. Chase
Physician
(Physician or Midwife)

Address Lewiston

Filed 11-10 1912 L. J. Perkins
Registrar

Given names added from a supplemental report

____, 19____

____
Registrar

S-Y CO., 16670

MARGIN RESERVED FOR BINDING
WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

Amended 12-13-71

(Be sure the information is complete and accurate)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 9474
Local Reg. No. 232
Reg. Dist. No. 1009

Record typewriter ribbon in completing this certificate. This certificate MUST be filed with the District where the birth occurred WITHIN 10 days after the date of birth of the child. Address VITAL STATISTICS, BOISE, IDAHO.

1. PLACE OF BIRTH

a. COUNTY: Nez Perce

b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN: Lewiston

c. FULL NAME OF (If NOT in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION:

2. USUAL RESIDENCE OF MOTHER (Where does mother live?)

a. STATE: Idaho b. COUNTY: Nez Perce

c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN: Lewiston

d. STREET ADDRESS (If rural, give location):

3. CHILD'S NAME (Type or print)

a. (First): Alice b. (Middle): Carolyn c. (Last): McDuffie

4. SEX: female

5a. THIS BIRTH SINGLE X TWIN ____ TRIPLET ____

5b. IF TWIN OR TRIPLET (This child born) 1st ____ 2nd ____ 3rd ____

6. DATE OF BIRTH (Month) (Day) (Year): October 22 1912

FATHER OF CHILD

7. FULL NAME

a. (First): Allen b. (Middle): H. c. (Last): McDuffie

8. AGE (At time of this birth): 27 YEARS

9. BIRTHPLACE (State or foreign country) (City or Town): Wisconsin

10. USUAL OCCUPATION: Salesman

11. KIND OF BUSINESS OR INDUSTRY:

MOTHER OF CHILD

12. FULL MAIDEN NAME

a. (First): Grace b. (Middle): Leora c. (Last): Wood

13. AGE (At time of this birth): 22 YEARS

14. BIRTHPLACE (State or foreign country) (City or Town): North Dakota

15. CHILDREN PREVIOUSLY BORN TO THIS MOTHER (Do NOT include this child)

a. How many OTHER children are now living? 1

b. How many OTHER children were born alive but are now dead?

c. How many children were stillborn (born dead after 20 wks. pregnancy?)

16. INFORMANT'S SIGNATURE OR NAME (Relationship):

I hereby certify that this child was born alive on the date stated above.

17. SIGNATURE: J.B. Morris

18. ATTENDANT AT BIRTH: M.D. X MIDWIFE ____ OTHER (Specify) ____

19. ADDRESS: Lewiston, Idaho

20. DATE SIGNED: Nov. 10, 1912

21. DATE REC'D BY LOCAL REG.: Nov. 19, 1912

22. REGISTRAR'S SIGNATURE: L. J. Perkins

23. DATE ON WHICH GIVEN NAME ADDED BY ____ Registrar

Form V. S. No. 11-C—10m-8-7-11

MARGIN RESERVED FOR BINDING

WRITE PLAINLY. WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

PLACE OF BIRTH

County of Nez Perce

City of Lewiston

No ..... St.

Hospital Hospital

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

Registration District No 12 File No. 9474

Primary Registration District No. 1009 Registered No. 232

FULL NAME OF CHILD Alice Carolyn Griffin

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Female	one	2	yes	Oct 22 1911

	FATHER	MOTHER
FULL NAME	Allen H Griffin	FULL MAIDEN NAME Grace Rosa Wood
RESIDENCE	Lewiston Idaho	Lewiston
COLOR	White	White
AGE AT LAST BIRTHDAY	27 (Years)	22 (Years)
BIRTHPLACE	Wis	North Dakota
OCCUPATION	Salesman	Housewife

Number of child of this mother, including present birth .....

Number of children, of this mother, now living, including present birth .....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was ..... at 5 A M.
on the date above stated. (Born alive ~~or stillborn~~)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. R. Morris

(Physician or ~~Midwife~~)

Address Lewiston Idaho

Given names added from a supplemental report

....., 19.....

Filed 11-10 1912 E. J. Perkins

Registrar

SYMS - YORK CO., PTRS. & BDRS. 17326

Registrar

APR 27 1945

DEC 13 1971

APR 11 1945

12-8-71

IDAHO DEPARTMENT OF HEALTH

BUREAU OF VITAL STATISTICS

Affidavit to Correct or Amend An Original Certificate of Birth or Death

RECEIVED
DEC 13 1971
Bureau of Vital Statistics

State of California
County of Ventura

Certificate No. 9474

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of Birth (Birth or Death)
for Alice Carolyn Duffie (Name on Original Certificate) who was born (Was Born or Died) on Oct. 22, 1912 (Date of Event)
in Lewiston, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the true facts are shown by (Bible Record, Insurance Policy, Etc.) prepared on (Give Date), are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
Childs name	Alice Carolyn Duffie	Alice Carolyn McDuffie
Father's name	Allen H. Duffie	Allen H. McDuffie

Subscribed and sworn to before me this 10th day of December 19 71

Dorothy L. White
Notary Public, residing at Ojai, Calif.
My commission expires
(Seal)

OFFICIAL SEAL
DOROTHY L. WHITE
NOTARY PUBLIC-CALIFORNIA
VENTURA COUNTY
My Commission Expires Mar. 26, 1974

Signed Grace Ward McDuffie
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

702T North Ventura St., Ojai, Calif 93023
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

State of California
County of Ventura

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 10th day of December 19 71

Dorothy L. White
Notary Public, residing at Ojai, Calif.
My commission expires
(Seal)

OFFICIAL SEAL
DOROTHY L. WHITE
NOTARY PUBLIC-CALIFORNIA
VENTURA COUNTY
My Commission Expires Mar. 26, 1974

Signed E. A. Thurber
(Signature of Any Credible Person)

840 Fairview Rd., Ojai, Calif. 93023
(Street Address, City, State)

FORM DH 60-155 1c

Family Record states that Allen Duffie married Grace Wood in 1904. While living in Idaho, their two children were born, William Allen in 1908, then Carolyn in 1912, both in the city of Lewiston and under the name of Duffie, before their grandfather, with the agreement of all members of the family, decided to "restore the family name of McDuffie, to which Alice Carolyn was born."

Social Security Card gives name as Carolyn McDuffie Sheehan, # 548 58 6113. Card reissued 1960.
Viewed by V.S.

Pasadena Junior College, Pasadena, California certifies that Alice Carolyn McDuffie has satisfactorily completed the prescribed course of study in the Pasadena Junior Coll College and is therefore awarded this Diploma. Given at Pasadena, California Feb 3, 1933. John A. Sexson, Superintendent of Schools.
Viewed by V.S.

Statement by Grandfather [redacted], regarding Family Name says: That some years ago on the removal of the family from the East to Wisconsin it was thought to be a favorable time to drop the "Mc" from the family name and retain only the Duffie, thus securing a more distinctive name than the "MC" by which nickname we had all come to be known. That it now seems necessary for family reasons, to restore the family name of McDuffie, to which I was born. George C. McDuffie, Subscribed to on December 22, 1921.
Viewed by V.S.

369-123-035-596

PLACE OF BIRTH

[redacted] ATE OF IDAHO

Form V. S. No. 11-C

[redacted] u of Vital Statistics

CERTIFICATE OF BIRTH

9475

County of Nez Perce

City of Lewiston

Registration District No. 16

File No.

No. ....., ... St.

Primary Registration District No. 1009

Registered No. 238

Hospital St. Joseph.

FULL NAME OF CHILD Erwin Northrup Corey.

Sex of Child	Twin, Triplet, or other?	and	Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Male	—	—	—	Yes	Sept 23, 1912

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	Walter L. Corey	FULL MAIDEN NAME	Myrtle Erwin.
RESIDENCE	Lewiston Idaho.	RESIDENCE	Lewiston Ida
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	24 (Years)	AGE AT LAST BIRTHDAY	25 (Years)
BIRTHPLACE	Olivia Minn.	BIRTHPLACE	Waitsburg Wash
OCCUPATION	Book keeper	OCCUPATION	Housewife.

Number of child of this mother, including present birth Two.

Number of children, of this mother, now living, including present birth one

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 8 a. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Edgar L. White M.D

(Physician or Midwife)

Address Lewiston Ida.

Given names added from a supplemental report

....., 19.....

Registrar

Filed 11-10 1912 L.J. Perkins

Registrar

S-Y CO., 16670

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

AUG 6 1948

AUG 10 1965

465 - 114 - 035 - 695

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

PLACE OF BIRTH

County of Lewis Nez Perce

City of Lewiston

No. 916 4th St.

Hospital

FULL NAME OF CHILD Wm Donovan

Form V. S. No. 11-C—15m-6-20-11

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

9476

Registration District No. 16 File No.

Primary Registration District No. 1009 Registered No. 220

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
M			Yes	Sept 14, 1912

	FATHER	MOTHER
FULL NAME	Wm H. Donovan	Forestine Finn
RESIDENCE	Lewiston	Lewiston
COLOR	W	W
AGE AT LAST BIRTHDAY (Years)	26	21
BIRTHPLACE	U.S.	U.S.
OCCUPATION	Soft Drinks	Housewife

Number of child of this mother, including present birth

Number of children, of this mother, now living, including present birth

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born (Born alive or stillborn) at 2 A.M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report

....., 19.....

.....
Registrar

(Signature) C W Smith

(Physician or Midwife)

Address Lewiston Idaho

Filed Nov. 10 1912 L J Perkins
Registrar

S-Y CO., 16670

MAY 28 1942

512 - 203-035-396

PLACE OF BIRTH

County of Nezperce

City of Lapwai

No. ____, ____ St.

Hospital Nez

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

Form V. S. No. 11-C—15m-6-20-11

Registration District No. 16

File No. 9477

Primary Registration District No. 1009

Registered No. 221

FULL NAME OF CHILD ____

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Female		1st	Yes	October 9 1912

	FATHER	MOTHER
FULL NAME	Emmett C. Eastwood	FULL MAIDEN NAME Annie Louise Krontinger
RESIDENCE	Lapwai Idaho	RESIDENCE Lapwai
COLOR	White	COLOR White
AGE AT LAST BIRTHDAY	24 (Years)	AGE AT LAST BIRTHDAY 19 (Years)
BIRTHPLACE	Missouri	BIRTHPLACE Idaho
OCCUPATION	Bank Manager	OCCUPATION Housewife

Number of child of this mother, including present birth 1

Number of children, of this mother, now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Alive (Born alive or stillborn) on the date above stated, at 9 A.M.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) F. Hutchins

(Physician or Midwife)

Address Lewiston

Given names added from a supplemental report

....., 19.....

Filed 11-10 1912 L. J. Perkins

S-Y CO., 16670 Registrar

Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

249 - 211-035-242

PLACE OF BIRTH

Form V. S. No. 11-C—15m-6-20-11

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

County of Nez Perce

City of Lewiston

No. 19th + G St. St.

Registration District No. 16 File No. 9478

Primary Registration District No. 1009 Registered No. 222

Hospital —

FULL NAME OF CHILD Florence Margaret Smith

Sex of Child	Twin, Triplet, or other?	and	Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Female	— (To be answered only in event of plural births)		—	Yes	Oct 11, 1912

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	Benjo Franklin Smith	Mary Alice Busby
RESIDENCE	Lewiston Idaho	Lewiston Ida
COLOR	White	White
AGE AT LAST BIRTHDAY (Years)	29	33
BIRTHPLACE	Illinois	Illinois
OCCUPATION	Teamster	House wife

Number of child of this mother, including present birth 8th

Number of children, of this mother, now living, including present birth 6

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 5 P. M. on the date above stated.

(Signature) Edgar L. White M.D.

(Physician or Midwife)

Address Lewiston Ida

Filed 11-10 1912 L. J. Perkins Registrar

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report

....., 19.....

Registrar

S-Y CO., 16670

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

415-212-035-168

PLACE OF BIRTH

Form V. S. No. 11-C—15m-6-20-11

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

County of Nez Perce

City of Lewiston

No. 825 9th Ave E St.

Registration District No. 16

File No. 9479

Primary Registration District No. 1009

Registered No. 223

Hospital

FULL NAME OF CHILD Emily Louise Davis

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Female		3	yes	10, 12, 1912

FATHER		MOTHER	
FULL NAME	Earnest W Davis	FULL MAIDEN NAME	Josie E Johnson
RESIDENCE	825 ninth E	RESIDENCE	825 9th ave E
COLOR	white	COLOR	white
AGE AT LAST BIRTHDAY	21 (Years)	AGE AT LAST BIRTHDAY	20 (Years)
BIRTHPLACE	Texas.	BIRTHPLACE	Missouri
OCCUPATION	Hardware clerk.	OCCUPATION	Housewife

Number of child of this mother, including present birth 3

Number of children, of this mother, now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn) on the date above stated. 10/12-12, at 11 45 A.M.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) G F Inman M D

(Physician or Midwife)

Address Lewiston Idaho.

Given names added from a supplemental report

....., 19.....

Registrar

Filed 11-10 1912 L J Perkins

Registrar

S-Y CO., 16670

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

622-128-035-391

PLACE OF BIRTH

Form V. S. No. 11-C—15m-6-20-11

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

County of Nez Perce

City of Lewiston

No. 6th ave St.

Hospital

Registration District No. 16

File No. 9481

Primary Registration District No. 1009

Registered No. 234

FULL NAME OF CHILD Leo Marshall

Sex of Child: Male	Twin, Triplet, or other? (To be answered only in event of plural births): and Number in order of birth: 1st	Legitimate? Yes	Date of birth: 10 (Month) 28 (Day) 1912 (Year)	

FATHER		MOTHER	
FULL NAME	Calvin H Orbann	FULL MAIDEN NAME	Elizabeth Crawford
RESIDENCE	Lewiston	RESIDENCE	Lewiston
COLOR	White	AGE AT LAST BIRTHDAY (Years)	32
BIRTHPLACE	Minnesota	COLOR	White
OCCUPATION	Teacher	AGE AT LAST BIRTHDAY (Years)	32
		BIRTHPLACE	Wisconsin
		OCCUPATION	At home

Number of child of this mother, including present birth: 2nd

Number of children, of this mother, now living, including present birth: 2nd

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 9:20 A. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) C. F. Hullus

Physician

(Physician or midwife)

Address

Given names added from a supplemental report

....., 19.....

Filed 11-10 19 12 L. J. Perkins

Registrar

S-Y CO., 16670

Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

APR 1 0 1972

Z LAST NAME

319 - 230 - 035 - 155

Form V. S. No. 11-C—20m-2-15-12

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

MARGIN RESERVED FOR BINDING

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH

County of Nez Perce

City of Lewiston

No. ..... St.

Hospital .....

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 16 File No. 9482

Primary Registration District No. 1009 Registered No. 239

FULL NAME OF CHILD Ruth Rue

Sex of Child	Twin Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Female			yes	Oct 30 1912

FATHER	MOTHER
FULL NAME Eugene Nelson La Rue	FULL MAIDEN NAME Hilda Jensen
RESIDENCE Lewiston	RESIDENCE Lewiston
COLOR W AGE AT LAST BIRTHDAY 33 (Years)	COLOR W AGE AT LAST BIRTHDAY 26 (Years)
BIRTHPLACE Vermont	BIRTHPLACE Chicago Ill
OCCUPATION Farmer	OCCUPATION Housewife

Number of child of this mother, including present birth 2

Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was ..... (Born alive or ~~stillborn~~), at 9 a. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report

..... 19.....

..... Registrar

(Signature) L. J. Perkins

(Physician or ~~mid-wife~~)

Address Lewiston Idaho

Filed 11-10 1912 L. J. Perkins Registrar

S-Y CO. 20174

SEP 1 9 1968

2 LAST NAME

295-228-035-653

Form V. S. No. 11-C—20m-2-15-12

PLACE OF BIRTH

County of Nez Perce

City of Lewiston

No. 0102-22nd St.

Hospital

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 11 File No. 9483

Primary Registration District No. 1009 Registered No. 237

FULL NAME OF CHILD Martha May Krueger

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of Birth
female			yes	Oct 28 (Month) (Day) 1912 (Year)

FATHER		MOTHER	
FULL NAME	Charles Krueger	FULL MAIDEN NAME	Hattie Heller
RESIDENCE	~~Wis~~ Lewiston Ida	RESIDENCE	Lewiston Ida
COLOR	White	COLOR	W.
AGE AT LAST BIRTHDAY	51 (Years)	AGE AT LAST BIRTHDAY	37 (Years)
BIRTHPLACE	Wis	BIRTHPLACE	Saxony Germany
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 10

Number of children of this mother now living, including present birth 8

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was ..... at 10 P. M. on the date above stated.

(Born alive ~~or stillborn~~)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) L. J. Perkins

(Physician or midwife)

Address Lewiston Idaho

Given names added from a supplemental report

..... 19.....

..... Registrar

Filed 11-10 1912 L. J. Perkins Registrar

S-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Form V. S. No. 11-C—20m-2-15-12

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

PLACE OF BIRTH

County of

993-213
007-213

PLACE OF BIRTH

Form V. S. No. 11-C—20m-2-15-12

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Blaine

City of Hailey

No. ..... St.

Hospital .....

Registration District No. 21 File No. 9484

Primary Registration District No. 2022 Registered No. 168

FULL NAME OF CHILD xxxxxx xxxxxxxxx HARRIET MARION RILEY

Sex of Child	Twin / Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
female			yes	Oct 13 1912

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	Winston Tuttle Riley	Ada Belliger
RESIDENCE	Hailey	Hailey
COLOR	White	White
AGE AT LAST BIRTHDAY (Years)	24	19
BIRTHPLACE	Hailey Idaho	Mass.
OCCUPATION	Laborer	Housewife

Number of child of this mother, including present birth 1

Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive at 2 P. M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. J. Read M.D.
(Physician or midwife)

Address Hailey Idaho

Given names added from a supplemental report

..... 19.....

Filed Oct 20 19 12 Robert H Waughop
Registrar

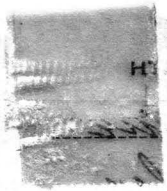
..... Registrar

S-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.



STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of Idaho } ss.
County of Elmore }

Certificate No. 9484

Date Filed APR 20 1942

The undersigned does solemnly swear that certain facts on the certificate of birth (BIRTH OR DEATH)
for None given (NAME ON ORIGINAL CERTIFICATE) who born (WAS BORN OR DIED) on Oct 13-1912 (DATE OF EVENT)
in Hailey Idaho (PLACE OF EVENT) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts as shown by birth cert. (BIBLE RECORD, INSURANCE POLICY, ETC.) prepared on Oct-13-1912 (GIVE DATE), are:

FACTS TO BE CORRECTED ("NAME", "BIRTH DATE", "CAUSE OF DEATH", ETC.)	FROM (AS ON ORIGINAL)	TO (THE CORRECT FACTS)
Name to be given	none given	Harriet Marion
mothers first name	Eda Boettiger	Ada Boettiger Riley

Subscribed and sworn to before me this 16 day of April, 1942.

E. Andrews
Notary Public, residing at Mtn Home
My commission expires My Comm. Expires Oct. 19, 1945
(SEAL)

Signed Mrs Ada Riley.
(SIGNATURE OF PARENT OR ATTENDANT IF CORRECTING A BIRTH RECORD; OF ATTENDANT, FUNERAL DIRECTOR, INFORMANT IF CORRECTING A DEATH RECORD; OR OTHER CREDIBLE PERSON.)

(STREET ADDRESS, CITY, STATE)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Idaho } ss.
County of Elmore }

[THIS AFFIDAVIT MUST ALSO BE EXECUTED. (SEE CHAPTER 139, 1937 IDAHO SESSION LAWS.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 17 day of April, 1942.

E. Andrews
Notary Public, residing at Mtn Home Ida
My commission expires 10/19/45
(SEAL)

Signed S L. Tonge
(SIGNATURE OF ANY CREDIBLE PERSON OTHER THAN PREVIOUS AFFIANT.)

(STREET ADDRESS, CITY, STATE)

Received for filing on ..... By .....
(REGISTRAR'S SIGNATURE)

APR 27 1942

619-105-007-699

Form V. S. No. 11-C—20m-2-15-12

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH

County of Blaine

City of Hailey

No. ..... St.

Hospital .....

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 21 File No. 9485

Primary Registration District No. 2022 Registered No. 169

FULL NAME OF CHILD ~~Male~~ ~~Female~~ ARTHUR JAMES WARR

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Male			yes	Oct 5 1912

FATHER		MOTHER	
FULL NAME	A. W. Warr	FULL MAIDEN NAME	Rosa ~~Wright~~
RESIDENCE	Hailey	RESIDENCE	Hailey
COLOR	white	COLOR	white
AGE AT LAST BIRTHDAY	29 (Years)	AGE AT LAST BIRTHDAY	27 (Years)
BIRTHPLACE	Utah	BIRTHPLACE	Utah
OCCUPATION	rancher	OCCUPATION	Housewife

Number of child of this mother, including present birth 3

Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Alive (Born alive or stillborn) at 4 a. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. J. Rast M.D.

(Physician or midwife)

Address Hailey Idaho

Filed Oct 10 19 12 Robert H. Laughlin Registrar

* Given names added from a supplemental report

..... 19.....

..... Registrar

S-Y CO. 20174

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS
AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of Utah }
County of SALT LAKE } ss.

Certificate No. 9485

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of BIRTH (Birth or Death)
for Arthur James Warr (Name on Original Certificate) who BORN (Was Born or Died) on OCTOBER 5TH, 1912 (Date of Event)
in Harley Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts are shown by EQUITABLE LIFE INSURENCE POLICY (Bible Record, Insurance Policy, Etc.) prepared on October 22, 1935 (Give Date), are:

FACTS TO BE CORRECTED ("Name", "Birth Date", "Cause of Death", Etc.)	FROM (As on Original)	TO (The Correct Facts)
name -	no name	Arthur James Warr

Subscribed and sworn to before me this 21st day of March, 1942

Notary Public, residing at Salt Lake City, Utah
My commission expires August 2, 1942
(Seal)

Signed Rosa Knight Warr
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

1216 Charlton Ave Salt Lake City
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Utah }
County of Salt Lake } ss.

[This Affidivat **MUST** Also be Executed.
(See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 21st day of March, 1942

Notary Public, residing at Salt Lake City, Utah
My commission expires August 2, 1942
(Seal)

Signed Mrs. Ramona P. Warr
(Signature of Any Credible Person Other Than Previous Year)

1303 Claybourne Ave. Salt Lake City, Utah
(Street Address, City, State)

MAR 25 1942

Amended 12-29-60

PLACE OF BIRTH

285-209-007-279

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Blaine

City of Bellevue

No. ..... St.

Hospital .....

Registration District No. 21 File No. 9486

Primary Registration District No. 2022 Registered No. 177

FULL NAME OF CHILD Martha May Sherbine
(Certificate of no value without full name of child.)

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Girl			Yes	Oct. 9, [redacted] 1912

What bactericidal solution was used in eyes? .....

Number of child of this mother, including present birth 12 Number of children of this mother now living, including present birth 10

FATHER	MOTHER
FULL NAME: Geo. W. Sherbine	FULL MAIDEN NAME: Martha Spray
RESIDENCE: Bellevue, Idaho	RESIDENCE: Bellevue, Idaho
COLOR: White	COLOR: White
AGE AT LAST BIRTHDAY: 53 (Years)	AGE AT LAST BIRTHDAY: 41 (Years)
BIRTHPLACE: Ohio	BIRTHPLACE: Montana
OCCUPATION: Farmer	OCCUPATION: Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born Alive (Born alive or stillborn), at 5 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) O. J. Allen, M.D.

(Physician or midwife)

Address Bellevue, Idaho

Give names added from a supplemental report.

....., 192.....

Registrar.

Filed Oct. 15, [redacted] 1912 Robert H. Wright

Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Form V. S. No. 11-C—20m-2-15-12

PLACE OF BIRTH

County of Blaine

City of Bellevue

No. ____ St.

Hospital ____

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 21

Primary Registration District No. 2022

File No. 9486

Registered No. 177

FULL NAME OF CHILD ____

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Girl			yes	Oct. 9, 1912

FATHER		MOTHER	
FULL NAME	Geo. W. Sherbine	FULL MAIDEN NAME	Martha Sprey
RESIDENCE	Bellevue, Idaho	RESIDENCE	Bellevue, Idaho
COLOR	white	COLOR	White
AGE AT LAST BIRTHDAY	53 (Years)	AGE AT LAST BIRTHDAY	41 (Years)
BIRTHPLACE	Ohio	BIRTHPLACE	Montana
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 12

Number of children of this mother now living, including present birth 10

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn) at 5 p. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) O. J. Adler M.D.

Bellevue Idaho
(Physician or midwife)

Given names added from a supplemental report

....., 19....

Address ____

Filed Oct 15 19 12 Robert Langley
Registrar

....., Registrar

8-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Form V. S. No. [illegible]—20m-2-[illegible]-12

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

PLACE OF BIRTH

County of Blaine

DEC 29 1960

Documents listed on back -

RECEIVED
AUG 9 1960
Bureau of Vital Statistics

IDAHO STATE BOARD OF HEALTH
DIVISION OF VITAL STATISTICS

Affidavit to Correct or Amend An Original Certificate of Birth or Death

State of Idaho
County of Blaine } ss.

Certificate No. 9486

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of Birth (Birth or Death)
for Unnamed Sherbine (Name on Original Certificate) who born (Was Born or Died) on October 9, 1912 (Date of Event)
in Bellevue, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts are shown by (Bible Record, Insurance Policy, Etc.) prepared on August 4, 1960 (Give Date), are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
Full Name of Child	Unnamed	Martha May Sherbine
Full Maiden Name of Mother	Martha Sprey	Martha Spray

Subscribed and sworn to before me this 4th day of August, 19 60

J. W. Reavis

Notary Public, residing at Hailey, Idaho
My commission expires April 18, 1961
(Seal)

Signed Martha Sherbine
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)
Gannett, Idaho
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Idaho
County of Blaine } ss.

[This Affidavit MUST Also be Executed.
(See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 4th day of August, 19 60

J. W. Reavis

Notary Public, residing at Hailey, Idaho
My commission expires April 18, 1960
(Seal)

Signed [illegible] M.D.
(Signature of Any Credible Person)
Hailey Idaho
(Street Address, City, State)

FORM DPH 55.155 CL 2-26-60. one copy pd. receipt #20753.

Copy of the Certificate of Marriage, copy issued on 9/1/36, for George W. Sherbine and Miss Martha M. Spray, married at Bellevue, Idaho by James O. Burroughs, Baptist Minister, on May 15, 1892- viewed by V.S.

Own Child's Birth Cert. on file: #293787 gives full maiden name of mother as Martha May Sherbine - viewed by V.S. married name is given as Southern -

Notarized - Photostat Copy of page from Family Bible appears old and unaltered gives one full name as Martha M. Spray, born June 14th 1871 and another full name as Martha Mae Sherbine, born Oct. 9, 1912 - viewed by V.S.

Gem State Mutual Life Insurance Policy, Group Policy, No. 44272-J, Policy Date Oct. 16, 1946 for Alonzo Southern and Initial Premium Transfer, Sept. 8, 1953 - gives wife's full name as Martha May Southern, born Oct. 9, 1912 - viewed by V.S.

279-124-007-339

PLACE OF BIRTH

County of Blaine

City of Picabo

No. ..... St.

Hospital .....

Form V. S. No. 11-1—20m-2-16-12

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 21 File No. 9487

Primary Registration District No. 2022 Registered No. 176

FULL NAME OF CHILD Creed Clifton Springmyer

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Male			yes	Oct. 24 1912

FATHER

FULL NAME: Chester A. Springmyer

RESIDENCE: Picabo, Idaho

COLOR: White

AGE AT LAST BIRTHDAY: 29 (Years)

BIRTHPLACE: Dent, Hamilton Co., Ohio

OCCUPATION: Bookkeeper

MOTHER

FULL MAIDEN NAME: Fay Clifton

RESIDENCE: Picabo, Idaho

COLOR: White

AGE AT LAST BIRTHDAY: 22 (Years)

BIRTHPLACE: Central City, Mo.

OCCUPATION: House Wife

Number of child of this mother, including present birth: 1

Number of children of this mother now living, including present birth: 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Alive (Born alive or stillborn), at 4 9 M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) O. J. Allen MD

Bellevue Idaho (Physician or midwife)

Address .....

Given names added from a supplemental report

..... 19.....

..... Registrar

Filed Oct 30 19 12 Robert H. Smyth Registrar

S-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

PLACE OF BIRTH

793-217007-249

PLACE OF BIRTH

County of Blaine

City of Ketchum

No. ____, ____ St.

Hospital ____

Form V. S. No. 11-C—15m-6-20-11

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

Registration District No. 21 File No. 9488

Primary Registration District No. 2022 Registered No. 175

FULL NAME OF CHILD Bercia Maxine Gilliam

Sex of Child Female | Twin, Triplet, or other? | and Number in order of birth (To be answered only in event of plural births) | Legitimate? Yes | Date of birth Oct 17 (Month) (Day) 1912 (Year)

FATHER		MOTHER	
FULL NAME	H. M. Gilliam	FULL MAIDEN NAME	Sadie Smith
RESIDENCE	Ketchum Ida	RESIDENCE	Ketchum Ida
COLOR	White	AGE AT LAST BIRTHDAY (Years)	30
BIRTHPLACE	Tenn	COLOR	White
OCCUPATION	Farmer	AGE AT LAST BIRTHDAY (Years)	21
		BIRTHPLACE	Iowa
		OCCUPATION	Housewife

Number of child of this mother, including present birth 2

Number of children, of this mother, now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 7:20 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Robert H. Wright. M.D

(Physician or Midwife)

Address Hailey Ida

Given names added from a supplemental report

..... 19.....

Filed Oct 18 1912 [illegible] Registrar

..... Registrar

S-Y CO., 16670

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

JUL 3 1975

RECEIVED
BUREAU OF
VITAL STATISTICS
JUL 9 AM '75

IDAHO DEPARTMENT OF HEALTH
BUREAU OF VITAL STATISTICS

Affidavit to Correct or Amend An Original Certificate of Birth or Death

State of Idaho } ss.
County of

Certificate No. 9488

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of birth (Birth or Death)
for Unnamed Gilliam (female) (Name on Original Certificate) who was born (Was Born or Died) on Oct. 17, 1912 (Date of Event)
in Ketchum, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts are shown by (Bible Record, Insurance Policy, Etc.) prepared on (Give Date), are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
child's name	Unnamed	Bercia Maxine Gilliam

Subscribed and sworn to before me this 28th day of July, 1975

Notary Public, residing at Cambridge, Idaho
My commission expires 11-18-75
(Seal)

Signed Wm Gilliam (Father)
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

Cambridge, Idaho 83610
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Idaho } ss.
County of Ada

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 25th day of August, 1975

Notary Public, residing at Boise, Idaho
My commission expires 4-1-76
(Seal)

Signed Wm Grantham
(Signature of Any Credible Person)

1700 Pomander Road
(Street Address, City, State)
Boise, Idaho 83705

Form DH 60-155

CL 7/3/75 lcc pd. rec. #11335

Diploma from Payette High school , Payette, Idaho fives name as Bercia Maxine Gilliam. dated May 23, 1931. viewed by V. S.

NOV 7 1975

Insurance policy from Automobile Owners Assoc. Insurance Co. gives name as Bercia Maxine Gilliam. daughter listed as Beneficiary Janet Balknap. dated 11-12-57. viewed by V. S.

285-209-007-28

PLACE OF BIRTH

County of Blaine

City of Bellevue

No. ____ St.

Hospital ____

Form V. S. No. 11-C—20m-2-15-12

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 21 File No. 9489

Primary Registration District No. 2022 Registered No. 178

FULL NAME OF CHILD Helen Jane Sheehan

Sex of Child	Twin Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Girl			yes	Oct. 9 1912

FATHER

FULL NAME: Chas Sheehan

RESIDENCE: Bellevue, Idaho

COLOR: white AGE AT LAST BIRTHDAY: 42 (Years)

BIRTHPLACE: Mass.

OCCUPATION: Merchant

MOTHER

FULL MAIDEN NAME: Sarah A. Ashton

RESIDENCE: Bellevue, Idaho

COLOR: white AGE AT LAST BIRTHDAY: 31 (Years)

BIRTHPLACE: Wales

OCCUPATION: Housewife

Number of child of this mother, including present birth: 1

Number of children of this mother now living, including present birth: 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn) at 10 p.M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) O. J. Allen M.D.

Bellevue Idaho (Physician or midwife)

Address Bellevue Idaho

Given names added from a supplemental report

....., 19.....

.....
Registrar

Filed Oct 15 1912 Robert H. Hughes
Registrar

S-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

IDAHO DEPARTMENT OF HEALTH

BUREAU OF VITAL STATISTICS

Affidavit to Correct or Amend An Original Certificate of Birth or Death

RECEIVED
BUREAU OF
VITAL STATISTICS
APR 21 3 57 PM '78

State of ..... } ss.
County of ..... }

Certificate No. 9489

Date Filed .....

The undersigned does solemnly swear that certain facts on the certificate of birth (Birth or Death)
for unnamed female Sheehan (Name on Original Certificate) who was born (Was Born or Died) on October 9, 1912 (Date of Event)
in Bellevue (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts are shown by ..... (Bible Record, Insurance Policy, Etc.) prepared on ..... (Give Date), are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
name of child	not named	Helen Jane Sheehan

Subscribed and sworn to before me this 10 day of March, 1978

Notary Public, residing at Ontario Ore

My commission expires 3/22/82

(Seal)

Signed Kaveana Lloyd
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

Box 551 - Ontario Oregon
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of IDAHO } ss.
County of ADA }

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 7th day of April, 1978

Notary Public, residing at Boise, Idaho

My commission expires May 1, 1980

(Seal)

Signed Thelma Faulconer
(Signature of Any Credible Person)

1605 N. 12th Boise Ida
(Street Address, City, State)

Form DH 60-155

SL sent 3/3/78 1 copy paid rec. 19368 (copy sent as is)

St. Teresa's Academy of Boise, Idaho issued a Diploma to Helen Sheehan on June 6

1933. Sister M. Abbette, Principal
Viewed by V.S.

The University of Idaho gives name as Helen Jane Sheehan. The degree of Bachelor of Science in Education gives name as Helen Jane Sheehan.
Degree issued Junr 14, 1937. J. F. Jenny President of the Board of Regnets
T. S. Kerr, Acting President of the University.
Viewed by V.S.

295-116-007-296

PLACE OF BIRTH

County of Blaine

City of Hailey

No. ____, ____ St.

Hospital ____

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

Form V. S. No. 11-C—15m-6-20-11

Registration District No. 21 File No. 9490

Primary Registration District No. 2022 Registered No. 183

FULL NAME OF CHILD Herbert Brower Kiker

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Male			Yes	Oct 16, 1912

FATHER		MOTHER	
FULL NAME	Herbert F. Kiker	FULL MAIDEN NAME	Hazel Brower
RESIDENCE	Hailey, Ida	RESIDENCE	Hailey Ida
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	24	AGE AT LAST BIRTHDAY (Years)	22
BIRTHPLACE	Iowa	BIRTHPLACE	Iowa
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 1

Number of children, of this mother, now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 12:30 P.M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Robert H. Wright M.D.

(Physician or Midwife)

Address Hailey Ida

Filed Oct 19 1912 Thos. H. Wright Registrar

Given names added from a supplemental report

....., 19.....

Registrar

S-Y CO., 16670

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

NOV 1 1 1971

789-231-007-955

PLACE OF BIRTH

Form V. S. No. 11-C—15m-6-20-11

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

County of Blaine

City of Soldier

No. ____, ____ St.

Hospital ____

Registration District No. 21

Primary Registration District No. 203

File No. 9491

Registered No. 174

FULL NAME OF CHILD ____

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Female			Yes	Oct 31 1912

FATHER		MOTHER	
FULL NAME	Wiley Phipps	FULL MAIDEN NAME	Lou Reedy
RESIDENCE	Soldier Idaho	RESIDENCE	Soldier Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	46 (Years)	AGE AT LAST BIRTHDAY	41 (Years)
BIRTHPLACE	N.C.	BIRTHPLACE	N.C.
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 7

Number of children, of this mother, now living, including present birth 8

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive Oct 31 1912, at 11 P. M. (Born alive or stillborn) on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Dewitt Phipps

Physician

(Physician or Midwife)

Address Soldier Ida.

Given names added from a supplemental report

....., 19.....

Filed Nov 7 1912 R. Scott Hughes

Registrar

.....

Registrar

S-Y CO., 16670

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

466-223-007-286

Form V. S. No. 11-C—15m-6-20-11

PLACE OF BIRTH

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

County of Blaine

City of Blaine

No. ____, ____ St.

Hospital ____

Registration District No. 21 File No. 9492

Primary Registration District No. 223 Registered No. 143

FULL NAME OF CHILD Clarice M. Moody

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Female			yes	Oct 23, 1912

FATHER		MOTHER	
FULL NAME	E W Moody	FULL MAIDEN NAME	Robie Shonk
RESIDENCE	Blaine Ida	RESIDENCE	Blaine Ida
COLOR	White	AGE AT LAST BIRTHDAY (Years)	29
COLOR	White	AGE AT LAST BIRTHDAY (Years)	24
BIRTHPLACE	Ill	BIRTHPLACE	Ill.
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 3

Number of children, of this mother, now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive Oct 23 1912, at 10 A. M. on the date above stated.

(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Dr. Walter P. Briggs

Physician

(Physician or Midwife)

Given names added from a supplemental report

Address Soldier Ida

Filed Oct 28 1912 Robert H. Hughes

Registrar

S-Y CO., 16670

Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

K

IDAHO STATE BOARD OF HEALTH
DIVISION OF VITAL STATISTICS

RECEIVED
APR 15 1957
Division of Vital Statistics

Affidavit to Correct or Amend An Original Certificate of Birth or Death

State of Idaho
County of Canyon } ss.

Certificate No. 9492

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of birth (Birth or Death)
for Unnamed Moody (Name on Original Certificate) who was born (Was Born or Died) on 10-23-12 (Date of Event)
in Blaine, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts are shown by that each of us were present at the time of the birth, prepared on (Give Date), are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
Child's Name	Unnamed	Clarice ~~Mattie~~ M. Moody

Subscribed and sworn to before me this 12th day of April, 1957

Notary Public, residing at Fairfield, Idaho

My commission expires 9-4-60

(Seal)

Signed Edarly W. Moody
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

Fairfield Idaho
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Idaho
County of Canyon } ss.

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge. I was mid-wife at birth.

Subscribed and sworn to before me this 15th day of April, 1957

Notary Public, residing at Fairfield Idaho

My commission expires 9-4-60

(Seal)

Signed Dorcas Brook
(Signature of Any Credible Person)

Fairfield Idaho
(Street Address, City, State)

FORM DPH 55. 155

Certificate of Graduation, Albion State Normal School, State of Idaho. No. 157 - dated Sept. 1, 1933 gives full name as Clarice M. Moody - viewed by V.S.

Teacher's Contract, dated Sept. 4, 1934 gives full name as Clarice Moody - Fairfield, Idaho - viewd by V.S.

Marriage License and Certificate, State of Idaho, County of Camas, married June 10, 1937 at Fairfield, Idaho gives full name of groom as Sten E. Frostenson and full name of bride as Clarice M. Moody - viewed by V.S.

MAR 2 1965

292-120-007-814

PLACE OF BIRTH

STATE OF IDAHO

Form V. S. No. 11-C—15m-6-20-11

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

County of Blaine

City of Soldier

Registration District No. 21

File No. 9493

No. ____, ____ St.

Primary Registration District No. 223

Registered No. 172

Hospital ____

FULL NAME OF CHILD Kenneth Lee Kiser

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Male			yes	Oct 20, 1912

FATHER		MOTHER	
FULL NAME	Fields Kiser	FULL MAIDEN NAME	Jennie Hamm
RESIDENCE	Soldier, Ida	RESIDENCE	Soldier Ida
COLOR	White	AGE AT LAST BIRTHDAY (Years)	36
COLOR	White	AGE AT LAST BIRTHDAY (Years)	29
BIRTHPLACE	Va,	BIRTHPLACE	Va,
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 5

Number of children, of this mother, now living, including present birth 5

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive Oct 20-1912, at 4 A. M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Dallett P. Briggs

Physician
(Physician or Midwife)

Given names added from a supplemental report

....., 19.....

Address Soldier Ida

Filed Oct 25 19 12 Robert H. Vaughan

S-Y CO., 16670

Registrar

Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

STATE OF IDAHO
Bureau of Vital Statistics
CERTIFICATE OF BIRTH

MAR 25 1959

MAR 19 1953 JAN 4 1972

DEC 10 1958

10/30/40/ L.B.

433-210-007-386

PLACE OF BIRTH

Form S. V. No. 11-C—15m-6-20-11

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

County of Blaine

City of Carad

Registration District No. 21 File No. 9494

No. ____, ____ St.

Primary Registration District No. 203 Registered No. 171

Hospital ____

FULL NAME OF CHILD MARJORIE NADINE McCARTER

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Female			yes	Oct 10, 1912

FATHER	MOTHER
FULL NAME Wm Mc Carter	FULL MAIDEN NAME Mattie Thorpe
RESIDENCE Carad Ida	RESIDENCE Carad Ida
COLOR White	COLOR White
AGE AT LAST BIRTHDAY 24 (Years)	AGE AT LAST BIRTHDAY 14 (Years)
BIRTHPLACE Ida	BIRTHPLACE Wash.
OCCUPATION Farmer	OCCUPATION Housewife

Number of child of this mother, including present birth 1

Number of children, of this mother, now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive Oct 10 1912, at 4 a M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Dewitt Briggs

Physician
(Physician or Midwife)

Address Soldier Ida

Given names added from a supplemental report

....., 19.....

Filed Oct 20 1912 Robert H Naylor

S-Y CO., 16670 Registrar

Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of Idaho }
County of Camas } ss.

Certificate No. 9494
Date Filed APR 20 1942

The undersigned does solemnly swear that certain facts on the certificate of birth (Birth or Death)
for Marjorie Nadine McCarter (Name on Original Certificate) who was born (Was Born or Died) on Oct.10th-1912 (Date of Event)
in Corral, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts are shown by Bible record (Bible Record, Insurance Policy, Etc.) prepared on November 12th-1912 (Give Date), are:

FACTS TO BE CORRECTED ("Name", "Birth Date", "Cause of Death", Etc.)	FROM (As on Original)	TO (The Correct Facts)
name	unnamed	Marjorie Nadine McCarter

Subscribed and sworn to before me this 14th day of April, 19 42

S. W. STRUBLE
NOTARY PUBLIC FOR IDAHO
FAIRFIELD, IDAHO

Notary Public, residing at
My commission expires My commission expires April 6, 1946
(Seal)

Signed W J M Carter Father
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

Corral, Idaho
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of }
County of } ss.

[This Affidivat **MUST** Also be Executed.
(See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this
day of , 19 .

Notary Public, residing at
My commission expires
(Seal)

Signed
(Signature of Any Credible Person Other Than Previous Year)

(Street Address, City, State)

JUN 2 7 1974

213-205-007-219

Form V. S. No. 11-C—15m-6-20-11

PLACE OF BIRTH

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

County of Blaine

City of Soldier

Registration District No. 21

File No. 9495

No. ____, ____ St.

Primary Registration District No. 2023

Registered No. 170

Hospital ____

FULL NAME OF CHILD Velma Bernice Baldwin

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Female			Yes	Oct 5 1912

FATHER		MOTHER	
FULL NAME	L C Baldwin	FULL MAIDEN NAME	Jennie Bass
RESIDENCE	Soldier, Ida	RESIDENCE	Soldier Ida
COLOR	White	AGE AT LAST BIRTHDAY (Years)	32
COLOR	White	AGE AT LAST BIRTHDAY (Years)	37
BIRTHPLACE	Iowa	BIRTHPLACE	Pa,
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 1

Number of children, of this mother, now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive Oct 5 1912 (Born alive or stillborn), at 11 a. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Dr W H Briggs

Physician (Physician or Midwife)

Address Soldier Ida

Given names added from a supplemental report

....., 19.....

Filed Oct 10 19 14 Robert H Quigley

S-Y CO., 16670

Registrar

Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

683-203-007-434

PLACE OF BIRTH

Form V. S. No. 11-C—15m-6-20-11

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

County of Blaine

City of Soldier

No. ____, ____ St.

Hospital ____

Registration District No. 21 File No. 9496

Primary Registration District No. 203 Registered No. 169

FULL NAME OF CHILD Lola Esther Wylder

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Female			yes	Oct 3, 1912

FATHER

FULL NAME Lester Wylder

RESIDENCE Soldier Ida

COLOR White

AGE AT LAST BIRTHDAY 35 (Years)

BIRTHPLACE Ill

OCCUPATION Farmer

MOTHER

FULL MAIDEN NAME Hannah McDonald

RESIDENCE Soldier Ida

COLOR White

AGE AT LAST BIRTHDAY 25 (Years)

BIRTHPLACE Ill

OCCUPATION Housewife

Number of child of this mother, including present birth 2

Number of children, of this mother, now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) on the date above stated. Oct 3 1912, at 11 A. M.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Dewitt A Higgs M.D.

Physician

(Physician or Midwife)

Address Soldier Ida

Given names added from a supplemental report

....., 19.....

Filed Oct 13 19 12 R. Lowthian Langdon

Registrar

S-Y CO., 16670

Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

NOV 18 1952

365-109-007-195

PLACE OF BIRTH

County of Blaine

City of Arco

No. ____, ____ St.

Hospital ____

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

Form V. S. No. 11—10m-6-20-11

Registration District No. 21

File No. 9497

Primary Registration District No. 2024

Registered No. 182

FULL NAME OF CHILD Thurman Long

Sex of Child	Twin, Triplet, or other?	and	Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
M.	X (To be answered only in event of plural births)		X	Yes	Oct. 9, 1912

FATHER		MOTHER	
FULL NAME	Oliver Long	FULL MAIDEN NAME	Bertha Arntsen.
RESIDENCE	Arco -	RESIDENCE	Arco.
COLOR	W.	COLOR	W.
AGE AT LAST BIRTHDAY	42 (Years)	AGE AT LAST BIRTHDAY	28 (Years)
BIRTHPLACE	Mo.	BIRTHPLACE	Utah.
OCCUPATION	Carpenter.	OCCUPATION	House Wife.

Number of child of this mother, including present birth. Fourth.

Number of children, of this mother, now living, including present birth. Three.

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 3.15 a. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Dr. Mathaei M.D.

Physician -

(Physician or Midwife)

Address Arco - Idaho

Given name added from a supplemental report

..... 19....

Robert H. Creighton Registrar

Filed Oct 13 19 12

Robert H. Smyth Registrar

S-Y CO., 16669

MARGIN RESERVED FOR BINDING

WRITE PLAINLY. WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at a birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

APR 6 5 1944

APR 7 1944

418-110-007-268

PLACE OF BIRTH

County of Blaine

City of Near Howe

No. ____, ____ St.

Hospital ____

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

Form V. S. No. 11—10m-6-20-11

Registration District No. 21 File No. 9498

Primary Registration District No. 2024 Registered No. 181

FULL NAME OF CHILD Homer Boyd Mays

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
M.	X	X	Yes	Oct 10 1912

FATHER		MOTHER	
FULL NAME	Robert G. Mays.	FULL MAIDEN NAME	Lucynda Anne Boyd
RESIDENCE	Howe -	RESIDENCE	Howe -
COLOR	W.	COLOR	W.
AGE AT LAST BIRTHDAY (Years)	33	AGE AT LAST BIRTHDAY (Years)	27
BIRTHPLACE	Ohio.	BIRTHPLACE	Missouri.
OCCUPATION	Farmer.	OCCUPATION	Housewife.

Number of child of this mother, including present birth: fourth

Number of children of this mother, now living, including present birth: four

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 3.40 P.M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) O. O. Matthias M. D.

Physician

(Physician or Midwife)

Address Howe, Idaho.

Given name added from a supplemental report

....., 19.....

Registrar

Filed Oct 18 1912 Robert H. Hughes

Registrar

S-Y CO., 16669

WRITE PLAINLY. WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at a birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

Thurman

OCT 5 1953

593 - 204-007-491

PLACE OF BIRTH

County of Blaine

City of Martin

No. ..... St.

Hospital

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

Form V. S. No. 11—10m-6-20-11

Registration District No. 24 File No. 9500

Primary Registration District No. 2024 Registered No. 179

FULL NAME OF CHILD Phoebe Vera Nichols.

Sex of Child	Twin, Triplet, or other?	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
F	X (To be answered only in event of plural births)	X	yes	Oct 4 2

FATHER		MOTHER	
FULL NAME	Daniel Webster Nichols	FULL MAIDEN NAME	Miriam Patience Drake
RESIDENCE	Martin, Ida.	RESIDENCE	Martin, Ida.
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY	56 (Years)	AGE AT LAST BIRTHDAY	42 (Years)
BIRTHPLACE	Ill.	BIRTHPLACE	Utah.
OCCUPATION	Farmer.	OCCUPATION	Housewife.

Number of child of this mother, including present birth 5th

Number of children, of this mother, now living, including present birth five

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive, at 4:30 P. M. on the date above stated.

(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) D. W. Macaulay M.D.

Physician

(Physician or Midwife)

Address Gree, Ida.

Given name added from a supplemental report

....., 19.....

Filed Oct 10 1912 Robert H. Leigh

Registrar

S-Y CO., 16669

Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY. WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at a birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

MAY 13 1958

815-228-020-683

(Be sure the information is complete and accurate)

Amended 12/5/73

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 9501
Local Reg. No.
Reg. Dist. No. 20

1. PLACE OF BIRTH
a. COUNTY: Elmore
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN: King Hill
c. FULL NAME OF (If NOT in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION:

2. USUAL RESIDENCE OF MOTHER (Where does mother live?)
a. STATE: Idaho
b. COUNTY: Elmore
c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN: King Hill
d. STREET ADDRESS (If rural, give location):

3. CHILD'S NAME (Type or print)
a. (First): Lena
b. (Middle): Grace
c. (Last): Hansen

4. SEX: Female

5a. THIS BIRTH: SINGLE X TWIN ____ TRIPLET ____

5b. IF TWIN OR TRIPLET (This child born): 1st ____ 2nd ____ 3rd ____

6. DATE OF BIRTH: (Month) Oct. (Day) 28, (Year) 1912

FATHER OF CHILD

7. FULL NAME
a. (First): Alexander
b. (Middle):
c. (Last): Hansen

8. AGE (At time of this birth): 40 YEARS

9. BIRTHPLACE (State or foreign country) (City or Town): Norway

10. USUAL OCCUPATION: Rancher

11. KIND OF BUSINESS OR INDUSTRY:

MOTHER OF CHILD

12. FULL MAIDEN NAME
a. (First): Lena
b. (Middle):
c. (Last): Wilson

13. AGE (At time of this birth): 38 YEARS

14. BIRTHPLACE (State or foreign country) (City or Town): America

15. CHILDREN PREVIOUSLY BORN TO THIS MOTHER (Do NOT include this child)
a. How many OTHER children are now living?
b. How many OTHER children were born alive but are now dead?
c. How many children were stillborn (born dead after 20 wks. pregnancy?)

16. INFORMANT'S SIGNATURE OR NAME (Relationship):

I hereby certify that this child was born alive on the date stated above.

17. SIGNATURE: J. W. Davis, M. D.

18. ATTENDANT AT BIRTH: M.D. X MIDWIFE ____ OTHER (Specify) ____

19. ADDRESS: Glenn's Ferry, Idaho

20. DATE SIGNED: Oct. 28, 1912

21. DATE REC'D BY LOCAL REG.: Nov. 3, 1912

22. REGISTRAR'S SIGNATURE: W. L. Frazier

23. DATE ON WHICH GIVEN NAME ADDED BY ____ Registrar

...rict where the birth occurred WITHIN 10 days after the date of birth of the child. Address ...ITAL STATISTICS, BOISE, IDAHO.

IDAHO DEPARTMENT OF HEALTH

BUREAU OF VITAL STATISTICS

RECEIVED
PUBLIC HEALTH
VITAL STATISTICS

Affidavit to Correct or Amend An Original Certificate of Birth or Death

State of ..... } ss.
County of ..... }

NOV 20 8 17 AM '73

Certificate No. 9501

Date Filed .....

The undersigned does solemnly swear that certain facts on the certificate of birth (Birth or Death)
for Alice Hansen (Name on Original Certificate) who was born (Was Born or Died) on Oct. 28, 1912 (Date of Event)
in King Hill, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts are shown by ..... (Bible Record, Insurance Policy, Etc.) prepared on ..... (Give Date), are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
Child's name	Alice Hansen	Lena Grace Hansen

Subscribed and sworn to before me this 13 day of
Nov, 19 73
Notary Public, residing at Anaconda
My commission expires June 30, 1975
(Seal)

Signed Ruth Hansen Knight
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)
1917 West Park St. Anaconda, Mont.
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Mont }
County of Deer Lodge } ss.

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 13 day of
Nov, 19 73
Notary Public, residing at Anaconda
My commission expires June 30, 1975
(Seal)

Signed Ronald L. Knight
(Signature of Any Credible Person)
1917 W. Park - Anaconda, Mont.
(Street Address, City, State)

FORM DH 60-155 CL 11/5/73 nm

Family Record of Alex Hansen and Lena Hansen gives child's name as Lena Grace Hansen. born Oct. 28, 1912. Viewed by V. S.

Cradle Roll Certificate gives name as Lena Hansen born Oct. 28, 1912. dated may 2, 1914. Viewed by V. S.

PLACE OF BIRTH

County of Elmore

City of Craig Hill — Registration District No. 20 — File No. 9501

No. ____, ____ St. — Primary Registration District No. 2021 — Registered No. 73

Hospital ____

FULL NAME OF CHILD Alice Hansen

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Female	Single	6	yes	Oct. 28th, 1912

FATHER		MOTHER	
FULL NAME	Alexander Hansen	FULL MAIDEN NAME	Lena Nilson
RESIDENCE	Craig Hill Idaho	RESIDENCE	Craig Hill
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	40 (Years)	AGE AT LAST BIRTHDAY	30 (Years)
BIRTHPLACE	Norway	BIRTHPLACE	America
OCCUPATION	Rancher	OCCUPATION	Housewife

Number of child of this mother, including present birth 6

Number of children, of this mother, now living, including present birth 6

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive Oct. 28-1912 (Born alive or stillborn) at 1:15 P M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. W. Davis M. D.

Physician (Physician or Midwife)

Address Glenns Ferry Idaho

Given names added from a supplemental report

..... 19.....

..... Registrar

Filed Oct. 28th 1912 J. W. Davis Registrar

Nov 3, 1912, Ed Sawyer

S-Y CO., 16670

MARGIN RESERVED FOR BINDING — WRITE PLAINLY, WITH UNFADING INK

N. B. In case of more than one child at birth, the certificate of each child must be filled out separately.

DEC 5 1973

299-224-020-419

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

PLACE OF BIRTH

County of Elmore

City of Glenn's Ferry Registration District No. 20

No. ....., ... St.

Hospital .....

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

Form V. S. No. 11-C—15m-6-20-11

9502

File No. .....

Primary Registration District No. 2020 Registered No. 76

FULL NAME OF CHILD not named Johanna Mary

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Female	Single	6	yes	Oct. 24, 1912

FATHER		MOTHER	
FULL NAME	Joseph Burnt	FULL MAIDEN NAME	Catherine Mars.
RESIDENCE	Hammett Idaho	RESIDENCE	Hammett Idaho.
COLOR	White	AGE AT LAST BIRTHDAY (Years)	35
COLOR	White	AGE AT LAST BIRTHDAY (Years)	33
BIRTHPLACE	America	BIRTHPLACE	America
OCCUPATION	Rancher	OCCUPATION	Housewife

Number of child of this mother, including present birth 6

Number of children, of this mother, now living, including present birth 6

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive Oct 24th 1912 at 9:15 A M. (Born alive or stillborn) on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. W. Davis M. D.

Physician

(Physician or Midwife)

Address Glenn's Ferry Idaho

Given names added from a supplemental report

..... 19.....

Filed Oct. 24th 1912 J. W. Davis

Registrar

..... Registrar

S-Y CO., 16670

Nov 3, 1912, W. L. Frazin

958-17-020-296

Form V.3 No. 11 C—15m-6-20-11

PLACE OF BIRTH

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

County of Elmore

City of Glenn's Ferry Registration District No. 24 File No. 9503

No. ....., ... St.

Primary Registration District No. 2421 Registered No. 77

Hospital .....

FULL NAME OF CHILD JACK LeROY REYNOLDS ~~Not named~~

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Male	Single	2	yes	Oct 17th, 1912

FATHER		MOTHER	
FULL NAME	Ashel Leroy Reynolds	FULL MAIDEN NAME	Hattie Brott
RESIDENCE	Glenn's Ferry	RESIDENCE	Glenn's Ferry
COLOR	White	COLOR	
AGE AT LAST BIRTHDAY (Years)	34	AGE AT LAST BIRTHDAY (Years)	27
BIRTHPLACE	America	BIRTHPLACE	America
OCCUPATION	Brakeman	OCCUPATION	Housewife

Number of child of this mother, including present birth 2

Number of children, of this mother, now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born Alive Oct 17th 1912 at 1:15 P M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. W. Davis M. D.

Physician
(Physician or Midwife)

Address Glenn's Ferry, Idaho

Given names added from a supplemental report

....., 19.....

Filed Oct 17th 1912 J. W. Davis
Registrar

S-Y CO., 16670 Registrar

Nov 3, 1912 W. L. Frazier

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

PLACE OF BIRTH

County of Elmore

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS
AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of Illinois } ss.
County of Madison }

Certificate No. 9505

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of Birth (Birth or Death)
for George Reynolds (Name on Original Certificate) who was Born (Was Born or Died) on Oct. 17, 1912 (Date of Event)
in Glenns Ferry, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts are shown by Bible + Personal Knowledge (Bible Record, Insurance Policy, Etc.) prepared on Oct 17, 1912 (Give Date), are:

FACTS TO BE CORRECTED ("Name", "Birth Date", "Cause of Death", Etc.)	FROM (As on Original)	TO (The Correct Facts)
Name	George	Jack LeRoy Reynolds

Subscribed and sworn to before me this 2 day of Nov., 1942.

Mary Lou Scheer
Notary Public, residing at Wood River, Ill.
My commission expires Feb. 1944
(Seal)

Signed Mrs. Harriet Udell Britt (Parent)
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director or informant if correcting a death record; or other credible person.)

703 W North, Decatur, Ill.
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Illinois } ss.
County of Madison }

[This Affidivat **MUST** Also be Executed.
(See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 2 day of Nov., 1942.

Mary Lou Scheer
Notary Public, residing at Wood River, Ill.
My commission expires Feb. 1944
(Seal)

Signed Mrs. R. A. Scheer
(Signature of Any Credible Person Other Than Previous Year)

Wood River
(Street Address, City, State)

NOV 1 0 19

855-212-020-281

PLACE OF BIRTH

Form V. S. No. 11-C—15m-6-20-11

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

County of Elmore

City of Hammett

Registration District No. 20

File No. 9504

No. ____, ____ St.

Primary Registration District No. 3021

Registered No. 78

Hospital ____

FULL NAME OF CHILD Imogene Irene Hansen

Sex of Child	Twin, Triplet, or other?	and Number in order of birth	Legitimate?	Date of birth
Female	Single	2	Yes	Oct. 12th, 1912 (Month) (Day) (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	Willis C. Hansen	FULL MAIDEN NAME	Mina Irene Shaw
RESIDENCE	Hammett Idaho	RESIDENCE	Hammett Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	34 (Years)	AGE AT LAST BIRTHDAY	26 (Years)
BIRTHPLACE	America	BIRTHPLACE	America
OCCUPATION	Locomotive Engineer	OCCUPATION	Housewife

Number of child of this mother, including present birth 2

Number of children, of this mother, now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born Alive Oct 12th 1912, at 9:15 P. M. on the date above stated.

(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. W. Davis M. D.

Physician

(Physician or Midwife)

Given names added from a supplemental report

Address Glenns Ferry Idaho

____, 19____

Filed Oct. 12th, 1912 J. W. Davis

Registrar

Registrar

Nov 3 1912. W. L. Haagis

S-Y CO., 16670

MARGIN RESERVED FOR BINDING

WRITE PLAINLY. WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

PLACE OF BIRTH

County of

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

367-205-020-619

PLACE OF BIRTH

Form V. S. No. 11-C—15m-6-20-11

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

County of Elmore

City of Glenn's Ferry Registration District No. 20 File No. 9505

No. ____, ____ St. Primary Registration District No. 2021 Registered No. 79

Hospital ____

FULL NAME OF CHILD Thelma Logan.

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Female	Single	5	yes	Oct 5 1912

FATHER		MOTHER	
FULL NAME	John T. Logan	FULL MAIDEN NAME	Beatrice Ward.
RESIDENCE	Glenn's Ferry	RESIDENCE	Glenn's Ferry.
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	31	AGE AT LAST BIRTHDAY (Years)	25
BIRTHPLACE	America	BIRTHPLACE	America
OCCUPATION	Locomotive Engineer	OCCUPATION	Housewife

Number of child of this mother, including present birth 5

Number of children, of this mother, now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive Oct. 5, 1912, at 4:30 A. M. on the date above stated. (Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. W. Davis M. D.

Physician

(Physician or Midwife)

Address Glenn's Ferry, Idaho

Given names added from a supplemental report

....., 19.....

Filed Oct. 5 1912 J. W. Davis M. D.

Registrar

Registrar

Nov 3 1912, W L Frazier

S-Y CO., 16670

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

JUN 3 1943

291-222-020-556

PLACE OF BIRTH

County of Elmore

City of Mtn Home

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

Form V. S. No. 11-C—15m-6-20-11

Registration District No. 20 File No. 9506

No. ____, ____ St.

Primary Registration District No. 2022 Registered No. 82

Hospital ____

FULL NAME OF CHILD Lethal Mildred Brandt

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
F			Yes	Oct 27 1912

FATHER		MOTHER	
FULL NAME	Glenn A Brandt	FULL MAIDEN NAME	Jessie May Newell
RESIDENCE	Mtn Home	RESIDENCE	Mtn Home
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY	31 (Years)	AGE AT LAST BIRTHDAY	31 (Years)
BIRTHPLACE	Illinois	BIRTHPLACE	Illinois
OCCUPATION	Rancher	OCCUPATION	At Wife

Number of child of this mother, including present birth 5

Number of children, of this mother, now living, including present birth 5

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was ____ (Born alive or ~~stillborn~~) at 9 00 P M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) F. S. Hawley

(Physician or ~~Midwife~~)

Address Mtn Home

Given names added from a supplemental report

____, 19____

Filed Nov 3 1912

____ Registrar

S-Y CO., 16670

Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

JUL 1 1 1973

DECEASED

719-223-020-365

PLACE OF BIRTH

Form V. S. No. 11-C—15m-6-20-11

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

County of Elmore

City of Mtn Home

Registration District No. 20

File No. 9507

No. ____, ____ St.

Primary Registration District No. 2020

Registered No. 81

Hospital ____

FULL NAME OF CHILD Norma Helen Gaines

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
F			yes	Oct 23, 1912

FATHER		MOTHER	
FULL NAME	John T. Gaines	FULL MAIDEN NAME	Jennie M. Long
RESIDENCE	Mtn Home Ida	RESIDENCE	Mtn Home Ida
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY	53 (Years)	AGE AT LAST BIRTHDAY	38 (Years)
BIRTHPLACE	Kansas	BIRTHPLACE	Illinois
OCCUPATION	Stockman	OCCUPATION	At Wife

Number of child of this mother, including present birth 9

Number of children, of this mother, now living, including present birth 9

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was ____ (Born alive or ~~stillborn~~) at 12 25 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) F. S. Hawley

(Physician or ~~Midwife~~)

Address Mt Home

Given names added from a supplemental report

____, 19____

____ Registrar

Filed Nov 3 1912 W. A. Frazier Registrar

S-Y CO., 16670

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

STATE OF IDAHO

DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of Idaho } ss.
County of Elmore }

Certificate No. 9507

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of birth (BIRTH OR DEATH)
for Unnamed Gaines (NAME ON ORIGINAL CERTIFICATE) who born (WAS BORN OR DIED) on Oct. 23, 1912 (DATE OF EVENT)
in Mtn. Home, Ida. (PLACE OF EVENT) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts as shown by Mother (BIBLE RECORD, INSURANCE POLICY, ETC.) prepared on (GIVE DATE), are:

FACTS TO BE CORRECTED ("NAME", "BIRTH DATE", "CAUSE OF DEATH", ETC.)	FROM (AS ON ORIGINAL)	TO (THE CORRECT FACTS)
Name	Omitted	Norma Helen Gaines

Subscribed and sworn to before me this 8th
day of October, 19 42
Norma H. Mobley
Notary Public, residing at Mtn. Home, Ida.
My commission expires Nov. 5, 1945
(SEAL)

Signed Emma M. Gaines
(SIGNATURE OF PARENT OR ATTENDANT IF CORRECTING A BIRTH RECORD; OF ATTENDANT, FUNERAL DIRECTOR, INFORMANT IF CORRECTING A DEATH RECORD; OR OTHER CREDIBLE PERSON.)
Box #187, Mountain Home, Idaho
(STREET ADDRESS, CITY, STATE)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of } ss.
County of }

[THIS AFFIDAVIT MUST ALSO BE EXECUTED. (SEE CHAPTER 139, 1937 IDAHO SESSION LAWS.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this
day of , 19

Notary Public, residing at
My commission expires
(SEAL)

Signed
(SIGNATURE OF ANY CREDIBLE PERSON OTHER THAN PREVIOUS AFFIANT.)

(STREET ADDRESS, CITY, STATE)

Received for filing on By
(REGISTRAR'S SIGNATURE)

DEC 20 1956

JUN 15 1944

437-220-020-312

PLACE OF BIRTH

Form V. S. No. 11-C—15m-6-20-11

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

County of Elmore

City of Mtn Home

Registration District No. 20 File No. 9508

No. ____, ____ St.

Primary Registration District No. 2020 Registered No. 80

Hospital ____

FULL NAME OF CHILD Orlando James McGrath

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
F			yes	May 20, 1917

FATHER		MOTHER	
FULL NAME	Wm H. McGrath	FULL MAIDEN NAME	Amanda Mary Labbee
RESIDENCE	Mtn Home	RESIDENCE	Mtn Home
COLOR	W	COLOR	W.
AGE AT LAST BIRTHDAY	____ (Years)	AGE AT LAST BIRTHDAY	18 (Years)
BIRTHPLACE	America	BIRTHPLACE	N. D.
OCCUPATION	Laborer	OCCUPATION	H. Wife

Number of child of this mother, including present birth 1st

Number of children, of this mother, now living, including present birth 1st

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Alive (Born alive or stillborn), at 7:15 A.M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) T. S. Hawley

(Physician or ~~Midwife~~)

Address Mt Home

Given names added from a supplemental report

____, 19____

Filed Oct 16 1917 W. L. Thrasher

____ Registrar

S-Y CO., 16670

Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

PLACE OF BIRTH

296-106-020-235

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

Form V. S. No. 11-C—10m-8-7-11

PLACE OF BIRTH

County of Elmore

City of Mayfield

No ____, ____ St.

Hospital ____

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

Registration District No 20 File No. 9509

Primary Registration District No. 2026 Registered No. 74

FULL NAME OF CHILD Wm a Brown Jr.

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
M			Yes	10 6 1913

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	Wm a Brown	Agnes Sleyar
RESIDENCE	Mayfield	Mayfield
COLOR / AGE AT LAST BIRTHDAY (Years)	W / 38	W / 33
BIRTHPLACE	Scotland	England
OCCUPATION	Sheepman	Housewife

Number of child of this mother, including present birth 5

Number of children, of this mother, now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn), at 6 A M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Fred C Pettingell

Idaho Bldg

(Physician or Midwife)

Address Boise Idaho

Given names added from a supplemental report

....., 19.....

Filed Oct 12 1913 W. E. Fraser

Registrar

Registrar

SYMS - YORK CO., PTRS. & BDRS. 17326

FEB 27 1952

256-208-020-763

PLACE OF BIRTH

Form V. S. No. 11-C—15m-6-20-11

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

County of Elmore

City of Mt Home

Registration District No. 20

File No. 9510

No. ____, ____ St.

Primary Registration District No. 2023

Registered No. 73

Hospital ____

FULL NAME OF CHILD Mildred Stone

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
F			Yes	Sept 8, 1912

FATHER		MOTHER	
FULL NAME	Edward N. Stone	FULL MAIDEN NAME	Bertha Potter
RESIDENCE	Featherville	RESIDENCE	Featherville
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY (Years)	30	AGE AT LAST BIRTHDAY (Years)	25
BIRTHPLACE	Cal.	BIRTHPLACE	Idaho
OCCUPATION	Miner	OCCUPATION	H. wife

Number of child of this mother, including present birth 1

Number of children, of this mother, now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was ____ (Born alive ~~or stillborn~~) at 12-15 P. M. on the date above stated.

(Signature) F. L. Hawley

(Physician or ~~Midwife~~)

Address Mt Home

Filed Oct 16 19 12 W. K. Frazier Registrar

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report

____, 19____

____ Registrar

S-Y CO., 16670

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

436-105-020-513

PLACE OF BIRTH

Form V. S. No. 11.C—15m-6.20-11

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

County of Elmore

City of Mt Home

Registration District No. 20 File No. 9511

No. ....., ... St.

Primary Registration District No. 2020 Registered No. 72

Hospital .....

FULL NAME OF CHILD Richard Edward McWaters

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
M			yes	Sept 5, 191 7

FATHER		MOTHER	
FULL NAME	Hugh B. McWaters	FULL MAIDEN NAME	Nannie Vale
RESIDENCE	Mtn Home	RESIDENCE	Mtn Home
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY	41 (Years)	AGE AT LAST BIRTHDAY	34 (Years)
BIRTHPLACE	Mo Neb	BIRTHPLACE	Cal
OCCUPATION	Livryman	OCCUPATION	Wife

Number of child of this mother, including present birth 6

Number of children, of this mother, now living, including present birth 5

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was ..... at 10 15 P. M. on the date above stated.

(Born alive or ~~stillborn~~)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) F. S Hawley

(Physician or ~~Midwife~~)

Address Mt Home

Given names added from a supplemental report

..... 19.....

Filed Oct 16 1917 W. L. Fraser

Registrar

S-Y CO., 16670

Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

MAY 20 1942

564-208-020-231

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

Form V. S. No. 11-C—15m-6-20-11

PLACE OF BIRTH

County of Elmore

City of Arrowrock.

No. 4 Riverview Ave St.

Hospital —

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

Registration District No. 20 File No. 9512

Primary Registration District No. 2020 Registered No. 71

FULL NAME OF CHILD Geraldine Blaylock Nourse.

Sex of Child	Twin, Triplet, or other?	Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
F	—	— (To be answered only in event of plural births)	Yes.	October 8, 1912.

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	George Nourse	Eva Blaylock.
RESIDENCE	Arrowrock.	Arrowrock.
COLOR	W.	W.
AGE AT LAST BIRTHDAY (Years)	32.	19.
BIRTHPLACE	Iowa	Utah.
OCCUPATION	Engineer.	Housewife.

Number of child of this mother, including present birth 1.

Number of children, of this mother, now living, including present birth 1.

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive, at 7 30 P. M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Joseph W. H. Shaw

Physician
(Physician or Midwife)

Address U.S.R.D. Hospital Arrowrock.

Given names added from a supplemental report

....., 19.....

Filed Oct 12 19.12 W. L. Frazier
Registrar

.....
Registrar

S-Y CO., 16670

PLACE OF BIRTH

STATE OF IDAHO

155-108-020-842

Form V. S. No. 11-C—15m-6-20-11

PLACE OF BIRTH

STATE OF IDAHO
Bureau of Vital Statistics
CERTIFICATE OF BIRTH

County of Elmore

City of Mountain Home

Registration District No. 20 **File No.** 9513

No. ____, ____ *St.*

Primary Registration District No. 2020 **Registered No.** 70

Hospital ____

FULL NAME OF CHILD ~~[illegible]~~ FREDRICK WOODROW AVENT

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Boy			yes	Oct 8, 1912

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	Thomas L. Avent	Lizzie Honda
RESIDENCE	Riddle Idaho	Riddle Idaho
COLOR		W
AGE AT LAST BIRTHDAY (Years)	34	22
BIRTHPLACE	Texas	Iowa
OCCUPATION	Farmer	Housewife

Number of child of this mother, including present birth 9

Number of children, of this mother, now living, including present birth 9

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was ____, at 11:30 P. M. on the date above stated.

(Born alive ~~or stillborn~~)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Mrs. ELIZABETH HONDA

Midwife

(~~Physician or~~ Midwife)

Address Mt Home Ida

Given names added from a supplemental report

____, 19____

Filed Nov 3 1912 W. L. Frazier

____ *Registrar*

S-Y CO., 16670 *Registrar*

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

MAY 1 6 1975

OCT 1 6 1944

553-120-020-295

PLACE OF BIRTH

Form V. S. No. 11-C—15m-6-20-11

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

File No. 9514

County of Elmore

City of Mt Home

Registration District No. 20

No. ____, ____ St.

Primary Registration District No. 2020

Registered No. 64

Hospital ____

FULL NAME OF CHILD ~~Infant Boy~~ Marvin Phillips Nettleton

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
M	—	—	yes	Sept 20, 1912

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	Arthur G. Nettleton	Edna Biekbauer
RESIDENCE	Thurman	Thurman
COLOR	W	W
AGE AT LAST BIRTHDAY (Years)	36	37
BIRTHPLACE	Nebraska	Penn.
OCCUPATION	Rancher	Rancher

Number of child of this mother, including present birth 3

Number of children, of this mother, now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 9:30 A. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) B. W. Mathes

Physician (Physician or Midwife)

Address Mountain Home

Given names added from a supplemental report

....., 19.....

Registrar

Filed Oct 10 1912 W. L. Fragin

Registrar

S-Y CO., 16670

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

DECEASED

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of Idaho }
County of Ada } ss.

Certificate No. 9514

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of birth (Birth or Death)
for Unnamed Nettleton (Name on Original Certificate) who born (Was Born or Died) on Sept. 20, 1912 (Date of Event)
in Mtn. Home, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts are shown by Father (Bible Record, Insurance Policy, Etc.) prepared on (Give Date), are:

FACTS TO BE CORRECTED ("Name", "Birth Date", "Cause of Death", Etc.)	FROM (As on Original)	TO (The Correct Facts)
Name	~~Omitted~~	~~Marvin Phillips~~ Nettleton

Subscribed and sworn to before me this 4
day of Sept., 1942

W. B. Joy
Notary Public, residing at Boise

My commission expires 7/14/45
(Seal)

Signed Arthur S Nettleton
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

2121 Madison St Eugene, Ore.
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of }
County of } ss.

[This Affidivat **MUST** Also be Executed.
(See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this
day of , 19 .

Notary Public, residing at
My commission expires
(Seal)

Signed Arthur S Nettleton
(Signature of Any Credible Person Other Than Previous Year)

(Street Address, City, State)

SEP 5 1942

951-216-018-268

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Form V. S. No. 11-C—20m-2-15-12

PLACE OF BIRTH

County of Clearwater

City of Russell

No. ____ St.

Hospital ____

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 17 — File No. 9516

Primary Registration District No. 2078 — Registered No. 55

FULL NAME OF CHILD Hilda Catherine

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Female			Yes	Oct 16 1912

	FATHER	MOTHER
FULL NAME	William C. Rossner	FULL MAIDEN NAME Sophia Bogenn
RESIDENCE	Russell, Ida	Russell, Ida
COLOR	White	White
AGE AT LAST BIRTHDAY (Years)	35	23
BIRTHPLACE	Oregon	Neb
OCCUPATION	Farmer	Housewife

Number of child of this mother, including present birth 3

Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 1 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. M. Tarbly

Physician (Physician or midwife)

Address Orofino Ida

Filed Oct 16 1912 J. M. Tarbly Registrar

Given names added from a supplemental report

..... 19.....

..... Registrar

S-Y CO. 20174

251-125-018-355

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Form V. S. No. 11-C—20m-2-15-12

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Clearwater

City of Gilbert

Registration District No. 17 File No. 9517

No. ..... St.

Primary Registration District No. 2078 Registered No. 56

Hospital .....

FULL NAME OF CHILD Lester Merle Snavely

Sex of Child	Twin / Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Male			Yes	Sept 25 1912

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	Adolphus Snavely	Lillian Venders
RESIDENCE	Russell Ida	Russell, Ida
COLOR	White	White
AGE AT LAST BIRTHDAY (Years)	30	29
BIRTHPLACE	Ohio	Ohio
OCCUPATION	Farmer	Housewife.

Number of child of this mother, including present birth 5

Number of children of this mother now living, including present birth 5

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive, at 9 A.M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) .....

(Physician or midwife)

Address .....

Given names added from a supplemental report

..... 19.....

..... Registrar

Filed Oct 30 19 12 J. M. Snavely Registrar

5-Y CO. 20174

Form V. S. No. 11-C-20m-3-19-12

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

PLACE OF BIRTH

(County of)

MARGIN RESERVED FOR BINDING

WRITE PLAINLY. WITH UNFADING INK. THIS IS A PERMANENT RECORD

251-225-078-555

Form V. S. No. 11-C—20m-2-15-12

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Elmore

City of Russell

Registration District No. 17 File No. 9518

No. ____ St.

Primary Registration District No. 2078 Registered No. 57

Hospital ____

FULL NAME OF CHILD Esther Beryl Snarr

Sex of Child	Twin / Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Female			Yes	Sept 25 1912

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	Adolphus Snarr	Lillian Yoder
RESIDENCE	Russell, Ida	Russell, Ida
COLOR	White	White
AGE AT LAST BIRTHDAY (Years)	50	34
BIRTHPLACE	Ohio	Wis
OCCUPATION	Farmer	Housewife

Number of child of this mother, including present birth 5

Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 9:30 A. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) ____

(Physician or midwife)

Given names added from a supplemental report

....., 19.....

Registrar

Address ____

Filed Oct 30 1912 J. M. Saarly

Registrar

S-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

JUN 1 4 1974

231-201
201-265

Amended 3-25-68

(Be sure the information is complete and accurate)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 9519
Local Reg. No. 4
Reg. Dist. No. 1

1. PLACE OF BIRTH

a. COUNTY: Ada

b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN: Boise

c. FULL NAME OF (If NOT in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION:

2. USUAL RESIDENCE OF MOTHER (Where does mother live?)

a. STATE: Idaho b. COUNTY: Boise

c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN: Garden Valley

d. STREET ADDRESS (If rural, give location):

3. CHILD'S NAME (Type or print)

a. (First): Eleanor b. (Middle): Elizabeth c. (Last): Scanlon

4. SEX: Female

5a. THIS BIRTH: SINGLE X TWIN ____ TRIPLET ____

5b. IF TWIN OR TRIPLET (This child born): 1st ____ 2nd ____ 3rd ____

6. DATE OF BIRTH (Month) (Day) (Year): November 1, 1912

FATHER OF CHILD

7. FULL NAME

a. (First): John b. (Middle): J. c. (Last): Scanlon

8. AGE (At time of this birth): 42 YEARS

9. BIRTHPLACE (State or foreign country) (City or Town): Garden Valley, Idaho

10. USUAL OCCUPATION: Farmer

11. KIND OF BUSINESS OR INDUSTRY:

MOTHER OF CHILD

12. FULL MAIDEN NAME

a. (First): Agnes b. (Middle): c. (Last): Sweikhart

13. AGE (At time of this birth): 35 YEARS

14. BIRTHPLACE (State or foreign country) (City or Town): Detroit, Mich.

15. CHILDREN PREVIOUSLY BORN TO THIS MOTHER (Do NOT include this child)

a. How many OTHER children are now living?

b. How many OTHER children were born alive but are now dead?

c. How many children were stillborn (born dead after 20 wks. pregnancy?)

16. INFORMANT'S SIGNATURE OR NAME (Relationship):

I hereby certify that this child was born alive on the date stated above.

17. SIGNATURE: M. Allen Callaway

18. ATTENDANT AT BIRTH: M.D. X MIDWIFE ____ OTHER (Specify) ____

19. ADDRESS: Boise, Idaho

20. DATE SIGNED:

21. DATE REC'D BY LOCAL REG.: Dec. 5, 1912

22. REGISTRAR'S SIGNATURE: J. M. Taylor, Dept.

23. DATE ON WHICH GIVEN NAME ADDED BY ____ Registrar

Record typewriter ribbon in completing this certificate. This certificate MUST be filed with the
rict where the birth occurred WITHIN 10 days after the date of birth of the child. Address
ITAL STATISTICS, BOISE, IDAHO.

2-13-68

IDAHO DEPARTMENT OF HEALTH

BUREAU OF VITAL STATISTICS

Affidavit to Correct or Amend An Original Certificate of Birth or Death

RECEIVED

MAR 13 1968

Bureau of Vital Statistics

State of ..... } ss.
County of ..... }

Certificate No. 9519

Date Filed .....

The undersigned does solemnly swear that certain facts on the certificate of Birth (Birth or Death)

for Eleanor E. Scanlin (Name on Original Certificate) who was born (Was Born or Died) on Nov. 1, 1912 (Date of Event)

in Boise, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the true facts are shown by ..... (Bible Record, Insurance Policy, Etc.) prepared on ..... (Give Date), are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
last name of child	Scanlin	Scanlon
last name of father	Scanlin	Scanlon

Subscribed and sworn to before me this 4th day of March, 1968

Notary Public, residing at Boise, Idaho

My commission expires 2-15-71

(Seal)

Signed Clarence L. Thompson

(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Idaho }
County of Ada } ss.

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 4th day of March, 1968

Notary Public, residing at Boise, Idaho

My commission expires 2-15-71

(Seal)

Signed K B Thompson

(Signature of Any Credible Person)

(Street Address, City, State)

K

FORM DH 60-155

Personal check made out to Ben Strong and signed by John Scanlon. Check dated Aug.2, 1951 on First Security Bank.
Viewed by V. S.

Own childs birth certificate on file - Idaho # 49-14319 gives name of mother as Eleanor Elizabeth Scanlon. Child born Dec. 5, 1949
Viewed by V. S.

High School Diploma lists name as Eleanor Elizabeth Scanlon. Issued by W. A. Haldi, Supt. of Cascade Schools. Graduated May 15, 1931.
Viewed by V. S.

Deed to lot at Morris Hill Cemetery made out to John J. Scanlon on Sept. 29, 1924.
Signed by City Clerk, Angela Hopper.
Viewed b y V. S.

[redacted] RTH

Form V. S. No. 11-C—20m-2-15-12

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Ada

City of Boise

No. South Baise St.

Registration District No. 1

File No. 9519

Primary Registration District No. 2004

Registered No. 4

Hospital

FULL NAME OF CHILD Eleanor E Scanlin

Sex of Child	Twin, Triplet or other?	and Number in order of birth	Legitimate?	Date of Birth
Female	—	—	Yes	11 (Month) — 1 (Day) — 191 2 (Year)

(To be answered only in event of plural births)

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	John J. Scanlin	Agnes Sweikhart
RESIDENCE	Garden Valley	Garden Valley
COLOR	W.	White
AGE AT LAST BIRTHDAY	42 (Years)	35 (Years)
BIRTHPLACE	Garden Valley	Detroit, Mich
OCCUPATION	Farmer	Hse.

Number of child of this mother, including present birth 1

Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 5 a. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Mallen Dallaway

Physician

(Physician or midwife)

Address Baise Idaho

Given names added from a supplemental report

.....19.....

.....
Registrar

Filed Dec 5 1912

J. M. Taylor
Dpt. Registrar

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

S-Y CO. 20174

MAR 25 1968

Dup of 1912 - 151466

255-126-001-264

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

PLACE OF BIRTH

County of Ada

City of S Boise

No _____, _____ St.

Hospital _____

Form V. S. No. 11-C—10m-8-7-11

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

9520

Registration District No 1 File No. _____

Primary Registration District No. 2004 Registered No. 3

FULL NAME OF CHILD Maurice Gudamus Svendsen

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
male			yes	Nov 26 1912

FATHER		MOTHER	
FULL NAME	Maurice P. Svendsen	FULL MAIDEN NAME	Louise Bruflot
RESIDENCE	South Boise	RESIDENCE	South Boise
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	34 (Years)	AGE AT LAST BIRTHDAY	25 (Years)
BIRTHPLACE	Denmark	BIRTHPLACE	South Dakota
OCCUPATION	Mechanic	OCCUPATION	Housewife

Number of child of this mother, including present birth 4

Number of children, of this mother, now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn) on the date above stated, at 10 a M.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report

_____, 19____

_____ Registrar

(Signature) L. L. Williamson M.D.

(Physician or Midwife)

Address 824 Franklin St

Filed Dec 5th 1912 J. M. Taylor Dep. Registrar

SYMS - YORK CO., PTRS. & BDRS. 17326

APR 25 1961

995-212-001-218

PLACE OF BIRTH

Form V. S. No. 11-C—15m-6-20-11

STATE OF IDAHO

Bureau of Vital Statistics

9521

CERTIFICATE OF BIRTH

County of Ada

City of Meridian Registration District No. 1 File No.

No. , St.

Primary Registration District No. 2093 Registered No. 2

Hospital

FULL NAME OF CHILD Louise Myrth Ireland

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Female	One	1st	yes	Nov 12, 1912

FATHER	MOTHER
FULL NAME Harry A. Ireland	FULL MAIDEN NAME Clara Myrtle Kahl
RESIDENCE Meridian	RESIDENCE Meridian
COLOR White	COLOR White
AGE AT LAST BIRTHDAY 29 (Years)	AGE AT LAST BIRTHDAY 30 (Years)
BIRTHPLACE Kans	BIRTHPLACE Kans
OCCUPATION Agricultural Teacher	OCCUPATION Housewife

Number of child of this mother, including present birth One

Number of children, of this mother, now living, including present birth One

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 3.25 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) W. G. Neal

Physician (Physician or Midwife)

Address Meridian

Given names added from a supplemental report

....., 19.....

Filed Dec 3rd 1912 J. M. Taylor Registrar

.....

S-Y CO., 16670 Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

JUN 17 1947

MAY 2 1968

155-125-001-217

PLACE OF BIRTH

Form V. S. No. 11-G—15m-6-20-11

STATE OF IDAHO

Bureau of Vital Statistics

9522

CERTIFICATE OF BIRTH

County of Ada

City of Foot Hill Road

No. ____, ____ St.

Hospital ____

Registration District No. 1 File No. ____

Primary Registration District No. 2004 Registered No. 1

FULL NAME OF CHILD Hiram Edgar Jensen

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Male	—	—	Yes	Nov. 25th, 1912

FATHER		MOTHER	
FULL NAME	Hiram Edgar Jensen	FULL MAIDEN NAME	Alma Saxton
RESIDENCE	Foot Hill Road - 5 mi N.W. Boise	RESIDENCE	Foot Hill Road
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	42 (Years)	AGE AT LAST BIRTHDAY	40 (Years)
BIRTHPLACE	Idaho	BIRTHPLACE	Michigan
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth .....

Number of children, of this mother, now living, including present birth .....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 10:15 A. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. M. Taylor M.D.

(Physician or Midwife)

Address Boise Idaho

Given names added from a supplemental report

....., 19.....

Filed Nov. 26 1912 J. M. Taylor Dept. Registrar

.....

Registrar

S-Y CO., 16670

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

PLACE OF BIRTH

County of

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each, and the number at each birth stated

559-109 [redacted] -819

PLACE OF BI[redacted]

STATE OF IDAHO
Bureau of Vital Statistics
CERTIFICATE OF BIRTH

Form V. S. No. 11—10m-6-20-11
9523

County of Shos[redacted]

City of Gem

Registration District No. 25

File No.

No. ____, ____ St.

Primary Registration District No. 2109

Registered No.

Hospital

FULL NAME OF CHILD James Charles Vermillion

Sex of Child: M

Twin, Triplet, or other? one and Number in order of birth 3d
(To be answered only in event of plural births)

Legitimate? yes

Date of birth Oct 9, 1912
(Month) (Day) (Year)

FATHER	MOTHER
FULL NAME: William F. Vermillion	FULL MAIDEN NAME: Nannie Agatsock
RESIDENCE: Gem, Ida	RESIDENCE: Gem Ida
COLOR: W	COLOR: W
AGE AT LAST BIRTHDAY: 39 (Years)	AGE AT LAST BIRTHDAY: 35 (Years)
BIRTHPLACE: Virginia	BIRTHPLACE: Virginia
OCCUPATION: Rancher	OCCUPATION: Housewife

Number of child of this mother, including present birth: 3d

Number of children, of this mother, now living, including present birth: 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive at 5P M.
on the date above stated. (Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Chas. R. Mowery

Physician
(Physician or Midwife)

Address Wallace Ida

Given name added from a supplemental report

....., 19.....

Filed Oct 20 1912 Dr. Chas. A. Hoffman

S-Y CO., 16669

Registrar

Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY. WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at a birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

7-14-41

AUG 8 1947
SEP 29 1954
FEB 12 1965

4/18-229-040-954

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Form V. S. No. 11-C—20m-2-15-12

PLACE OF BIRTH

County of Shoshone

City of Burke

No. ____ St.

Hospital ____

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 25 File No. 9525

Primary Registration District No. 2109 Registered No. ____

FULL NAME OF CHILD Dora Dahlstrom

Sex of Child	Twin / Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Female			Yes	Oct 29 1912

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	Charles Dahlstrom	Ina Penbark
RESIDENCE	Burke	Burke
COLOR	White	White
AGE AT LAST BIRTHDAY (Years)	28	21
BIRTHPLACE	Finland	Mich.
OCCUPATION	Miner	H. Wife

Number of child of this mother, including present birth 3rd

Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Alive (Born alive or stillborn) at 1.30 a M. on the date above stated.

(Signature) Alexander Cairns M. D.

(Physician or midwife)

Address ____

Filed Nov 4 1912 Dr. Chas. E. Wathen Registrar

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report

..... 19.....

..... Registrar

S-Y CO. 20174

SEP 1 4 1970

713-22
049-593

Amended 2-3-69

(Be sure the information is complete and accurate)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 9526
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH

a. COUNTY: Shoshone

b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN: Burke

c. FULL NAME OF (If NOT in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION:

2. USUAL RESIDENCE OF MOTHER (Where does mother live?)

a. STATE: Idaho

b. COUNTY: Shoshone

c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN: Burke

d. STREET ADDRESS (If rural, give location):

3. CHILD'S NAME (Type or print)

a. (First): Angelina

b. (Middle): Elma

c. (Last): Gallino

4. SEX: Female

5a. THIS BIRTH — SINGLE X TWIN ____ TRIPLET ____

5b. IF TWIN OR TRIPLET (This child born) 1st ____ 2nd ____ 3rd ____

6. DATE OF BIRTH (Month) (Day) (Year): October 29, 1912

FATHER OF CHILD

7. FULL NAME

a. (First): Albino

b. (Middle):

c. (Last): Gallino

8. AGE (At time of this birth): 32 YEARS

9. BIRTHPLACE (State or foreign country) (City or Town): Italy

10. USUAL OCCUPATION: Miner

11. KIND OF BUSINESS OR INDUSTRY:

MOTHER OF CHILD

12. FULL MAIDEN NAME

a. (First): Irene

b. (Middle):

c. (Last): Nicol

13. AGE (At time of this birth): 28 YEARS

14. BIRTHPLACE (State or foreign country) (City or Town): Italy

15. CHILDREN PREVIOUSLY BORN TO THIS MOTHER (Do NOT include this child)

a. How many OTHER children are now living? 0

b. How many OTHER children were born alive but are now dead? 0

c. How many children were stillborn (born dead after 20 wks. pregnancy?) 0

16. INFORMANT'S SIGNATURE OR NAME (Relationship):

I hereby certify that this child was born alive on the date stated above.

17. SIGNATURE: Alexander Cairns, M.D.

18. ATTENDANT AT BIRTH — M.D. X MIDWIFE ____ OTHER (Specify) ____

19. ADDRESS:

20. DATE SIGNED:

21. DATE REC'D BY LOCAL REG.: November 4, 1912

22. REGISTRAR'S SIGNATURE: Dr. Chas. A. Dettman

23. DATE ON WHICH GIVEN NAME ADDED BY ____ Registrar

Record typewriter ribbon in completing this certificate. This certificate MUST be filed with the
District where the birth occurred WITHIN 10 days after the date of birth of the child. Address
VITAL STATISTICS, BOISE, IDAHO.

IDAHO DEPARTMENT OF HEALTH
BUREAU OF VITAL STATISTICS

RECEIVED
OCT 1 1968
Bureau of Vital Statistics

Affidavit to Correct or Amend An Original Certificate of Birth or Death

State of ..... } ss.
County of ..... }

Certificate No. 9526

Date Filed .....

The undersigned does solemnly swear that certain facts on the certificate of Birth (Birth or Death)
for Angela Alma Gallino (Name on Original Certificate) who was born (Was Born or Died) on October 28, 1912 (Date of Event)
in Burke, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts are shown by ..... (Bible Record, Insurance Policy, Etc.) prepared on ..... (Give Date), are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
Full Name of Child	Angela Alma Gallino	Angelina Elma Gallino
Child's Date of Birth	Oct. 28, 1912	October 29, 1912

Subscribed and sworn to before me this 2nd day of October, 19 68
E. Kelley Gross
Notary Public, residing at Santa Clara
My commission expires Aug. 19-1970
(Seal)

Signed mike Serra
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)
503 Park ave San jose
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of California } ss.
County of Santa Clara }

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 2nd day of October, 19 68
E. Kelley Gross
Notary Public, residing at 742 Park ave
My commission expires Aug 19-1970
(Seal)

Signed Clotilde Maschi Serra
(Signature of Any Credible Person)
503 Park Ave. San Jose
(Street Address, City, State)

FORM DH 60-155 CL 9-13-68. 2 copies pd. rec # 3850

Marriage License, dated May 19, 1933, gives State of California, County of Santa Clara, gives name as Angelina E. Gallino - Viewed by V.S.

State of California Diploma of Graduation from Elementary School, dated June 15, 1927, gives name as Angelina E. Gallino - Viewed by V.S.

Child's birth certificate from California for Carol Irene Bottini, dated August 10, 1942, indicates mother's birth date as October 29, 1912.

Roman Catholic Church Holy Sacrament of Baptism, dated Nov. 20 1968, gives the birth date as October 29, 1912.

WWW said to make correction

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Form V. S. No. 11-C—20m-2-15-12

PLACE OF BIRTH

County of Shoshone

City of Burke

No. ..... St.

Hospital .....

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

Registration District No. 25 File No. 9526

Primary Registration District No. 2109 Registered No. .....

FULL NAME OF CHILD Angela Alma Gallino

Sex of Child	Twin / Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth
Female			Yes	Oct (Month) 28 (Day) 1912 (Year)

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	Albino Gallino	Anna Arcol
RESIDENCE	Burke	Burke
COLOR	White	White
AGE AT LAST BIRTHDAY (Years)	32	28
BIRTHPLACE	Italy	Italy
OCCUPATION	Miner	Home Work

Number of child of this mother, including present birth 1

Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 1:30 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Alexander Cairns M. D

(Physician or midwife)

Given names added from a supplemental report

..... 19.....

..... Registrar

Address .....

Filed Nov 4 1912 W. Chas. E. Whitman Registrar

8-Y CO. 20174

MAY 14 1956

FEB 4 1969

415-129-040-795

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Form V. S. No. 11-C—20m-2-15-12

PLACE OF BIRTH

County of Canyon

City of Butte

No. ..... St.

Hospital .....

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 25 File No. 9527

Primary Registration District No. 2109 Registered No. .....

FULL NAME OF CHILD Dwight D. Davis

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Male			Yes	Oct 29 1912

FATHER		MOTHER	
FULL NAME	George F. W. Davis	FULL MAIDEN NAME	Elizabeth Gunter
RESIDENCE	Butte	RESIDENCE	Butte
COLOR	White	AGE AT LAST BIRTHDAY (Years)	35
BIRTHPLACE	New Jersey	COLOR	White
OCCUPATION	Miner	AGE AT LAST BIRTHDAY (Years)	34
		BIRTHPLACE	N. York
		OCCUPATION	H. Wife

Number of child of this mother, including present birth 5th

Number of children of this mother now living, including present birth 5

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was from alive (Born alive or stillborn) at 4.30 P.M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Alexander Cairns M. D.

/ (Physician or midwife)

Given names added from a supplemental report

..... 19.....

..... Registrar

Address .....

Filed Nov 4 1912 Dr. Chas. A. Dittman Registrar

8-Y CO. 20174

6-27-41

NOV 18 1941

365-119-040-434

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

Form V. S. No. 11-C—15m-6-20-11

PLACE OF BIRTH

County of Shoshone

City of Burke

No. ____, ____ St.

Hospital ____

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

Registration District No. 25 File No. 9528

Primary Registration District No. 2109 Registered No. ____

FULL NAME OF CHILD Gordon Emile Joner

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Male			Yes	Oct. 19th, 1912

FATHER		MOTHER	
FULL NAME	Francis Terrence Joner	FULL MAIDEN NAME	Clara M^c Donald
RESIDENCE	Burke	RESIDENCE	Burke
COLOR	White	AGE AT LAST BIRTHDAY (Years)	36
COLOR	White	AGE AT LAST BIRTHDAY (Years)	30
BIRTHPLACE	Wis	BIRTHPLACE	Minn.
OCCUPATION	Lawyer	OCCUPATION	House Wife

Number of child of this mother, including present birth 4th

Number of children, of this mother, now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 12 noon on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Alexander Cairns M. D.

(Physician or Midwife)

Address ____

Given names added from a supplemental report

____, 19____

____ Registrar

Filed Nov 4 1912 Dr. Chas. E. Bothman Registrar

S-Y CO., 16670

Form V.S. No. 11-C—Rev. 6-51-11

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

PLACE OF BIRTH

County of

244-209-040-547

Form V. S. No. 11-C—15m-6-20-11

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

PLACE OF BIRTH

County of Shoshone

City of Mullan

No. ____, ____ St.

Hospital

Registration District No. 25

File No. 9529

Primary Registration District No. 2108

Registered No. ____

FULL NAME OF CHILD Julia Summers

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Female			yes	Oct 9, 1912

FATHER		MOTHER	
FULL NAME	Philip Summers	FULL MAIDEN NAME	Julia Nugent
RESIDENCE	Mullan	RESIDENCE	Mullan
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY	31 (Years)	AGE AT LAST BIRTHDAY	36 (Years)
BIRTHPLACE	Newfoundland	BIRTHPLACE	Newfoundland
OCCUPATION	Miner	OCCUPATION	HW

Number of child of this mother, including present birth 5

Number of children, of this mother, now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 9:00 A. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) James H Bean

Physician (Physician or Midwife)

Address ____

Given names added from a supplemental report

____, 19____

____ Registrar

Filed Oct 20 1912 Dr. Chas. A. Dillman Registrar

S-Y CO., 16670

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

1. In case of more than one child at birth, a SEPARATE RETURN must be made for each child.

2. Items in italics are to be filled in where indicated

154-113-040-817

Form V. S. No. 11-C—15m-6-20-11

PLACE OF BIRTH

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

County of Shoshone

City of Mullan

No. ____, ____ St.

Registration District No. 25 File No. 9530

Primary Registration District No. 2108 Registered No. ____

Hospital ____

FULL NAME OF CHILD Herman Conrad Anderson

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
M			Yes	Oct 13, 191[illegible]

FATHER		MOTHER	
FULL NAME	C. Wm Anderson	FULL MAIDEN NAME	Hannah Hagna
RESIDENCE	Mullan	RESIDENCE	Mullan
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY (Years)	40	AGE AT LAST BIRTHDAY (Years)	34
BIRTHPLACE	Sweden	BIRTHPLACE	Wisconsin
OCCUPATION	miner	OCCUPATION	H.W.

Number of child of this mother, including present birth 4

Number of children, of this mother, now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 8:00 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) James R Bean

Physician

(Physician or Midwife)

Address ____

Given names added from a supplemental report

____, 19____

____ Registrar

Filed Oct 20 1912 Dr. Chas. A. Watts Registrar

S-Y CO., 16670

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

645 - 115-040-553

PLACE OF BIRTH

Form V. S. No. 11-C—15m-6-20-11

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

County of Shoshone

City of Mullan

Registration District No. 25

File No. 9531

No. ____, ____ St.

Primary Registration District No. 5-108

Registered No. ____

Hospital ____

FULL NAME OF CHILD John Edwin Finney

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Male			Yes	Oct 15, 1912

FATHER		MOTHER	
FULL NAME	John Finney	FULL MAIDEN NAME	Alma Nelson
RESIDENCE	Mullan	RESIDENCE	Mullan
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY (Years)	30	AGE AT LAST BIRTHDAY (Years)	23
BIRTHPLACE	Finland	BIRTHPLACE	Colorado
OCCUPATION	Miner	OCCUPATION	None

Number of child of this mother, including present birth 1

Number of children, of this mother, now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 5:45 A.M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) James R Dean

Physician (Physician or Midwife)

Given names added from a supplemental report

....., 19.....

Address .....

Filed Oct 20 19 12 Dr. Chas. C. Dethman

S-Y CO., 16670 Registrar

Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH — BUREAU OF VITAL STATISTICS

Affidavit to Correct or Amend an Original Certificate of Birth or Death

State of Arizona } ss.
County of Cochise }

AUG 29 1941

Certificate No. 9531
Date Filed

The undersigned does solemnly swear that certain facts on the certificate of ____ (Birth or death)
for John Edwin Finney (Name on original certificate) who was born (Was born or died) on Oct. 15th, 1912 (Date of event)
in Mullan, Idaho (Place of event) are erroneous or were omitted; and that, to the best of his knowledge, the true
facts as shown by Certificate of Baptism (Bible record, insurance policy, etc.) prepared on Jan. 14th, 1913 (Give date), are:

FACTS TO BE CORRECTED ("Name", "birth date", "cause of death", etc.)	FROM (As on original)	TO (The correct facts)
Name	no name given	John Edwin Finney

Subscribed and sworn to before me this 25th
day of Aug., 1941

Notary Public, residing at Bisbee, Arizona
My commission expires 2-1st, 1944
[SEAL]

Signed Mrs. Alma Finney
(Signature of parent ~~or attendant~~ if correcting a birth record; of ~~attendant, funeral director,~~ informant if correcting a death record; or ~~other credible person~~) Mother
605 A Bisbee Ariz
(Street Address, City, State)

Supporting Affidavit of a Second Person

State of Arizona } ss.
County of Cochise }

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge, information and belief

Subscribed and sworn to before me this 25th
day of August, 1941

Notary Public, residing at Bisbee, Arizona
My commission expires 2-1st, 1944
[SEAL]

Signed Victor C. Finney
(Signature of any credible person other than the previous affiant)
605 A Bisbee Ariz
(Street Address, City, State)
605 A Bisbee, Arizona

Received for filing on ____ by ____
(Registrar's signature)

593-104-040-345

Form V. S. No. 11-C—15m-6-20-11

PLACE OF BIRTH

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

County of Shoshone

City of Mullan

No. ____, ____ St.

Hospital ____

Registration District No. 25 File No. 9532

Primary Registration District No. 2108 Registered No. ____

FULL NAME OF CHILD Nichols

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Male			Yes	Oct 4 1917

FATHER	MOTHER
FULL NAME: Francis E. Nichols	FULL MAIDEN NAME: Delta Cunningham
RESIDENCE: Mullan	RESIDENCE: Mullan
COLOR: W	COLOR: W
AGE AT LAST BIRTHDAY (Years): 23	AGE AT LAST BIRTHDAY (Years): 20
BIRTHPLACE: Mo	BIRTHPLACE: Mo
OCCUPATION: Miner	OCCUPATION: HW

Number of child of this mother, including present birth: 1

Number of children, of this mother, now living, including present birth: 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 4:30 a. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) James R Bean

Physician

(Physician or Midwife)

Address ____

Given names added from a supplemental report

____ 19____

____ Registrar

Filed Oct 20 19 D. Chandler Registrar

S-Y CO., 16670

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

PLACE OF BIRTH

995-209-040-715

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

Form V. S. No. 11-C—15m-6-20-11

PLACE OF BIRTH

County of Nez Perce

City of Lewiston

No. ____, ____ St.

Hospital ____

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

Registration District No. 25

Primary Registration District No. 2108

File No. 9533

Registered No. ____

FULL NAME OF CHILD Zierski

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Female			Yes	May 9, 1917

FATHER		MOTHER	
FULL NAME	Jerry Zierski	FULL MAIDEN NAME	Antonia Zierski
RESIDENCE	Lewiston	RESIDENCE	Lewiston
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY (Years)	25	AGE AT LAST BIRTHDAY (Years)	25
BIRTHPLACE	Austria Poland	BIRTHPLACE	Austrian Poland
OCCUPATION	Miner	OCCUPATION	At Home

Number of child of this mother, including present birth 3

Number of children, of this mother, now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 10-30 A. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) James K Bem

Physician

(Physician or Midwife)

Address ____

Given names added from a supplemental report

____, 19____

____ Registrar

Filed Oct 20 19____ Dr. Chas. Dittman Registrar

S-Y CO., 16670

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child of birth, a separate return must be made for each and the number of each, in order of birth, stated

446-223-040-255

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

Form V. S. No. 11-C—10m-8-7-11

PLACE OF BIRTH

County of Shoshone

City of Burke

No _____, _____ St.

Hospital _____

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

Registration District No 25 File No. 9534

Primary Registration District No. 2109 Registered No. _____

FULL NAME OF CHILD Mary Gertrude Duff

Sex of Child	Twin, Triplet or other?	Number in order of birth	Legitimate?	Date of birth
F	one	and	yes	Oct 23 (Month) (Day) 1912 (Year)

(To be answered only in event of plural births)

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	Edward Duff	Teresa Keefe
RESIDENCE	Burke	Burke
COLOR	W	W
AGE AT LAST BIRTHDAY (Years)	34	32
BIRTHPLACE	Newfoundland	Newfoundland
OCCUPATION	Miner	Housewife

Number of child of this mother, including present birth 1

Number of children, of this mother, now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn) at 12 30 a. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Dr. Chas. A. Dettman

(Physician or Midwife)

Address Burke Ida

Given names added from a supplemental report

....., 19.....

Filed Nov 3 1912 Dr. Chas. A. Dettman

Registrar

SYMS - YORK CO., PTRS. & BDRS. 17326

Registrar

JAN 25 1943

AUG 24 1973

693-101
032-366

PLACE OF BIRTH

Form V. S. No. 11-C—15m-6-20-11

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

County of Lincoln

City of Wendell

Registration District No. 6

File No. 9535

No. ____, ____ St.

Primary Registration District No. 2018

Registered No. [redacted]

Hospital ____

FULL NAME OF CHILD Wilson

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
male		2	yes	11 1 1912

FATHER		MOTHER	
FULL NAME	LeRoy B Wilson	FULL MAIDEN NAME	Hannah E Toal
RESIDENCE	Wendell	RESIDENCE	Wendell
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	25 (Years)	AGE AT LAST BIRTHDAY	20 (Years)
BIRTHPLACE	Mo	BIRTHPLACE	Colo
OCCUPATION	Laborer	OCCUPATION	Housewife

Number of child of this mother, including present birth 2

Number of children, of this mother, now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn) at 11 A M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) H. E. Lamb

Physician

(Physician or Midwife)

Address Wendell

Given names added from a supplemental report

....., 19.....

Filed Nov 2 19 12 H E Lamb

Registrar

.....

Registrar

S-Y CO., 16670

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

632-223
040-85-9

PLACE OF BIRTH

County of Shoshone

City of Kingston

No. _____ St.

Hospital _____

STATE OF IDAHO
OF VITAL STATISTICS

Form V. S. No. 11-C—20m-2-15-12

RTIFICATE OF BIRTH

Registration District No. 25

File No. 9536

Primary Registration District No. 2184

Registered No. _____

FULL NAME OF CHILD Francis Swazey Olson

Sex of Child	Twin, Triplet or other?	and	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
F	1		1	Yes	9 23 1912

(To be answered only in event of plural births)

FATHER	MOTHER
FULL NAME: Frank Olson	FULL MAIDEN NAME: Susie Heiner.
RESIDENCE: Kingston Ida	RESIDENCE: Kingston, Ida.
COLOR: W	COLOR: W
AGE AT LAST BIRTHDAY: 38 (Years)	AGE AT LAST BIRTHDAY: 20 (Years)
BIRTHPLACE: Minn	BIRTHPLACE: Penn.
OCCUPATION: Merchant.	OCCUPATION: House wife

Number of child of this mother, including present birth 1

Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 11 A. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. B. Mason

(Physician or midwife)

Given names added from a supplemental report

_____ 19____

_____ Registrar

Address _____

Filed Nov 16 1912 W. Chas. A. Dettman Registrar

S-Y CO. 20174

MARGIN RESERVED FOR BINDING
WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

JUN 9 1943

168-201-040-968

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Form V. S. No. 11-C—20m-2-15-12

PLACE OF BIRTH

County of Shoshone

City of Kellogg

No. ..... St.

Hospital .....

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 25 File No. 9537

Primary Registration District No. 2105 Registered No. .....

FULL NAME OF CHILD [illegible] Vanita Virginia Johnson

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
F	1	3	Yes	10 / 1 / 1912

FATHER		MOTHER	
FULL NAME	C. F. Johnson	FULL MAIDEN NAME	Josephine [illegible]
RESIDENCE	Kellogg	RESIDENCE	Kellogg
COLOR	W	AGE AT LAST BIRTHDAY (Years)	32
COLOR	W	AGE AT LAST BIRTHDAY (Years)	23
BIRTHPLACE	Finland	BIRTHPLACE	Finland
OCCUPATION	Miner & Cook	OCCUPATION	House wife

Number of child of this mother, including present birth .....

Number of children of this mother now living, including present birth .....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 1 30 M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) [illegible]

(Physician or midwife)

Address .....

Given names added from a supplemental report

..... 19.....

..... Registrar

Filed Mar 10 19 12 Dr. Chas. A. Dettman Registrar

S-Y CO. 20174

Form V. S. No. 11-C—20m-2-15-12

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

PLACE OF BIRTH

County of

381-119-040-944

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH

County of Shoshone

City of Kellogg Ida.

No. ..... St.

Hospital .....

Form V. S. No. 11-C—20m-2-15-1[illegible]

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 25 File No. 9538

Primary Registration District No. 2105 Registered No. .....

FULL NAME OF CHILD Vernon Fredrick Champagne

Sex of Child	Twin Triplet or other?	and	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
M	1		1	Yes	10 19 191[illegible]

(To be answered only in event of plural births)

FATHER	MOTHER
FULL NAME J. B. Champagne	FULL MAIDEN NAME Marcella Reedy
RESIDENCE Kellogg	RESIDENCE Kellogg
COLOR W	COLOR W
AGE AT LAST BIRTHDAY 24 (Years)	AGE AT LAST BIRTHDAY 23 (Years)
BIRTHPLACE Wis	BIRTHPLACE Canada
OCCUPATION Butcher	OCCUPATION House wife

Number of child of this mother, including present birth 1

Number of children of this mother now living, including present birth .....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 2:30 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. R. Hewson

(Physician or midwife)

Given names added from a supplemental report

..... 19.....

Address .....

Filed Nov 10 1912 Dr. Chas. G. Witham

S-Y CO. 20174

Registrar

Registrar

Form V. S. No. 11-C—20m-2-16-1

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

PLACE OF BIRTH

County of

271 - 214-040-433

Form V. S. No. 11-C—20m-2-15-12

PLACE OF BIRTH

County of Shoshone

City of Kellogg.

No. ..... St.

Hospital .....

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 25 File No. 9539

Primary Registration District No. 2105 Registered No. .....

FULL NAME OF CHILD Marvel Sparger.

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
F	1	1	Yes	10 14 1912

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	Robert Sparger.	Ruth McClung
RESIDENCE	Kellogg, Ida.	Kellogg. Ida.
COLOR	W	W
AGE AT LAST BIRTHDAY (Years)	24	28
BIRTHPLACE	Kansas.	Idaho
OCCUPATION	Miner	House wife

Number of child of this mother, including present birth 1

Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 2.30 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. R. Mason

(Physician or midwife)

Given names added from a supplemental report

..... 19.....

..... Registrar

Address .....

Filed Nov 10 1912 Dr. Chas. L. Wetherman Registrar

5-Y CO. 20174

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

MARGIN RESERVED FOR BINDING

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

386 - 222-040-314

Form V. S. No. 11-C—20m-2-15-12

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Shoshone

City of Kellogg

No. ..... St.

Hospital

Registration District No. 75 File No. 9540

Primary Registration District No. 2105 Registered No. .....

FULL NAME OF CHILD Pauline K Thompson

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
F	1	4	Yes	10 22 1912

FATHER	MOTHER
FULL NAME Nat Thompson	FULL MAIDEN NAME Marie Lamuth
RESIDENCE Kellogg Idaho	RESIDENCE Kellogg Idaho
COLOR W AGE AT LAST BIRTHDAY 49 (Years)	COLOR W AGE AT LAST BIRTHDAY 40 (Years)
BIRTHPLACE Austria	BIRTHPLACE Austria
OCCUPATION Miner	OCCUPATION House wife

Number of child of this mother, including present birth 4

Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 1:30 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. R. Mason

(Physician or midwife)

Given names added from a supplemental report

..... 19.....

Address .....

Filed Nov 10 1912 Dr. Chas. E. Hartman

..... Registrar

Registrar

8-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

SEP 21 1956

354-22-29
040-2529

PLACE OF BIRTH

County of Shoshone

City of Kellogg

No. ..... St.

Hospital

Form V. S. No. 11-C—20m-8-15-12

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 25

File No. 9541

Primary Registration District No. 2105

Registered No. .....

FULL NAME OF CHILD Phyllis Mildred Tamby

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
F	/	/	yes	10 27 1912

FATHER

FULL NAME Bert Tamby

RESIDENCE Kellogg, Idaho

COLOR W AGE AT LAST BIRTHDAY 23 (Years)

BIRTHPLACE California

OCCUPATION Miner

MOTHER

FULL MAIDEN NAME Gertrude Berryman

RESIDENCE Kellogg, Idaho

COLOR W AGE AT LAST BIRTHDAY 25 (Years)

BIRTHPLACE California

OCCUPATION House wife

Number of child of this mother, including present birth 1

Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) on the date above stated, at 2:30 P. M.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. R. Wherry

(Physician or midwife)

Address .....

Given names added from a supplemental report

..... 19.....

Filed Nov 7 19 12 Dr. Chas. A. Dettman

..... Registrar

Registrar

S-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

MAY 1 1942

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

PLACE OF BIRTH

County of

Registration District No.

Registration Dist.

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK. THIS IS A PERMANENT RECORD

M. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth, stated.

432-107-040-365

PLACE OF BIRTH

Form V. S. No. 11-C—20m-2-15-12

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Shoshone

City of Kellogg. Registration District No. 25 File No. 9542

No. ____ St. Primary Registration District No. 2105 Registered No. ____

Hospital ____

FULL NAME OF CHILD Chester Cooke Mc Kasson.

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
boy	/	/	yes	10 4 1912

FATHER		MOTHER	
FULL NAME	Clyde Mc Kasson	FULL MAIDEN NAME	Clara Cooley.
RESIDENCE	Kellogg	RESIDENCE	Kellogg
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY (Years)	20	AGE AT LAST BIRTHDAY (Years)	19
BIRTHPLACE	Iowa	BIRTHPLACE	Idaho.
OCCUPATION	Miner	OCCUPATION	House wife

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 12.30 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. R. Mason

(Physician or midwife)

Address ____

Given names added from a supplemental report

....19....

....
Registrar

Filed Oct 14 19 12 D. Mac C. Dillman
Registrar

S-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Form V. S. No. 11-C—20m-2-15-12

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

DEC 17 1941

CERTIFICATE OF BIRTH

PLACE OF BIRTH

OCT 10 1944

Dup #1912-253368

6717-205-001-866

PLACE OF BIRTH

STATE OF IDAHO
Bureau of Vital Statistics
CERTIFICATE OF BIRTH

Form V. S. No. 11-C—15m-6-20-11

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

County of Ada

City of Kuna

No. 1 in Miles West St.

Registration District No. 1

File No. 9543

Primary Registration District No. 2003

Registered No. 236

Hospital x

FULL NAME OF CHILD Leona Augusta Graham

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Girl	x	x	Yes	Nov 5 1912

FATHER		MOTHER	
FULL NAME	Herman H Graham	FULL MAIDEN NAME	Carrie Hoobler
RESIDENCE	Kuna - Ida	RESIDENCE	Kuna Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	26 (Years)	AGE AT LAST BIRTHDAY	23 (Years)
BIRTHPLACE	Germany	BIRTHPLACE	South Dakota
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 3

Number of children, of this mother, now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 10 a. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. H. Murray

Physician

(Physician or Midwife)

Address Nampa Idaho

Given names added from a supplemental report

....., 19.....

Registrar

Filed Nov. 13 1912 E. E. Thowhan

Registrar

S-Y CO., 16670

K

NOV 12 1970

845-104-001-331

PLACE OF BIRTH

County of Ada

City of Kuna

No. R #I, St.

Hospital

Form V. S. No. 11-C—15m-6-20-11

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

Registration District No. 1

File No. 9544

Primary Registration District No. 2003

Registered No. 234

FULL NAME OF CHILD Arthur Lee Hunt

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
male	one	2nd	Yes	Nov. 4, 1912

FATHER		MOTHER	
FULL NAME	Samuel W. Hunt	FULL MAIDEN NAME	Cora Maude Clark
RESIDENCE	Kuna R #I	RESIDENCE	Kuna R #I
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	32 (Years)	AGE AT LAST BIRTHDAY	23 (Years)
BIRTHPLACE	Mo	BIRTHPLACE	Texas
OCCUPATION	Rancher	OCCUPATION	House wife

Number of child of this mother, including present birth 2

Number of children, of this mother, now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 8 A. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report

....., 19.....

.....
Registrar

(Signature) S. E. Neal

Physician

(Physician or Midwife)

Address Meridian, Ida.

Filed Nov. 13 1912 L. E. Shawhan
Registrar

S-Y CO., 16670

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

SEP 2 2 1942

217-201-001-264

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

PLACE OF BIRTH

Form V. S. No. 11-C—10m-8-7-11

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

County of Ada

City of Boxton Station

Registration District No 1

File No. 9545

No ——, ——— St.

Primary Registration District No. 2002

Registered No. 219

Hospital ———

FULL NAME OF CHILD Ethel Clara Boxton

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Female	—	—	Yes.	Nov. 1st, 1912

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	George Hiram Boxton	Ella Clara Konnel
RESIDENCE	Ada Co.	Ada Co.
COLOR	White	White
AGE AT LAST BIRTHDAY (Years)	24	24
BIRTHPLACE	Ada Co. Idaho.	Soda Springs, Ida.
OCCUPATION	Farmer.	Home Wife

Number of child of this mother, including present birth 1.

Number of children, of this mother, now living, including present birth 1.

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 8.22 A. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) G. E. Shawhan

Physician (Physician or Midwife)

Address Boise, Idaho

Given names added from a supplemental report

....., 19.....

Filed Nov. 1, 1912 G. E. Shawhan

Registrar

Registrar

SYMS - YORK CO., PTRS. & BDRS 17326

FEB 22 1973

APR 22 1974

DECEASED

Amended 7/31/73

271-104-001-356

(Be sure the information is complete and accurate)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 9546
Local Reg. No.
Reg. Dist. No. 1

1. PLACE OF BIRTH

a. COUNTY: Ada

b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN: Boise

c. FULL NAME OF (If NOT in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION:

2. USUAL RESIDENCE OF MOTHER (Where does mother live?)

a. STATE: b. COUNTY:

c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN: Bench

d. STREET ADDRESS (If rural, give location):

3. CHILD'S NAME (Type or print)

a. (First): Edwin b. (Middle): W. c. (Last): Spangenberg

4. SEX: Male

5a. THIS BIRTH: SINGLE ____ TWIN ____ TRIPLET ____

5b. IF TWIN OR TRIPLET (This child born): 1st ____ 2nd ____ 3rd ____

6. DATE OF BIRTH: (Month) Nov. (Day) 4, (Year) 1912

FATHER OF CHILD

7. FULL NAME

a. (First): Harold b. (Middle): c. (Last): Spangenberg

8. AGE (At time of this birth): 23 YEARS

9. BIRTHPLACE (State or foreign country) (City or Town): Kansas

10. USUAL OCCUPATION: Farmer

11. KIND OF BUSINESS OR INDUSTRY:

MOTHER OF CHILD

12. FULL MAIDEN NAME

a. (First): Lulu b. (Middle): c. (Last): Leonard

13. AGE (At time of this birth): 21 YEARS

14. BIRTHPLACE (State or foreign country) (City or Town): Oregon

15. CHILDREN PREVIOUSLY BORN TO THIS MOTHER (Do NOT include this child)

a. How many OTHER children are now living?

b. How many OTHER children were born alive but are now dead?

c. How many children were stillborn (born dead after 20 wks. pregnancy?)

16. INFORMANT'S SIGNATURE OR NAME (Relationship)

I hereby certify that this child was born alive on the date stated above.

17. SIGNATURE: J. S. Springer, M.D

18. ATTENDANT AT BIRTH: M.D. X ____ MIDWIFE ____ OTHER (Specify) ____

19. ADDRESS: Idaho Bldg.

20. DATE SIGNED:

21. DATE REC'D BY LOCAL REG.: NOV 19 1912

22. REGISTRAR'S SIGNATURE:

23. DATE ON WHICH GIVEN NAME ADDED BY ____ Registrar

...rict where the birth occurred WITHIN 10 days after the date of birth of the child. Address ...ITAL STATISTICS, BOISE, IDAHO.

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Form V. S. No. 11-C—15m-6-20-11

PLACE OF BIRTH

County of Teda

City of

No. , St.

Hospital

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

Registration District No. 1 File No. 9546

Primary Registration District No. 2004 Registered No.

FULL NAME OF CHILD Edward Spangenburg

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Male			yes	Nov 4, 1912

FATHER

FULL NAME Harold Spangenburg

RESIDENCE Moore Idaho

COLOR White AGE AT LAST BIRTHDAY 23 (Years)

BIRTHPLACE Kansas

OCCUPATION Farmer

MOTHER

FULL MAIDEN NAME Sulu Leonard

RESIDENCE Beuch

COLOR White AGE AT LAST BIRTHDAY 21 (Years)

BIRTHPLACE Oregon

OCCUPATION House wife

Number of child of this mother, including present birth .....

Number of children, of this mother, now living, including present birth .....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Alive (Born alive or stillborn) at 2 A M. on the date above stated.

(Signature) J S Springer M D

(Physician or Midwife)

Address Idaho Bldg

Filed NOV 19 1912

Registrar

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report

....., 19.....

Registrar

S-Y CO., 16670

JUL 31 1973

6-22-73

IDAHO DEPARTMENT OF HEALTH

BUREAU OF VITAL STATISTICS

RECEIVED BUREAU OF VITAL STATISTICS

JUL 16 12 26 PM '73

Affidavit to Correct or Amend An Original Certificate of Birth or Death

State of ..... } ss.
County of ..... }

Certificate No. 9546

Date Filed .....

The undersigned does solemnly swear that certain facts on the certificate of Birth (Birth or Death)
for Edward Spangenburg (Name on Original Certificate) who was born (Was Born or Died) on November 4, 1912 (Date of Event)
in Ada County (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts are shown by ..... (Bible Record, Insurance Policy, Etc.) prepared on ..... (Give Date), are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
Childs name	Edward Spangenburg	Edwin Wilson Spangenberg
City of birth n	omitted	Boise
Father's name	Spangenburg	Spangenberg

Subscribed and sworn to before me this 5th day of July, 1973

Notary Public, residing at Wayne, Idaho
My commission expires 7-8-74
(Seal)

Signed Kenneth E Spangenberg
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Idaho
County of Canyon } ss.

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 9th day of July, 1973

Notary Public, residing at Nampa, Idaho
My commission expires 4-20-77
(Seal)

Signed Margaret E Terpstra
(Signature of Any Credible Person)

#120 Embassy Ct. Meridian, Id
(Street Address, City, State)

FORM DH 60-155

Correction corresp 6-22-73

Statement regarding birth of Edwin W. Spangenberg issued 1942 by mother Lula M. Lauer. It states that Edwin W. spangenberg was born November 4, 1912 at Boise, Idaho to Lula M. Lauer and Harold Spangenberg. Document drawn up and ;signed April 18, 1942.
Viewed by V.S.

Ins. Policy from Gem State Mutual Life Assoc. gives name as Edwin W. Spangenberg Nov. 4, 1912. Dated May 9, 1953 Viewed by V. S.
gives place of birth as Boise, Idaho.

799-121-001-261

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

Form V. S. No. 11-C—15m-6-20-11

PLACE OF BIRTH

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

County of Ada

City of So. Boise

No. 5-4-6-4 Grand *St.*

Registration District No. 1 **File No.** 9547

Primary Registration District No. 2004 **Registered No.** 232

Hospital

FULL NAME OF CHILD Idaho Bill Griffiths

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Male			Yes	Dec 2, 1912

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	David E. Griffiths	Mary E. Swanner
RESIDENCE	So. Boise / Ada.	So. Boise. Ida
COLOR	W.	W.
AGE AT LAST BIRTHDAY (Years)	40 yrs	26 yrs
BIRTHPLACE	Utah.	Utah
OCCUPATION	Carpenter	H W.

Number of child of this mother, including present birth 7

Number of children, of this mother, now living, including present birth 7

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 6:30 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. Carl Hill

(Physician or ~~Midwife~~)

Address Boise Ida

Given names added from a supplemental report

....., 19.....

Filed Nov. 19 1912 E. E. Shawhan

S-Y CO., 16670

Registrar

Registrar

MAR 27 1942

818-209-001-865

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

PLACE OF BIRTH

Form V. S. No. 11-C—10m-8-7-11

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

County of Ada

City of

No ____, ____ St.

Hospital

Registration District No 1 — File No. 9548

Primary Registration District No. 2001 — Registered No. ~~2007~~ 2007

FULL NAME OF CHILD Geneva Rose Haynes

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	Legitimate?	Date of birth (Month) (Day) (Year)
Female	—— and ——	Yes.	Nov. 9 1912

FATHER	MOTHER
FULL NAME: William Arther Haynes	FULL MAIDEN NAME: Jannie Margaret Youngie
RESIDENCE: 2 Mi. N+1 mi. W of Linden	RESIDENCE: 2 mi N+1 mi W of Linden
COLOR: White — AGE AT LAST BIRTHDAY: 30 (Years)	COLOR: White — AGE AT LAST BIRTHDAY: 26 (Years)
BIRTHPLACE: Bates Co. Mo.	BIRTHPLACE: Ingram Texas
OCCUPATION: Farmer	OCCUPATION: House Wife

Number of child of this mother, including present birth 6

Number of children, of this mother, now living, including present birth 6

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Alive (Born alive or stillborn), at 5.30 a.m. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report

....., 19.....

.....
Registrar

(Signature) G. E. Shawhan M.D.

~~G. E. Shawhan~~

(Physician or Midwife)

Address Boise Idaho

Filed Nov 9th 1912 G. E. Shawhan
Registrar

SYMS - YORK CO., PTRS. & SDRS. 17326

SEP 24 1942

OCT 21 1974

739 - 205-001-315

PLACE OF BIRTH

Form V. S. No. 11-C—15m-6-20-11

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

County of Ada

City of —

No. 3 Miles N.W. Boise St.

Registration District No. 1

File No. 9549

Primary Registration District No. 2004

Registered No. 226

Hospital

FULL NAME OF CHILD Mary Vola Glimp

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
female	—	—	yes	Nov 5th, 1912

FATHER		MOTHER	
FULL NAME	W. T. Glimp	FULL MAIDEN NAME	Verona Lane
RESIDENCE	Whitehead's Ranch	RESIDENCE	Whitehead's Ranch
COLOR	White	AGE AT LAST BIRTHDAY (Years)	42
COLOR	White	AGE AT LAST BIRTHDAY (Years)	34
BIRTHPLACE	Texas	BIRTHPLACE	Missouri
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 7th

Number of children, of this mother, now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) on the date above stated, at 12 15 A. M.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. M. Taylor M.D.

(Physician or Midwife)

Address Boise, Idaho

Given names added from a supplemental report

....., 19.....

Registrar

Filed Nov. 7, 1912 G. E. Shawhan

Registrar

S-Y CO., 16670

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of ..... } ss.
County of ..... }

Certificate No. 8749

Date Filed .....

The undersigned does solemnly swear that certain facts on the certificate of ..... (BIRTH OR DEATH)
for ..... (NAME ON ORIGINAL CERTIFICATE) who ..... (WAS BORN OR DIED) on ..... (DATE OF EVENT)
in ..... (PLACE OF EVENT) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts as shown by ..... (BIBLE RECORD, INSURANCE POLICY, ETC.) prepared on ..... (GIVE DATE), are:

FACTS TO BE CORRECTED ("NAME", "BIRTH DATE", "CAUSE OF DEATH", ETC.)	FROM (AS ON ORIGINAL)	TO (THE CORRECT FACTS)
name	Nora Green	Mary Viola Glump

Subscribed and sworn to before me this 1st day of Feb., 19 43

L. L. Patterson

Notary Public, residing at Boise, Ida.

My commission expires My Commission Expires May 15, 1944

(SEAL)

Signed W. T. Glump

(SIGNATURE OF PARENT OR ATTENDANT IF CORRECTING A BIRTH RECORD; OF ATTENDANT, FUNERAL DIRECTOR, INFORMANT IF CORRECTING A DEATH RECORD; OR OTHER CREDIBLE PERSON.)

Box 1841. Boise, Ida.

(STREET ADDRESS, CITY, STATE)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of ..... } ss.
County of ..... }

[THIS AFFIDAVIT MUST ALSO BE EXECUTED. (SEE CHAPTER 139, 1937 IDAHO SESSION LAWS.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this ..... day of ....., 19 .....

Notary Public, residing at .....

My commission expires .....

(SEAL)

Signed .....

(SIGNATURE OF ANY CREDIBLE PERSON OTHER THAN PREVIOUS AFFIANT.)

.....

(STREET ADDRESS, CITY, STATE)

Received for filing on ..... By .....

(REGISTRAR'S SIGNATURE)

FEB 2 1943

743-107-001-652

PLACE OF BIRTH

Form V. S. No. 11-C—15m-6-20-11

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

County of Ada

City of Boise Beach, Registration District No. 1 File No. 9550

No. ____, ____ St. Primary Registration District No. 2004 Registered No. 235

Hospital ____

FULL NAME OF CHILD ____ 2

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
M			No	11, 7, 1912

FATHER		MOTHER	
FULL NAME	Geo Guthrie	FULL MAIDEN NAME	Edna Fisher
RESIDENCE	Boise	RESIDENCE	Beach
COLOR	W.	COLOR	W.
AGE AT LAST BIRTHDAY	30 (Years)	AGE AT LAST BIRTHDAY	21 (Years)
BIRTHPLACE	Ill.	BIRTHPLACE	Colorado
OCCUPATION	Motorman	OCCUPATION	No

Number of child of this mother, including present birth 1

Number of children, of this mother, now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 10 30 P M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) W. Lincoln Allen

(Physician or ~~Midwife~~)

Given names added from a supplemental report

Address 301 McCarty Building

____, 19____ Filed Nov. 13, 1912 G. E. Sheehan

____ Registrar Registrar

S-Y CO., 16670

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

Form V.S. No. H-C-1No. 2-61

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

PLACE OF BIRTH

958-116-040-819

Form V. S. No. 11-C—15m-6-20-11

PLACE OF BIRTH

IDAHO

Statistics

OF BIRTH

County of Shoshone

City of Mullan

Registration District No. 25

File No. 9551

No. ____, ____ St.

Primary Registration District No. 208

Registered No. ____

Hospital ____

FULL NAME OF CHILD Grant Robert Reynolds Harvey

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Male			Yes No	10 16, 1917

	FATHER	MOTHER
FULL NAME	William Robert Reynolds	
RESIDENCE	Mullan	
COLOR		
AGE AT LAST BIRTHDAY	22 (Years)	
BIRTHPLACE	Illinois	
OCCUPATION	Miner	
FULL MAIDEN NAME		Myrtle E. Harvey
RESIDENCE		Mullan
COLOR		W
AGE AT LAST BIRTHDAY		20 (Years)
BIRTHPLACE		Oregon
OCCUPATION		Agent

Number of child of this mother, including present birth 1

Number of children, of this mother, now living, including present birth ____

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 7:00 A. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) James R. Bean

Physician (Physician or Midwife)

Address ____

Filed Oct 20 19 17 Dr. Chas. E. Hoffman Registrar

Given names added from a supplemental report

Correction made 12-26-40 upon written request of James R. Bean, Attending physician. Letter of correction attached to this certificate on file in Bureau.

Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

Oct 28, 1942

See envelope in locked file - Harvey, Grant Robert Reynolds

NOV 14 1942

293-220-040-796

PLACE OF BIRTH

Form V. S. No. 11—10m-6-20-11

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

County of Shoshone

City of Mullan

Registration District No. 25 File No. 9552

No. ..... St.

Primary Registration District No. 2108 Registered No. .....

Hospital Providence

FULL NAME OF CHILD Walter William Bittel

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth
M	One	1st	yes	Oct 20 (Month) (Day), 1912 (Year)

FATHER		MOTHER	
FULL NAME	Richard Bittel	FULL MAIDEN NAME	Christina Propst
RESIDENCE	Mullan Ida	RESIDENCE	Mullan Ida
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY	33 (Years)	AGE AT LAST BIRTHDAY	33 (Years)
BIRTHPLACE	Ill	BIRTHPLACE	Ind.
OCCUPATION	Barber	OCCUPATION	Housewife

Number of child of this mother, including present birth 1st

Number of children, of this mother, now living, including present birth one

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 6:45 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given name added from a supplemental report

..... 19.....

..... Registrar

(Signature) Dr. Mowery

Physicians

(Physician or Midwife)

Address Wallace Ida

Filed Jan 1 1913 Dr. Chas. A. Bittman

Registrar

S-Y CO., 16669

MARGIN RESERVED FOR BINDING

WRITE PLAINLY. WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at a birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

NOV 20 1959

653-126-040-719

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

Form V. S. No. 11-C—10m-8-7-11

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

PLACE OF BIRTH

County of Shoshone

City of Mullan

No ——, —— St.

Hospital ——

Registration District No 25 — File No. 9553

Primary Registration District No. 2108 — Registered No. 2108

FULL NAME OF CHILD Westervelt

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Male	—	—	Yes	July 26 1912

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	~~Doctor~~ Albern Westervelt	Lenna Garlinger
RESIDENCE	Mullan	Mullan
COLOR	W	W
AGE AT LAST BIRTHDAY (Years)	31	32
BIRTHPLACE	Ohio	Ohio
OCCUPATION	Merchant	Wife

Number of child of this mother, including present birth 1

Number of children, of this mother, now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born Alive (Born alive or stillborn) at 3:33 a.m. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) F. W. Rolfs M.D.

(Physician or Midwife)

Address Mullan Idaho

Given names added from a supplemental report

Nov. 10, 1912

Dr. Chas. A. Whitman Registrar

Filed July 30 1912 F. W. Rolfs Registrar

SYMS - YORK CO., PTRS. & BDRS. 17826

418 - 228-040 - 69 J

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

Form V. S. No. 11-C—10m-8-7-11

PLACE OF BIRTH

County of Shoshone

City of Mullan

No. ____, ____ St.

Hospital ____

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

Registration District No. 25 File No. 9554

Primary Registration District No. 407 Registered No. ____

FULL NAME OF CHILD Lembi Merie Maki

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Girl			yes	Dec 28, 1912

FATHER

FULL NAME: Andrew Maki

RESIDENCE: Mullan

COLOR: White AGE AT LAST BIRTHDAY: 40 (Years)

BIRTHPLACE: Finland

OCCUPATION: Mining

MOTHER

FULL MAIDEN NAME: Marie Filpole

RESIDENCE: Mullan

COLOR: White AGE AT LAST BIRTHDAY: 31 (Years)

BIRTHPLACE: Finland

OCCUPATION: wife

Number of child of this mother, including present birth: 1

Number of children, of this mother, now living, including present birth: 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Alive (Born alive or stillborn), at 7.30 a. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) F. W. Ralfs (Physician or Midwife)

Address Mullan Ida

Given names added from a supplemental report

Nov 10, 1913

Dr. Chas. A. Dittman Registrar

Filed Oct 1 1913 F W Ralfs Registrar

912

SYMS - YORK CO., PTRS. & BDRS. 17326

MAY 7 1958

168- 119-040-261

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

Form V. S. No. 11-C—10m-8-7-11

PLACE OF BIRTH

County of Shoshone

City of Mullan

No ____, ____ St.

Hospital ____

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

Registration District No. 25 File No. 9555

Primary Registration District No. 2108 Registered No. ____

FULL NAME OF CHILD Arthur Robert Johnson

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Boy			Yes	Oct 19, 1912

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	Charley Oscar Johnson	Anna Elizabeth Swanson
RESIDENCE	Mullan	Mullan
COLOR	W	W
AGE AT LAST BIRTHDAY (Years)	36	33
BIRTHPLACE	Sweden	Sweden
OCCUPATION	Millman Lead + S	Wife

Number of child of this mother, including present birth 6

Number of children, of this mother, now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Alive (Born alive or stillborn) at 4:20 A. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) F W Rolfs (Physician or Midwife)

Address Mullan Ida

Given names added from a supplemental report

Mrs. Charley Johnson 1912

Dr. Chas. A. Hettman

Filed Oct 28 1912 F W Rolfs

Registrar

Registrar

SYMS - YORK CO., PTRS. & BDRS. 17326

OCT 14 1949

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

954-117-040-795

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

Form V. S. No. 11-C—10m-8-7-11

PLACE OF BIRTH

County of Shoshone

City of Mullan

No. ____, ____ St.

Hospital ____

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

Registration District No. 115 File No. 9556

Primary Registration District No. 2108 Registered No. ____

FULL NAME OF CHILD Lawrence Remington

Sex of Child Boy | Twin, Triplet or other? ____ and Number in order of birth ____ (To be answered only in event of plural births) | Legitimate? Yes | Date of birth Aug 17 (Month) (Day) 1912 (Year)

FATHER

FULL NAME William Remington

RESIDENCE Mullan

COLOR W AGE AT LAST BIRTHDAY 39 (Years)

BIRTHPLACE England

OCCUPATION Mining

MOTHER

FULL MAIDEN NAME Agnes Preston

RESIDENCE Mullan

COLOR W AGE AT LAST BIRTHDAY 37 (Years)

BIRTHPLACE England

OCCUPATION Wife

Number of child of this mother, including present birth ____

Number of children, of this mother, now living, including present birth ____

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born Alive (Born alive or stillborn), at 8 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) F W Rolfs M.D. (Physician or Midwife)

Given names added from a supplemental report

Nov 10, 19 12 Address Mullan Idaho

R. Chas. Lichtman Registrar

Filed Aug 21 1912 F. W. Rolfs Registrar

SYMS - YORK CO., PTRS. & BDRS. 17326

DUP OF 1912-327474

25-7-227-040-645

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

Form V. S. No. 11-C—10m-8-7-11

PLACE OF BIRTH

County of Shoshone

City of Mullan

No. ____, ____ St.

Hospital ____

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

Registration District No. 25 File No. 9557

Primary Registration District No. 2108 Registered No. 270

FULL NAME OF CHILD Beatrice Sibert

Sex of Child: Female

Twin, Triplet or other? \ and Number in order of birth \ (To be answered only in event of plural births)

Legitimate? Yes

Date of birth: Oct (Month) 27 (Day) 1912 (Year)

FATHER	MOTHER
FULL NAME: Purl Lorenzo Sibert	FULL MAIDEN NAME: Jennie Ouellette
RESIDENCE: Mullan	RESIDENCE: Mullan
COLOR: W	COLOR: Mulatto
AGE AT LAST BIRTHDAY: 25 (Years)	AGE AT LAST BIRTHDAY: 24 (Years)
BIRTHPLACE: Illinois	BIRTHPLACE: Alberta Canada
OCCUPATION: Mining	OCCUPATION: wife

Number of child of this mother, including present birth: 1

Number of children, of this mother, now living, including present birth: 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born Alive (Born alive or stillborn), at 6.15 P.M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) F. W. Ralfs

(Physician or Midwife)

Address Mullan Ida

Given names added from a supplemental report

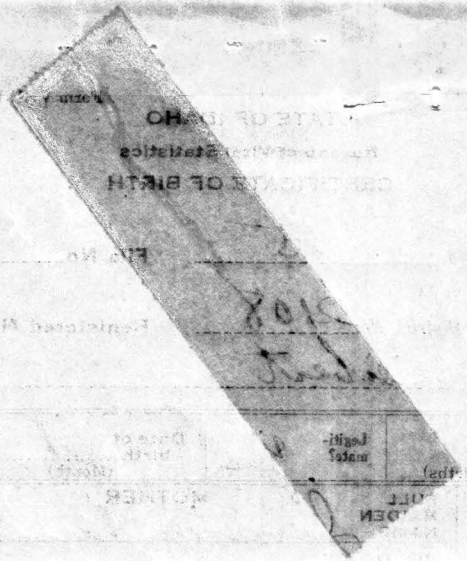
Purl Lorenzo Sibert 19

F W Ralfs Registrar

Filed 30 1912

F W Ralfs Registrar

SYMS - YORK CO., PTRS. & BDRS. 17328



AUG 1 8 1998

C. A. BOTTOLFSEN, GOVERNOR
EMORY AFTON, COMMISSIONER
DEPARTMENT OF PUBLIC WELFARE
H. L. McMARTIN, M. D., DIRECTOR
DIVISION OF PUBLIC HEALTH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
DIVISION OF PUBLIC HEALTH
BOISE

BOARD OF PUBLIC WELF
FRANK ENSIGN, BOISE
T. S. KERR, MOSCOW
I. E. ROCKWELL, BELL
L. O. NICHOLS, BOISE
FRANK ATKINS, BUHL

March 26, 1940

RECEIVED
APR 22 1940

F.W. Rolfs, M.D.
Mullan, Idaho.

Dear Doctor Rolfs:

On Feb. 28, we wrote you concerning the birth record of Beatrice Seibert, daughter of Purl and Jennie M. Seibert, born at Mullan, Oct. 27, 1912, attended by you.

This record states the child was Male and should be female. We cannot make the change without an authorization from you to do so.

Will you kindly give this matter your attention as we had another request from Mr. Seibert for his daughter's record.

A notation on the bottom of this letter and returned promptly will be appreciated, and thanking you for your promptness, we are,

Very truly yours,

BUREAU OF VITAL STATISTICS
Mae G. Atwood
Mae G. Atwood, Registrar

PBA

So many of these have left the country without nameing the child, this is one, I have it as girl. Why do they as you to trace it why did they not give me their adress.

F. W. Rolfs MD

AUG 1 8 1998

219-217-032-319

PLACE OF BIRTH

STATE OF [redacted]

Bureau of [redacted]ics

CERTIFICA[redacted]RTH

Form V. S. No. 11-C—15m-6-20-11

County of Lincoln

City of Jerome

Registration District No. 5

File No. 9559

No. ____, ____ St.

Primary Registration District No. 2017

Registered No. 190

Hospital ____

FULL NAME OF CHILD Grace May Bailey

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
F	X	X	Yes	Aug 17, 1912

FATHER		MOTHER	
FULL NAME	Seth L Bailey	FULL MAIDEN NAME	Grace M. Carey
RESIDENCE	7 mi. NW Jerome Idaho	RESIDENCE	7 mi NW Jerome
COLOR	White	COLOR	W
AGE AT LAST BIRTHDAY (Years)	52	AGE AT LAST BIRTHDAY (Years)	36
BIRTHPLACE	Pa	BIRTHPLACE	N.Y.
OCCUPATION	Farmer	OCCUPATION	House Wife

Number of child of this mother, including present birth 2

Number of children, of this mother, now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 1 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) C. D. Pyle M.D.

(Physician or Midwife)

Address Jerome Ida

Given names added from a supplemental report

..... 19.....

Filed Sept 3 1912 C. D. Pyle

Registrar

..... Registrar

S-Y CO., 16670

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

JUL 1 8 1974

336 - 131
032 - 75-7

Amended 8/30/74

(Be sure the information is complete and accurate)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 9560
Local Reg. No.
Reg. Dist. No. 5

1. PLACE OF BIRTH

a. COUNTY: Lincoln

b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN: Jerome

c. FULL NAME OF (If NOT in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION:

2. USUAL RESIDENCE OF MOTHER (Where does mother live?)

a. STATE: Idaho b. COUNTY: Lincoln

c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN: 4 mi S of Jerome

d. STREET ADDRESS (If rural, give location):

3. CHILD'S NAME (Type or print)

a. (First): Max b. (Middle): Edgar c. (Last): Lloyd

4. SEX: M

5a. THIS BIRTH: SINGLE ____ TWIN ____ TRIPLET ____

5b. IF TWIN OR TRIPLET (This child born): 1st ____ 2nd ____ 3rd ____

6. DATE OF BIRTH: (Month) Oct. (Day) 31, (Year) 1912

FATHER OF CHILD

7. FULL NAME

a. (First): Emery b. (Middle): V. c. (Last): Lloyd

8. AGE (At time of this birth): 27 YEARS

9. BIRTHPLACE (State or foreign country) (City or Town): Indiana

10. USUAL OCCUPATION: Farmer

11. KIND OF BUSINESS OR INDUSTRY:

MOTHER OF CHILD

12. FULL MAIDEN NAME

a. (First): Mattie b. (Middle): c. (Last): Perkins

13. AGE (At time of this birth): 26 YEARS

14. BIRTHPLACE (State or foreign country) (City or Town): Indiana

15. CHILDREN PREVIOUSLY BORN TO THIS MOTHER (Do NOT include this child)

a. How many OTHER children are now living? 2

b. How many OTHER children were born alive but are now dead?

c. How many children were stillborn (born dead after 20 wks. pregnancy?)

16. INFORMANT'S SIGNATURE OR NAME (Relationship):

I hereby certify that this child was born alive on the date stated above.

17. SIGNATURE: Edward D. Pipes, M. D.

18. ATTENDANT AT BIRTH: M.D. X MIDWIFE ____ OTHER (Specify) ____

19. ADDRESS: Jerome, Idaho

20. DATE SIGNED:

21. DATE REC'D BY LOCAL REG.: Nov 1, 1912

22. REGISTRAR'S SIGNATURE: E. D. Piper

23. DATE ON WHICH GIVEN NAME ADDED BY ____ Registrar

Record typewriter ribbon in completing this certificate. This certificate MUST be filed with the rict where the birth occurred WITHIN 10 days after the date of birth of the child. Address ITAL STATISTICS, BOISE, IDAHO.

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

Form V. S. No. 11-C—15m-6-20-11

PLACE OF BIRTH

County of Lincoln

City of Jerome

No. ..... St.

Hospital .....

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

Registration District No. 5 File No. 9560

Primary Registration District No. 2017 Registered No. 192

FULL NAME OF CHILD John Drummond Lloyd

Sex of Child	Twin, Triplet, or other?	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
M	X	1	Yes	Oct 31, 1912

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	Emery V. Lloyd	FULL MAIDEN NAME	Mattie Perkins
RESIDENCE	4 mi. S. of Jerome	RESIDENCE	4 mi. S of Jerome
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY (Years)	27	AGE AT LAST BIRTHDAY (Years)	26
BIRTHPLACE	Indiana	BIRTHPLACE	Indiana
OCCUPATION	Farmer	OCCUPATION	Home Wife

Number of child of this mother, including present birth 3

Number of children, of this mother, now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 2 a. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Edward D. Piper M.D.

(Physician or Midwife)

Address Jerome Idaho

Given names added from a supplemental report

....., 19.....

Filed Nov 1 19 12 E. D. Piper

Registrar

S-Y CO., 16670

Registrar

JUL 9 1969

AUG 3 0 1974

IDAHO DEPARTMENT OF HEALTH

BUREAU OF VITAL STATISTICS

RECEIVED BUREAU OF VITAL STATISTICS AUG 26 2 43 PM '74

Affidavit to Correct or Amend An Original Certificate of Birth or Death

State of ..... } ss.
County of ..... }

Certificate No. 9560

Date Filed .....

The undersigned does solemnly swear that certain facts on the certificate of Birth (Birth or Death)
for John Drummond Lloyd (Name on Original Certificate) who was born (Was Born or Died) on Oct. 31, 1912 (Date of Event)
in Jerome, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts are shown by Baptism Certificate (Bible Record, Insurance Policy, Etc.) prepared on July 30, 1961 (Give Date), are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
child's name	Unnamed	Max Edgar Lloyd

Subscribed and sworn to before me this 20th day of August, 19 74

OFFICIAL SEAL HELENA T. CANTERBURY NOTARY PUBLIC-CALIFORNIA SAN DIEGO COUNTY My Commission Expires Mar. 15, 1977

Notary Public residing at 979 Connecticut St., Imperial Beach, CA. 92032

My commission expires .....

(Seal)

Signed Charles W. Canterbury
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

979 Conn. st. Imperial Beach, Calif. 92032
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of California } ss.
County of San Diego }

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 20 day of August, 19 74

OFFICIAL SEAL HELENA T. CANTERBURY NOTARY PUBLIC-CALIFORNIA SAN DIEGO COUNTY My Commission Expires Mar. 15, 1977

Notary Public residing at .....

My commission expires .....

(Seal)

979 Connecticut St., Imperial Beach, CA. 92032

Signed Charles W. Canterbury
(Signature of Any Credible Person)

979 Connecticut st
(Street Address, City, State)
Imperial Beach, Calif.
92032

FORM DH 60-155

Insurance policy from Pacifica Fidelity Life Ins. Co gives name as Max E. Lloyd dated 2-8-64. Policy No. 603417. viewed by V. S.

Certificate of Baptism and Confirmation from LDS Church gives ane as Max Edgar Lloyd born Oct. 31, 1912 to Emery Vernon Lloyd and Martha Perkins. Was Baptized Jan. 21, 1961. viewed by V. S.

249-121-032-763

Form V. S. No. 11-C—15m-6-20-11

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

PLACE OF BIRTH

County of Lincoln

City of Jerome

No. ..... St.

Hospital .....

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

Registration District No. 5

File No. 9561

Primary Registration District No. 2017

Registered No. 171

FULL NAME OF CHILD John D. ~~Baby~~ Burky ~~Burky~~ Burky

Sex of Child	Twin, Triplet, or other	and	Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
M	X		X	Yes	Oct 21, 1912

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	Charles L. Burky	FULL MAIDEN NAME	Louise M. Polk
RESIDENCE	Jerome Idaho	RESIDENCE	Jerome Idaho
COLOR	W	AGE AT LAST BIRTHDAY (Years)	31
COLOR	W	AGE AT LAST BIRTHDAY (Years)	24
BIRTHPLACE	Ill.	BIRTHPLACE	Idaho
OCCUPATION	Civil Engineer	OCCUPATION	House Wife

Number of child of this mother, including present birth 2

Number of children, of this mother, now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 6 P. M. on the date above stated.

(Signature) Edward D. Pyne M.D.

(Physician or Midwife)

Address Jerome Idaho.

Filed Nov 1 1912 E. D. Pyne

Registrar

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report

....., 19.....

Registrar

S-Y CO., 16670

242-212-032-363

Form V. S. No. 11-C—15m-6-20-11

PLACE OF BIRTH

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

County of ~~Idaho~~ Lincoln

City of ~~Hazelton~~ Jerome

Registration District No. 5

File No. 9562

No. ____, ____ St.

Primary Registration District No. 2017

Registered No. 190

Hospital ____

FULL NAME OF CHILD MYRTLE EDNA Button

Sex of Child	Twin, Triplet, or other?	and	Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
F.	—		—	Yes	Oct 12th, 1912

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	Harold Button	FULL MAIDEN NAME	Gladys Lockwood
RESIDENCE	Jerome	RESIDENCE	Jerome
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY (Years)	24	AGE AT LAST BIRTHDAY (Years)	17
BIRTHPLACE	Wisconsin	BIRTHPLACE	Missouri
OCCUPATION	Laborer	OCCUPATION	House wife

Number of child of this mother, including present birth 1

Number of children, of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 9 a. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Edward D. Pifer M. D.

(Physician or [redacted])

Address Jerome Idaho

Given names added from a supplemental report

....., 19....

Filed Nov 1 19[redacted] E. D. Pifer

Registrar

S-Y CO., 16670

Registrar

MARGIN RESERVED FOR BINDING - WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of ~~Idaho~~ Washington
County of Lincoln } ss. King

Certificate No. 9562

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of Birth (Birth or Death)
for unnamed Button (Name on Original Certificate) who born (Was Born or Died) on October 17 - 1912 (Date of Event)
in Jerome, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the true facts are shown by Mother's Oath (Bible Record, Insurance Policy, Etc.) prepared on July 14 - 1942 (Give Date), are:

FACTS TO BE CORRECTED ("Name", "~~Birth~~ Date", "Cause of Death", Etc.)	FROM (As on Original)	TO (The Correct Facts)
name	unnamed Button	Myrtle Edna Button
birthdate	Oct. 17, 1912	October 12, 1912

Subscribed and sworn to before me this 14 day of July, 1942
Earl F. Beyers
Notary Public, residing at Seattle
My commission expires Sept. 29 - 1943
(Seal)

Signed Gladys Gail Babcock
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)
10727 - 14th S.W. Seattle Wn.
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Washington
County of King } ss.

[This Affidivat **MUST** Also be Executed.
(See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 14th day of July, 1942
Earl F. Beyers
Notary Public, residing at Seattle
My commission expires Sept - 29 - 1943
(Seal)

Signed Mary A. Button
(Signature of Any Credible Person Other Than Previous Year)
10739 - 14th Ave. S.W.
(Street Address, City, State)
Seattle Wn.
Grand Mother

JUL 16 1942

JUL 20 1942

412-217-032-533

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

Form V. S. No. 11-C—15m-6-20-11

PLACE OF BIRTH

County of Lincoln

City of Jerome

No. ..... , ... St.

Hospital .....

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

Registration District No. 5 File No. 9563

Primary Registration District No. 2017 Registered No. 149

FULL NAME OF CHILD Harriet Edna Massey

Sex of Child	Twin, Triplet, or other?	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
F.	— (To be answered only in event of plural births)	X	Yes	Sept 17, 1912

FATHER		MOTHER	
FULL NAME	Charles F Massey	FULL MAIDEN NAME	Harriet Edna Ellis
RESIDENCE	Jerome	RESIDENCE	Jerome
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	26	AGE AT LAST BIRTHDAY (Years)	22
BIRTHPLACE	Illinois	BIRTHPLACE	Illinois
OCCUPATION	Bank Cashier	OCCUPATION	House wife

Number of child of this mother, including present birth 1

Number of children, of this mother, now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive at 3:30a M. on the date above stated.

(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Edward D Pyle M.D.

(Physician or Midwife)

Address Jerome Idaho

Given names added from a supplemental report

..... 19.....

Filed Oct 1 19 12 E. D. Pyle

..... Registrar

S-Y CO., 16670

Registrar

SEP 20 1967

JAN 16 1943

693-122-032-

PLACE OF BIRTH 466

County of Lincoln

City of Jerome

No. ____, ____ St.

Hospital ____

Form V. S. No. 11-C—15m-6-20-11

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

Registration District No. 5 File No. 9564

Primary Registration District No. 2017 Registered No. 1858

FULL NAME OF CHILD ~~Baby Wilson~~ Woodrow Wallace Wilson

Sex of Child	Twin, Triplet, or other?	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
M	X (To be answered only in event of plural births)	X	Yes	Sept 22 1912

FATHER		MOTHER	
FULL NAME	Harry Wilson	FULL MAIDEN NAME	Mary Moody
RESIDENCE	7 mi. S.E. Jerome	RESIDENCE	Jerome Ida
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	30	AGE AT LAST BIRTHDAY (Years)	28
BIRTHPLACE	Illinois	BIRTHPLACE	Nebraska
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 3

Number of children, of this mother, now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 6:30 a. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) E. D. Piper M.D.

(Physician ~~or Midwife~~)

Address Jerome, Idaho

Filed Oct 1 19 12 E. D. Piper

Registrar

Given names added from a supplemental report

____, 19____

Registrar

S-Y CO., 16670

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

IDAHO DEPARTMENT OF HEALTH

BUREAU OF VITAL STATISTICS

Affidavit to Correct or Amend An Original Certificate of Birth or Death

State of Idaho } ss.
County of Jerome }

Certificate No. 9564

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of Birth (Birth or Death)
for Unnamed Wilson (male child) (Name on Original Certificate) who was born (Was Born or Died) on Sept. 22, 1912 (Date of Event)
in Jerome, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts are shown by (Bible Record, Insurance Policy, Etc.) prepared on (Give Date) are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
Full Name of Child	Unnamed	Woodrow Wallace Wilson

Subscribed and sworn to before me this 11th day of October 1963

Notary Public, residing at Jerome Idaho

My commission expires 4-22-66

(Seal)

Signed Harry J. Wilson
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person)

Rt 3 Box 22 Jerome, Ida
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Idaho } ss.
County of Jerome }

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 11th day of October 1963

Notary Public, residing at Jerome Ida

My commission expires 4-22-66

(Seal)

Signed V L Vansant Sr
(Signature of Any Credible Person)

Jerome Idaho
(Street Address, City, State)

FORM DH 60-155 CL 10-7-63. one copy pd. rec. #11060.

OCT 16 1963

Insurance Policy, Continental Life Ins. Co.
St.Louis Missouri dated Sept 10, 1929 gives name
as Woodrow Wallace Wilson. viewed by V.S.

Own child's birth certificate, Idaho #279249 gives
father's name as Woodrow Wallace Wilson.

PLACE OF BIRTH Amended 8/28/51

635-117-032-635

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Lincoln

City of Jerome

No. ____ St.

Registration District No. 5 File No. 9565

Hospital ____ Primary Registration District No. 2017 Registered No. 187

FULL NAME OF CHILD WALTER LESLIE FLETCHER
(Certificate of no value without full name of child.)

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
M			YES	OCT. 17 1932

What bacteriocidal solution was used in eyes? ____

Number of child of this mother, including present birth 4 Number of children of this mother now living, including present birth 4

FATHER		MOTHER	
FULL NAME	Edward Fletcher	FULL MAIDEN NAME	Annie Fenske
RESIDENCE	3½ mi. S.W. Jerome	RESIDENCE	3½ mi. S.W. Jerome
COLOR	W.	COLOR	W.
AGE AT LAST BIRTHDAY	29 (Years)	AGE AT LAST BIRTHDAY	30 (Years)
BIRTHPLACE	Iowa	BIRTHPLACE	Falls City, Nebraska
OCCUPATION	farmer	OCCUPATION	house wife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 3:30 a. M. on the date above stated.

(Signature) Edward D. Piper M.D.

(Physician or midwife)

Address Jerome, Idaho

Filed Nov. 1 1932 E.D.Piper
Registrar.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Give names added from a supplemental report.

....., 192.....

.....
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Form V. S. No. 11-C—15m-6-20-11

PLACE OF BIRTH

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

County of Lincoln

City of Jerome

No. ..... St.

Hospital .....

Registration District No. 5 File No. 9565

Primary Registration District No. 2017 Registered No. 187

FULL NAME OF CHILD B - Fletcher, Walter

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
M	—	—	Yes	Oct 17, 1912

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	Edward Fletcher	Annie Ganshe
RESIDENCE	3½ mi S.W. Jerome	3½ mi S.W. Jerome
COLOR	W	W
AGE AT LAST BIRTHDAY (Years)	29	30
BIRTHPLACE	Iowa	Iowa
OCCUPATION	Farmer	House wife

Number of child of this mother, including present birth 4

Number of children, of this mother, now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 3:30 a M. on the date above stated.

(Signature) Edward D. Pfau M.D.

(Physician or ~~Midwife~~)

Address Jerome Idaho

Filed Nov 1 1912 E. D. Pfau

Registrar

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report

..... 19.....

Registrar

S-Y CO., 16670

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

cc 2/18/41 rmf

AUG 29 1957

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

Affidavit to Correct or Amend An Original Certificate of Birth or Death

State of ..... } ss.
County of ..... }

Certificate No. 9565

Date Filed .....

The undersigned does solemnly swear that certain facts on the certificate of birth (Birth or Death) for Walter Fletcher (Name on Original Certificate) who was born (Was Born or Died) on 17 October 1912 (Date of Event) in Jerome, Lincoln County, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the true facts are shown by Insurance Policy (Bible Record, Insurance Policy, Etc.) prepared on ..... (Give Date), are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
Child's name	Walter Fletcher	Walter Leslie Fletcher
Mother's name	Annie Fanshe	Annie Fenske
Mother's birthplace	Iowa	Falls City, Nebraska

Subscribed and sworn to before me this 17th day of August, 1951

Notary Public, residing at Tulsa, Okla.
My commission expires April 23, 1954
(Seal)

Signed Philip K. Blough
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record, or other credible person.)

601 South Elgin, Tulsa 3, Oklahoma
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Oklahoma
County of Tulsa } ss.

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 20th day of August, 1951

Notary Public, residing at Tulsa, Okla.
My commission expires April 23, 1954
(Seal)

Signed Andrew J. Duffy
(Signature of Any Credible Person)

427 N. Santa Fe
Tulsa, Oklahoma
(Street Address, City, State)

FORM DPH - 51117

A F F I D A V I T

We, the undersigned, do solemnly swear that the person whose name appears on Birth Certificate No. 22143 as Walter Fletcher, born 17 October 1912 in Jerome, Lincoln County, Idaho, was named Walter Leslie Fletcher. He is the son of the undersigned, Edward W. Fletcher and Annie Fenske, both natural citizins of the United States of America, who at the date of his birth were residents of Lincoln County, Idaho.

Annie Fletcher
Annie Fletcher - Mother
(Annie Fenske - Maiden Name)

Edward W. Fletcher
Edward W. Fletcher - Father

State of Nebraska
Wayne, County

Signed this 14th day of August 1951

Ed Kunath
Notary Public

294-126-032-219

Form V. S. No. 11-C—20m-2-15-12

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Lincoln

City of Gooding

No. ..... St.

Registration District No. 6 File No. 9566

Primary Registration District No. 2014 Registered No. 186

Hospital .....

FULL NAME OF CHILD Lloyd William Swanston

Sex of Child	Twin / Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Male			yes	Oct 26 1912

FATHER	MOTHER
FULL NAME Eliphalet Swanston	FULL MAIDEN NAME Fortensa Barrett
RESIDENCE Gooding	RESIDENCE Gooding
COLOR White	COLOR White
AGE AT LAST BIRTHDAY 45 (Years)	AGE AT LAST BIRTHDAY 40 (Years)
BIRTHPLACE Fayette Illinois	BIRTHPLACE Iowa
OCCUPATION Farming	OCCUPATION Housewife

Number of child of this mother, including present birth 3

Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 4:30 P M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J H Cromwell MD

(Physician ~~or midwife~~)

Address Gooding

Given names added from a supplemental report

..... 19.....

Filed Oct 27, 1912 C. A. Gardner

..... Registrar

Registrar

S-Y CO. 20174

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

MARGIN RESERVED FOR BINDING

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Form V. S. No. 11-C—20m-2-10-12

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

PLACE OF BIRTH

MAY 9 1955

County of

414-207-032-566

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Form V. S. No. 11-C—20m-2-15-12

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Lincoln

City of Gooding

No. ..... St.

Hospital .....

Registration District No. 5 File No. 9567

Primary Registration District No. 2014 Registered No. 185

FULL NAME OF CHILD Catherine Rebecca Mauvais

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Female			yes	Oct 7 1912

FATHER		MOTHER	
FULL NAME	Joseph N. Mauvais	FULL MAIDEN NAME	Anna Hoffmann
RESIDENCE	Gooding	RESIDENCE	Gooding
COLOR	White	AGE AT LAST BIRTHDAY (Years)	36
COLOR	White	AGE AT LAST BIRTHDAY (Years)	26
BIRTHPLACE	Peoria, Illinois	BIRTHPLACE	Peoria Illinois
OCCUPATION	Clerk in Store	OCCUPATION	Housewife

Number of child of this mother, including present birth 2

Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 8 a. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. H. Cranwell M.D.

(Physician or midwife)

Address Gooding, Idaho.

Given names added from a supplemental report

..... 19.....

..... Registrar

Filed Oct 8 1912 C. F. Gelles Registrar

8-Y CO. 20174

MAR 13 1942

258-126-032-493

Form V. S. No. 11-C—20m-2-15-12

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

PLACE OF BIRTH

County of Lincoln

City of Gooding

No. ..... St.

Hospital .....

Registration District No. 5

Primary Registration District No. 2014

File No. 9568

Registered No. 189

FULL NAME OF CHILD Vernon Behrens

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Male		1	yes	Sept 26 1917

FATHER		MOTHER	
FULL NAME	John Behrens	FULL MAIDEN NAME	Minnie Mullen
RESIDENCE	Lincoln Co	RESIDENCE	Lincoln Co
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	42 (Years)	AGE AT LAST BIRTHDAY	37 (Years)
BIRTHPLACE	Ill	BIRTHPLACE	Ill
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 5

Number of children of this mother now living, including present birth .....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 2:20 A.M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) E. E. Bay M.D.

Physician

(Physician or midwife)

Address Gooding Ida

Given names added from a supplemental report

..... 19.....

..... Registrar

Filed Sept 27 1917 C. A. Zeller Registrar

S-Y CO. 20174

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

MARGIN RESERVED FOR BINDING

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Form V. S. No. 11-C—20m-2-15-12

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

PLACE OF BIRTH

County of

City of

OCT 8 1974

No.

Hospital

y Registration District No. Registered No.

istration District No. File No.

for each and the number

PERMANENT RECORD

CING

ber of Plural births)	Legiti-mate?	Date of Birth (Month) (Day) (Year) 19..

MOTHER

FULL MAIDEN NAME

RESIDENCE

COLOR — AGE AT LAST BIRTHDAY (Years)

BIRTHPLACE

OCCUPATION

of children of this mother now living, including present birth

SICIAN OR MIDWIFE*

live or stillborn), at M.

(Physician or midwife)

Registrar

IDAHO DEPARTMENT OF HEALTH

BUREAU OF VITAL STATISTICS

Affidavit to Correct or Amend An Original Certificate of Birth or Death

RECEIVED
BUREAU OF
VITAL STATISTICS
OCT 10 8 54 AM '74

State of Idaho
County of Gooding } ss.

Certificate No. 9568

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of birth (Birth or Death)
for Baby Behrens (Male) (Name on Original Certificate) who was born (Was Born or Died) on Sept. 26, 1912 (Date of Event)
in Gooding, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the true facts are shown by (Bible Record, Insurance Policy, Etc.) prepared on (Give Date), are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
child's name	Unnamed	Vernon Behrens

Subscribed and sworn to before me this ..... day of ....., 19.....

Notary Public, residing at .....

My commission expires .....

(Seal)

Signed .....
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Idaho
County of Gooding } ss.

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 11th day of Oct., 1974

Notary Public, residing at Bliss, Idaho

My commission expires 4-15-1975

(Seal)

Signed Elmer E. Insel
(Signature of Any Credible Person)

P.O. Box 43
Bliss Idaho 83314
(Street Address, City, State)

FORM DH 60-155 CL 10/7/74

Diploma from Bliss High school gives name as Vernon Behrens dated May 16, 1930. viewed by V. S.

NOV 15 1974

Letter from Rev. W. G. Pultz, Pastor of Calvary Lutheran Church, Gooding, Idaho gives name as Vernon J. Behrens, Born Sept. 26, 1912 at Bliss, Idaho. Baptized Nov. 1912. viewed by V. S.

265-223-032-799

Form V. S. No. 11-C—20m-2-15-12.

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH

County of Lincoln

City of Gooding

No. ..... St.

Hospital

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 6 File No. 9569

Primary Registration District No. 2014 Registered No. 168

FULL NAME OF CHILD Baby Boren

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Female			yes	Sept 23 1912

FATHER		MOTHER	
FULL NAME	E. F. Boren	FULL MAIDEN NAME	Nellie Overbeck
RESIDENCE	Lincoln Co	RESIDENCE	Lincoln Co
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	39 (Years)	AGE AT LAST BIRTHDAY	40 (Years)
BIRTHPLACE	Utah	BIRTHPLACE	Utah
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 10

Number of children of this mother now living, including present birth 7

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 4 A M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) E. L. Cary MD

Physician

(Physician or midwife)

Address Gooding Ida.

Given names added from a supplemental report

..... 19.....

..... Registrar

Filed Sept 24 1912 C. F. Zeller Registrar

S-Y CO. 20174

643-27-0232-796

Form V. S. No. 11-C—20m-2-15-12

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Lincoln

City of Gooding

No. _____ St.

Registration District No. 5

File No. 9570

Primary Registration District No. 2014

Registered No. 182

Hospital _____

FULL NAME OF CHILD Richard Neel Fullerton

Sex of Child	Twin Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Male			Yes	Dec 27 1912

FATHER		MOTHER	
FULL NAME	R. N. Fullerton	FULL MAIDEN NAME	Ethel Morse
RESIDENCE	Gooding Ida	RESIDENCE	Gooding Ida
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	38	AGE AT LAST BIRTHDAY (Years)	24
BIRTHPLACE	Iowa	BIRTHPLACE	Iowa
OCCUPATION	Merchant	OCCUPATION	Housework

Number of child of this mother, including present birth 2

Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive, at 11:30 A. M.
(Born alive or stillborn)
on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) E. J. Cary MD

Physician
(Physician or midwife)

Given names added from a supplemental report

Address Gooding Idaho

_____ 19____

Filed Sept 28 1917 C. H. Fuller
Registrar

_____
Registrar

S-Y CO. 20174

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

MARGIN RESERVED FOR BINDING

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Form V. S. No. 11-C—20m-2-15-12

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

PLACE OF BIRTH

County of .....

City of .....

No. .....

Hospital

Registration District No. ..... File No. .....

Registered No. .....

DUPLICATE
PERMANENT RECORD
for each and the number

Number of child (if plural births)	Legitimate?	Date of Birth (Month) (Day) (Year)
		19

MOTHER

FULL MAIDEN NAME

RESIDENCE

COLOR

AGE AT LAST BIRTHDAY (Years)

BIRTHPLACE

OCCUPATION

of children of this mother now living, including present birth .....

PHYSICIAN OR MIDWIFE:

I hereby certify that I attended the birth of this child (alive or stillborn) at ..... M. on the date above given.

(Physician or midwife)

Registrar

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH — BUREAU OF VITAL STATISTICS

Affidavit to Correct or Amend an Original Certificate of Birth or Death

RECEIVED
JUN 30 1941

State of Oregon } ss.
County of Multnomah }

Certificate No. 9570
Date Filed

The undersigned does solemnly swear that certain facts on the certificate of Birth (Birth or death)
for Richard Neel Fullenton (Name on original certificate) who was born (Was born or died) on Sept. 27 - 1912 (Date of event)
in Gooding Idaho (Place of event) are erroneous or were omitted; and that, to the best of his knowledge, the true
facts as shown by Insurance Policy (Bible record, insurance policy, etc.) prepared on April 1 - 1935 (Give date), are:

FACTS TO BE CORRECTED ("Name", "birth date", "cause of death", etc.	FROM (As on original)	TO (The correct facts)
	no name given	Richard Neel Fullenton

Subscribed and sworn to before me this 26
day of June, 19 41

Signed P W Fullerton
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person)

Notary Public, residing at Portland - Oregon

My commission expires June - 5 - 1945

[SEAL]

2920 NE 24 Portland Ore
(Street Address, City, State)

Supporting Affidavit of a Second Person

State of Oregon } ss.
County of Multnomah }

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 26
day of June, 19 41

Signed K B Bailey
(Signature of any credible person other than the previous affiant)

Notary Public, residing at Portland - Oregon

My commission expires June - 5 - 1945

[SEAL]

2363 NW Lovejoy - Portland Ore
(Street Address, City, State)

Received for filing on ..... by .....
(Registrar's signature)

65-229-032-655

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Form V. S. No. 11-C—20m-2-15-12

PLACE OF BIRTH

County of Lincoln,

City of Gooding,

No. Montana St.

Hospital Residence,

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 6 File No. 9571

Primary Registration District No. 2014 Registered No. 181

FULL NAME OF CHILD Vivian Estella Ferguson,

Sex of Child Female, Twin or Triplet or other? and Number in order of birth (To be answered only in event of plural births)

Legitimate? Yes, Date of Birth Sept. 29th (Month) (Day) 1912 (Year),

FATHER	MOTHER
FULL NAME Isaac Ferguson,	FULL MAIDEN NAME Mary Keen,
RESIDENCE Gooding, Idaho,	RESIDENCE Gooding, Idaho,
COLOR White, AGE AT LAST BIRTHDAY Fifty Five, (Years)	COLOR White, AGE AT LAST BIRTHDAY Forty One, (Years)
BIRTHPLACE Spanish Fork, Utah.	BIRTHPLACE Fair View, Utah.
OCCUPATION Rancher.	OCCUPATION Housekeeper.

Number of child of this mother, including present birth Fourteen, Number of children of this mother now living, including present birth Eleven,

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 9.15 a, M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Mrs. S. E. Johanson,
(Physician or midwife)

Address Gooding, Idaho,

Filed Sept. 30—1912 C. H. Zeller
Registrar

Given names added from a supplemental report

.....19.....

.....
Registrar

8-Y CO. 20174

DEC 9 1942

381-227-032-263

Form V. S. No. 11-C—20m-6-15-12

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Lincoln

City of Gooding

No. ..... St.

Hospital .....

Registration District No. 5 File No. 9572

Primary Registration District No. 2014 Registered No. 180

FULL NAME OF CHILD Ruth Elaine Chaney

Sex of Child	Twin / Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Female			yes	Oct 27 1932

	FATHER	MOTHER
FULL NAME	Sam Jones Chaney	FULL MAIDEN NAME Ruth Lillian Bolton
RESIDENCE	Gooding Ida.	Gooding Ida.
COLOR	White	White
AGE AT LAST BIRTHDAY (Years)	28	28
BIRTHPLACE	Ohio	Illinois
OCCUPATION	Minister	Housewife

Number of child of this mother, including present birth 2

Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 5 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J H Cromwell M.D.

(Physician or ~~midwife~~)

Address Gooding Idaho

Filed Oct. 28 1932 C. H. Zeller Registrar

Given names added from a supplemental report

..... 19.....

..... Registrar

S-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

K

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Form V. S. No. 11-C—80M-5-43-12

PLACE OF BIRTH

County of

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK. THIS IS A PERMANENT RECORD.

c. c. 6/4/47

219-119-032-249

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

Form V. S. No. 11-C—15m-6-20-11

PLACE OF BIRTH

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

County of Lincoln

City of Hindell

Registration District No. 5th

File No. 9573

No. —, — St.

Primary Registration District No. 2018

Registered No. 171

Hospital

FULL NAME OF CHILD John P. Barley

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Male		3	yes	Dec 19, 1913

FATHER		MOTHER	
FULL NAME	John P Barley	FULL MAIDEN NAME	Anna Smith
RESIDENCE	Hindell Idaho	RESIDENCE	Hindell Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	37 (Years)	AGE AT LAST BIRTHDAY	35 (Years)
BIRTHPLACE	Ohio	BIRTHPLACE	Chicago Ill
OCCUPATION	Blacksmith	OCCUPATION	Housewife

Number of child of this mother, including present birth 3

Number of children, of this mother, now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Alive (Born alive or stillborn) at 3-15 A. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) D. E. Lamb

Physician

(Physician or Midwife)

Address Hindell, Idaho

Given names added from a supplemental report

....., 19.....

Filed Sept 21 19 19 D. E. Lamb

Registrar

.....

Registrar

S-Y CO., 16670

245-416-03-695

PLACE OF BIRTH

STATE OF IDAHO

Form V. S. No. 11-C—Rev.

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

County of Lincoln

City of Wendell — Registration District No. 5th — File No. 9574

No. —, —St. — Primary Registration District No. 2018 — Registered No. 172

Hospital —

FULL NAME OF CHILD Ross Milton Baby Burkholter

Sex of Child	Twin, Triplet, or other?	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Male	(To be answered only in event of plural births)	3	Yes	9 16 1912

FATHER	MOTHER
FULL NAME: Lesley Ray Burkholter	FULL MAIDEN NAME: Jennie E. Fryer
RESIDENCE: Wendell Idaho	RESIDENCE: Wendell Idaho
COLOR: White	COLOR: White
AGE AT LAST BIRTHDAY: 26 (Years)	AGE AT LAST BIRTHDAY: 27 (Years)
BIRTHPLACE: Iowa	BIRTHPLACE: Iowa
OCCUPATION: Farmer	OCCUPATION: Housewife

Number of child of this mother, including present birth: 3

Number of children, of this mother, now living, including present birth: 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn) at 12-5 A. M. on the date above stated.

(Signature) H. E. Lamb

Physician (Physician or Midwife)

Address Wendell Idaho

Filed Sept 20 19 12 H. E. Lamb Registrar

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report

....., 19.....

Registrar

S-Y CO., 16670

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

MARGIN RESERVED FOR BINDING

N. B. In case of more than one child at birth, a SEPARATE REPORT must be made for each and the proper number of each, in order of birth, stated.

MAR 25 1952

MAY 4 1960

456-117-032-356

PLACE OF BIRTH

Form V. S. No. 11-C—15m-6-20-11

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

County of Lincoln

City of Wendell — Registration District No. 52h — File No. 9575

No. —, —St. — Primary Registration District No. 2018 — Registered No. 179

Hospital —

FULL NAME OF CHILD Rogers Earl DeWeese

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
M			Yes	9 17 1912

FATHER		MOTHER	
FULL NAME	Earl DeWeese	FULL MAIDEN NAME	Emma Lenord
RESIDENCE	Wendell	RESIDENCE	Wendell
COLOR	White	AGE AT LAST BIRTHDAY (Years)	26
COLOR	White	AGE AT LAST BIRTHDAY (Years)	29
BIRTHPLACE	Kas	BIRTHPLACE	Kas
OCCUPATION	Druggist	OCCUPATION	Housewife

Number of child of this mother, including present birth 2

Number of children, of this mother, now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Alive (Born alive or stillborn) at 8 A. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) H. E. Lamb

Physician (Physician or Midwife)

Address Wendell, Idaho

Given names added from a supplemental report

....., 19.....

Filed Sept 20 1912 H. E. Lamb

S-Y CO., 16670 Registrar

Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

APR 8 1942

MAY 8 1972

343-201-032-495

PLACE OF BIRTH

Form V. S. No. 11-C—15m-6-20-11

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

County of Lincoln

City of Hendell

Registration District No. 5th

File No. 9576

No. ____, ____ St.

Primary Registration District No. 2018

Registered No. 174

Hospital ____

FULL NAME OF CHILD Baby Lucas Blanche Lucas

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Female		5	Yes	10 1 1912

FATHER		MOTHER	
FULL NAME	Daniel Lucas	FULL MAIDEN NAME	Daisy Draper
RESIDENCE	Hendell, Idaho	RESIDENCE	Hendell Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	33 (Years)	AGE AT LAST BIRTHDAY	33 (Years)
BIRTHPLACE	Ill	BIRTHPLACE	Iowa
OCCUPATION	Farmer	OCCUPATION	Home maker

Number of child of this mother, including present birth 5

Number of children, of this mother, now living, including present birth 5

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn) at 8 A. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) H. E. Lamb

(Physician or Midwife)

Address Hendell

Given names added from a supplemental report

____, 19____

Filed Oct 10 1912 H. E. Lamb

S-Y CO., 16670

Registrar

Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

Affidavit to Correct or Amend An Original Certificate of Birth or Death

State of California } ss.
County of Los Angeles }

Certificate No. 9576

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of birth (Birth or Death)
for Baby Lucas (Name on Original Certificate) who was born (Was Born or Died) on 10/1/1912 (Date of Event)
in Wendell, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts are shown by (no records available) (Bible Record, Insurance Policy, Etc.) 1st Grade Certificate prepared on September 1, 1934 (Give Date), are:
Cert. of Membership of Teachers Retirement

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	Viewed by V.S. (As on Original)	FROM	TO (The Correct Facts)
FULL NAME OF CHILD	Baby Lucas		Blanche Lucas

Subscribed and sworn to before me this 28th day of September, 1955

Notary Public, residing at Los Angeles, Calif
My commission expires My Commission Expires Feb. 2, 1959
(Seal)

Signed Edith Lahrib
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

Apt. 4 126 So. Coronado St. Los Angeles
(Street Address, City, State)

My Commission Expires Feb. 2, 1959

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Oregon } ss.
County of Curry }

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

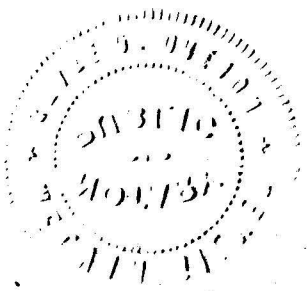
Subscribed and sworn to before me this 4th day of October, 1955

Notary Public, residing at Gold Beach, Oregon
My commission expires NOTARY PUBLIC FOR OREGON
(Seal) My Commission Expires: June 28, 1958

Signed Edna B. Gerlach
(Signature of Any Credible Person)

P.O. Box 334 Manhattan Beach, California
(Street Address, City, State)

DPH 52.155



DEC 6 1955

799-103-032-255

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each child born, of each, in order of birth stated

Form V. S. No. 11-C—15m-6-20-11

PLACE OF BIRTH

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

County of Lincoln

City of Wendell Registration District No. 5th File No. 9577

No. ....., ... St. Primary Registration District No. 2018 Registered No. 175

Hospital ..... Donald Thomas

FULL NAME OF CHILD Baby Griffith

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Male		6	Yes	10, 3, 1917

FATHER		MOTHER	
FULL NAME	Clarence Griffith	FULL MAIDEN NAME	Pearl Kunz
RESIDENCE	Wendell	RESIDENCE	Wendell
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	33 (Years)	AGE AT LAST BIRTHDAY	34 (Years)
BIRTHPLACE	Iowa	BIRTHPLACE	Iowa
OCCUPATION	Farm worker	OCCUPATION	Housewife

Number of child of this mother, including present birth 6

Number of children, of this mother, now living, including present birth 6

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Alive (Born alive or stillborn), at 2 A. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) H. E. Lamb

Physician

(Physician or Midwife)

Address Wendell

Given names added from a supplemental report

....., 19.....

Filed Oct 10 1917 H. E. Lamb

Registrar

S-Y CO., 16870

Registrar

395-208-032 893

PLACE OF BIRTH

County of Lincoln

City of Wendell

No. ____, ____ St.

Hospital ____

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

Form V.S. No. 11-C—15m-6-20-11

Registration District No. 6th File No. 9578

Primary Registration District No. 2018 Registered No. 176

FULL NAME OF CHILD Alice Mae Gee

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Female		2	Yes	10 8 1912

FATHER		MOTHER	
FULL NAME	John T Gee	FULL MAIDEN NAME	Zada Nichols
RESIDENCE	Wendell	RESIDENCE	Wendell
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	30 (Years)	AGE AT LAST BIRTHDAY	27 (Years)
BIRTHPLACE	Kas	BIRTHPLACE	Nebr
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 2

Number of children, of this mother, now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Alive (Born alive or stillborn) at 3 P M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) H E Lamb

Physician (Physician or Midwife)

Address Wendell

Filed Oct 16 19 12 H E Lamb Registrar

Given names added from a supplemental report

..... 19.....

..... Registrar

S-Y CO., 16670

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

294-216-032-944

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

Form V. S. No. 11-C—15m-6-20-11

PLACE OF BIRTH

County of Lincoln

City of Wendell

No. ____, ____ St.

Hospital ____

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

Registration District No. 5th File No. 9579

Primary Registration District No. 2018 Registered No. 177

FULL NAME OF CHILD Catherine Simonsen

Sex of Child	Twin, Triplet, or other?	Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Female	(To be answered only in event of plural births)	2	Yes	10, 16, 1912

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	Bernhardt Simonsen	Rose Rumhopt
RESIDENCE	Wendell, Idaho	Wendell, Idaho
COLOR	White	White
AGE AT LAST BIRTHDAY (Years)	30	30
BIRTHPLACE	Germany	Ill
OCCUPATION	Carpenter	Housewife

Number of child of this mother, including present birth 2.

Number of children, of this mother, now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE.*

I hereby certify that I attended the birth of this child, who was Alive (Born alive or stillborn), at 10 A. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) H. E. Sands

Physician

(Physician or Midwife)

Address Wendell

Given names added from a supplemental report

....., 19.....

Filed Oct 18, 1912 H. E. Sands

Registrar

S-Y CO., 16670

Registrar

318-211-032-695

Form V. S. No. 11-C—15m-6-20-11

PLACE OF BIRTH

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

County of Lincoln

City of Wendell

No. —, — St.

Hospital

Registration District No. 3rd

Primary Registration District No. 2018

File No. 9580

Registered No. 178

FULL NAME OF CHILD Ruth Taylor

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
F.			Y	Sept. 11, 1912

FATHER		MOTHER	
FULL NAME	John Taylor	FULL MAIDEN NAME	Jennie Freeman
RESIDENCE	Wendell	RESIDENCE	Wendell
COLOR	W.	COLOR	W.
AGE AT LAST BIRTHDAY	41 (Years)	AGE AT LAST BIRTHDAY	32 (Years)
BIRTHPLACE	Paxton Ark.	BIRTHPLACE	Clearwater Can.
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 3

Number of children, of this mother, now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive, at 11 P M. on the date above stated.

(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. R. Robertson M.D.

(Physician or Midwife)

Address Wendell Idaho

Given names added from a supplemental report

....., 19.....

Registrar

Filed Sept 18 1912 H. E. Lamb

Registrar

S-Y CO., 16670

WRITE PLAINLY, WITH UNFA... MARGIN ... A PERMANENT RECORD

N. B. In case of more than one child born at a birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

Form V.S. No. 11-C—Jan.-1921

PLACE OF BIRTH

(Use ink or

MARGIN

WRITE PLAINLY, WITH UNFA

A PERMANENT RECORD

580

296-122-034-418

No. 11-C—20m-2-15-12

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STA
CERTIFICATE OF BIRT

County of _____

City of Heyburn

No. _____ St.

Hospital _____

Registration District No. 29 File No. 9581

Primary Registration District No. 2102 Registered No. 86

FULL NAME OF CHILD Harold Albin

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Male			Yes.	Nov. 22 1912

FATHER		MOTHER	
FULL NAME	Alvin Brown	FULL MAIDEN NAME	Myrtle May
RESIDENCE	Heyburn	RESIDENCE	Heyburn
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	25	AGE AT LAST BIRTHDAY (Years)	20
BIRTHPLACE	South Dakota	BIRTHPLACE	Michigan
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 3

Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born Alive (Born alive or stillborn) at 10 A. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) V. R. Killam M D

(Physician or midwife)

Address _____

Given names added from a supplemental report

_____ 19____

_____ Registrar

Filed Dec. 10 1912 V. R. Killam Registrar

S-Y CO. 20174

Dup. # 1912. 313261

331-221-034-349

PLACE OF BIRTH

Form V. S. No. 11-C—20m-2-15-12

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of _____

City of Heyburn

No. _____ St.

Hospital _____

Registration District No. 29

Primary Registration District No. 2102

File No. 9582

Registered No. 85

FULL NAME OF CHILD _____

Sex of Child female | Twin / Triplet or other? | and | Number in order of birth (To be answered only in event of plural births) | Legitimate? yes | Date of Birth Nov. 21 (Month) (Day) 1912 (Year)

FATHER		MOTHER	
FULL NAME	E. Clayville	FULL MAIDEN NAME	Honor Turner
RESIDENCE	Heyburn	RESIDENCE	Heyburn
COLOR	White	AGE AT LAST BIRTHDAY (Years)	28
BIRTHPLACE	Missouri	COLOR	White
OCCUPATION	Farmer	AGE AT LAST BIRTHDAY (Years)	28
		BIRTHPLACE	Iowa
		OCCUPATION	Housewife

Number of child of this mother, including present birth 4

Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born Alive (Born alive or stillborn), at 5 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) V. P. Killen M. D

(Physician or midwife)

Given names added from a supplemental report

_____ 19____

_____ Registrar

Address _____

Filed Dec. 10 1912 V. P. Killen Registrar

8-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

JUL 3 1975

319-113-034-235

PLACE OF BIRTH

Form V. S. No. 11-C—20m-2-15-12

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of _____

City of Hyburn

No. _____ St.

Hospital _____

Registration District No. 29 File No. 9583

Primary Registration District No. 2102 Registered No. 84

FULL NAME OF CHILD Wallace Gerald Carrier

Sex of Child	Twin / Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Male			Yes	Nov. 13 1912

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	E. E. Carrier	Lucy Stewart
RESIDENCE	Hyburn	Hyburn
COLOR	White	White
AGE AT LAST BIRTHDAY (Years)	38	34
BIRTHPLACE	Iowa	Missouri
OCCUPATION	Farmer	Housewife

Number of child of this mother, including present birth 10

Number of children of this mother now living, including present birth 8

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born Alive (Born alive or stillborn), at 6 A. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) V. P. Killam M.D.

(Physician or midwife)

Address _____

Given names added from a supplemental report

_____ 19____

_____ Registrar

Filed Dec. 10 1912 V. P. Killam Registrar

6-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

695 - 111-034-294

Form V. S. No. 11-C ~~2m-2-15-12~~

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Minidoka

City of Heyburn

No. ..... St.

Registration District No. 29 File No. 9584

Primary Registration District No. 2102 Registered No. 83

Hospital .....

FULL NAME OF CHILD Jeddy Edward Winn

Sex of Child	Twin / Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Male.			Yes.	Nov. 11 1912

	FATHER	MOTHER
FULL NAME	Geo. Winn	FULL MAIDEN NAME Lottie Bennett
RESIDENCE	Heyburn.	RESIDENCE Heyburn.
COLOR	White	COLOR White
AGE AT LAST BIRTHDAY	40 (Years)	AGE AT LAST BIRTHDAY 27 (Years)
BIRTHPLACE	Utah	BIRTHPLACE Utah.
OCCUPATION	Farmer	OCCUPATION Housewife

Number of child of this mother, including present birth 5

Number of children of this mother now living, including present birth 5

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born Alive, at 8 P. M. on the date above stated.

(Born alive or ~~stillborn~~)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) V. R. Killeen M.D.

Physician

(Physician ~~or midwife~~)

Given names added from a supplemental report

..... 19.....

Address .....

Filed Dec. 10 1912 V. R. Killeen

..... Registrar

Registrar

S-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

SEP 24 1974

345-205-034-766

AMENDED CHILD'S NAME & PLACE OF BIRTH
3-3-98 MS

Form V. S. No. 11-C—20m-2-15-12

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of MINIDOKA

City of RUPERT

Registration District No. 29

File No. 9585

No. ..... St.

Primary Registration District No. 2102

Registered No. 81

Hospital .....

FULL NAME OF CHILD RUBY JENNIE CUNNINGTON

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
female			yes	Nov. 5 1912

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	J. W. Cunnington	Addie Brodman
RESIDENCE	Hayburn. Ida	Hayburn.
COLOR	White	White
AGE AT LAST BIRTHDAY (Years)	49	37
BIRTHPLACE	Iowa	New York.
OCCUPATION	Farmer.	Housewife

Number of child of this mother, including present birth 8

Number of children of this mother now living, including present birth 8

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born Alive (Born alive or stillborn), at 4 a. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) V. P. Killam

Physician (Physician or midwife)

Given names added from a supplemental report

..... 19.....

Address .....

..... Registrar

Filed Dec. 10 1912 V. P. Killam Registrar

8-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

JAN 8 1970

IDAHO DEPARTMENT OF HEALTH AND WELFARE
Center for Vital Statistics
and Health Policy

12-19-97

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE

RECEIVED
VITAL STATISTICS
98 MAR -3 AM 8:52

State of _____ } ss.
County of _____

Certificate No. 1912-9585
Date Filed DEC. 10, 1912

The undersigned does solemnly swear that certain facts on the certificate of BIRTH

for UNNAMED CUNNINGTON (Name on Original Certificate) who WAS BORN (Was Born, Died, etc.) on NOV. 5, 1912 (Date of Event)

in MINIDOKA COUNTY IDAHO (Place of Event) are erroneous or were omitted:

ITEMS TO BE CORRECTED	FROM	TO
PLACE OF BIRTH	MINIDOKA COUNTY	RUPERT (MINIDOKA) ID
CHILD'S NAME	UNNAMED CUNNINGTON	RUBY JENNIE CUNNINGTON

Subscribed and sworn to before me this 25th day of February 98.

Notary Public Susan Lee Stanford

Residing at Boise Idaho

My commission expires 4-15-99

(Seal)

~~Ruby Jennie Cunnington~~ Wilson
Signature of Applicant

~~9709 W. Cascade Boise, ID 83704~~
Street Address, City, State

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Idaho } ss.
County of Ada

(Must be completed ___)
(Is not necessary ≤)

The undersigned does solemnly swear that he has knowledge of the facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 25th day of February 1998

Notary Public, Susan Lee Stanford

Residing at Boise, Idaho

My commission expires 4-15-99

(Seal)

Pamela L. Bakhuis
Supporting Signature

9709 W. Cascade Boise ID 83704
Street Address, City, State

Fee paid

STATE OF IDAHO CERTIFICATE OF BIRTH FILED 9/11/44 FILE #44-394855 SHOWS PAMELA IRENE SIGMAN BORN 8/26/44 IN IDAHO FALLS (BONNEVILLE) ID TO RUBY JENNIE CUNNINGTON BORN IN RUPERT (MINIDOKA) ID AND DONOVAN GUY SIGMAN VIEWED VS.

STATE OF IDAHO CERTIFICATE OF DEATH FILED 9/13/74 FILE #74-4383 SHOWS DONAVAN BURTON SIGMAN DIED SEPT. 2, 1974 IN NAMPA (CANYON) ID MOTHER'S NAME RUBY JENNIE CUNNINGTON BORN IN RUBERT IDAHO VIEWED VS.

432-107-034-414

PLACE OF BIRTH

Form V. S. No. 11-C 20m-2-15-12

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Minidoka

City of near Rupert,

No. ____ St.

Hospital ____

Registration District No. 29 File No. 9586

Primary Registration District No. 2015 Registered No. 82

FULL NAME OF CHILD JOSEPH PATRICK McKIERNAN

Sex of Child	Twin / Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Male			Yes	Nov 7 1912

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	Patrick McKiernan	Nora Madden
RESIDENCE	Algonia Ida	Rupert Ida
COLOR	White	White
AGE AT LAST BIRTHDAY (Years)	36	30
BIRTHPLACE	Ireland	Ireland
OCCUPATION	Engineer	Housewife

Number of child of this mother, including present birth 3rd

Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was ____ (Born alive or ~~stillborn~~) at 3 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) P. F. Scott M.D.

Rupert Ida

(Physician or ~~midwife~~)

Given names added from a supplemental report

____ 19____

____ Registrar

Address ____

Filed Dec. 10 1912 W. P. Kilbrew Registrar

S-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF IDAHO

DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of California } ss.
County of Los Angeles }

Certificate No. 9586

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of birth (BIRTH OR DEATH)
for Joseph Patrick McKiernan (NAME ON ORIGINAL CERTIFICATE) who was born (WAS BORN OR DIED) on November 7, 1912 (DATE OF EVENT)
in near Rupert, Idaho (PLACE OF EVENT) were omitted; and that, to the best of his knowledge, the
true facts as shown by (BIBLE RECORD, INSURANCE POLICY, ETC.) prepared on January 6, 1942 (GIVE DATE), are:

FACTS TO BE CORRECTED ("NAME", "BIRTH DATE", "CAUSE OF DEATH", ETC.)	FROM (AS ON ORIGINAL)	TO (THE CORRECT FACTS)
name	unnamed	Joseph Patrick McKiernan

Subscribed and sworn to before me this 23
day of January, 19 42

C. M. Brown

Notary Public, residing at Long Beach, Calif.
My commission expires August 9, 1944
(SEAL)

Signed Mrs Nora Mc Kiernan
(SIGNATURE OF PARENT OR ATTENDANT IF CORRECTING A BIRTH RECORD; OF ATTENDANT, FUNERAL DIRECTOR, INFORMANT IF CORRECTING DEATH RECORD; OR OTHER CREDIBLE PERSON.)

916 Locust Ave Long Beach, Calif.
(STREET ADDRESS, CITY, STATE)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of California } ss.
County of Los Angeles }

[THIS AFFIDAVIT MUST ALSO BE EXECUTED. (SEE CHAPTER 139, 1937 IDAHO SESSION LAWS.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 23
day of January, 19 42

C. M. Brown

Notary Public, residing at Long Beach, Calif.
My commission expires August 9, 1944
(SEAL)

Signed James Mc Kiernan
(SIGNATURE OF ANY CREDIBLE PERSON OTHER THAN PREVIOUS AFFIANT.)

2719½ S. Cimarron St.
(STREET ADDRESS, CITY, STATE)
Los Angeles Calif.

Received for filing on FEB 12 By
(REGISTRAR'S SIGNATURE)

FEB 27 1942

317-102-006-317

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

Form [illegible] Rev-2-15-12

CERTIFICATE OF BIRTH

County of Bingham

City of Mareland Mud Registration District No. 13 File No. 9587

No. No St. Primary Registration District No. 2053 Registered No. 222

Hospital No

FULL NAME OF CHILD Franky Elwood Capson

Sex of Child	Twin / Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Male			yes	Nov 2 1912

FATHER	MOTHER
FULL NAME: Frank C. Capson	FULL MAIDEN NAME: Grace Crystal Capson
RESIDENCE: Mareland Idaho	RESIDENCE: Mareland Idaho
COLOR: White	COLOR: white
AGE AT LAST BIRTHDAY: 29 (Years)	AGE AT LAST BIRTHDAY: 24 (Years)
BIRTHPLACE: Salt Lake City	BIRTHPLACE: American Fork Utah
OCCUPATION: Farmer	OCCUPATION: Housewife

Number of child of this mother, including present birth: 3

Number of children of this mother now living, including present birth: 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive, at 3 a M. on the date above stated.

(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) H. J. Simmons D

Black Foot, Idaho

(Physician or midwife)

Given names added from a supplemental report

..... 19.....

Registrar

Address .....

Filed Nov 3 19 12 M E Patrick

Registrar

S-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

[redacted]

748-103-006-249

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

Form V. S. No. 11-C—15m-6-20-11

PLACE OF BIRTH

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

County of Bingham

City of Blackfoot — Registration District No. 13 — File No. 9588

No. 214 So University Ave — Primary Registration District No. 1007 — Registered No. 223

Hospital No

FULL NAME OF CHILD William Michael Guheen

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Male			Yes	Nov. 3, 1912

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	John J. Guheen	Elsie Smith
RESIDENCE	Blackfoot, Idaho	Blackfoot, Idaho
COLOR	White	White
AGE AT LAST BIRTHDAY (Years)		27
BIRTHPLACE	Illinois	Germany
OCCUPATION	Attorney-at-Law	Housewife

Number of child of this mother, including present birth 2

Number of children, of this mother, now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 9 a. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Francis A. Poole M.D.

(Physician or Midwife)

Address Blackfoot, Idaho.

Given names added from a supplemental report

....., 19.....

Filed Nov 10 19 12 W. E. Patrick

Registrar

S-Y CO., 16670

Registrar

466-101-006-343

Form V. S. No. 11-C—20m-2-15-12

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH

County of Bingham

City of 3 Mi North Blackfoot

No. ..... St.

Hospital No

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 13 File No. 9589

Primary Registration District No. 2053 Registered No. 224

FULL NAME OF CHILD Roy Lutz Moore

Sex of Child	Twin, Triplet or other?	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Male	—	—	Yes	Nov 1 1912

(To be answered only in event of plural births)

FATHER	MOTHER
FULL NAME Phillip R. Moore	FULL MAIDEN NAME Myrtle Lutz
RESIDENCE Blackfoot Route 3	RESIDENCE Do
COLOR White	COLOR White
AGE AT LAST BIRTHDAY 35 (Years)	AGE AT LAST BIRTHDAY 31 (Years)
BIRTHPLACE Utah	BIRTHPLACE Utah
OCCUPATION Farmer	OCCUPATION Housewife

Number of child of this mother, including present birth 7

Number of children of this mother now living, including present birth 7

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 11-05 P.M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) M. E. Petrie

Phys. (Physician or midwife)

Address Blackfoot Idaho

Given names added from a supplemental report

..... 19.....

Filed Nov 10 19 12 M. E. Petrie

..... Registrar

..... Registrar

S-Y CO. 20174

FEB 17 1943

295-114-006-654

Form V. S. No. 11-C—15m-6-20-11

PLACE OF BIRTH

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

County of Bingham

City of Blackfoot

No. ____, ____ St.

Hospital ____

Registration District No. 13

Primary Registration District No. 1007

File No. 9590

Registered No. 225

FULL NAME OF CHILD Eugene King

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Male			Yes	Oct 14 1912

FATHER		MOTHER	
FULL NAME	Elmer King	FULL MAIDEN NAME	Leale Fleming
RESIDENCE	Blackfoot	RESIDENCE	Blackfoot
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	29 (Years)	AGE AT LAST BIRTHDAY	21 (Years)
BIRTHPLACE	North Carolina	BIRTHPLACE	Mo
OCCUPATION	Foreman	OCCUPATION	House wife

Number of child of this mother, including present birth 2

Number of children, of this mother, now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 11:40 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) John B. Cooper M.D.

(Physician or Midwife)

Address Blackfoot Ida.

Given names added from a supplemental report

....., 19.....

Filed Nov 11 1912 W. E. Patrie

Registrar

S-Y CO., 16670

Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY. WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

PLACE OF BIRTH

County of

413 - 114-006 - 215

PLACE OF BIRTH

Form V. S. No. 11-C—20m-2-15-12

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Bingham

City of Aberdeen

No. —— —— St.

Hospital ——

Registration District No. 13 File No. 9591

Primary Registration District No. 2029 Registered No. 226

FULL NAME OF CHILD Harold Henry Matthies

Sex of Child	Twin / Triplet or other?	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Male	—— (To be answered only in event of plural births)	——	yes	Nov. 14 1912

FATHER	MOTHER
FULL NAME: Bernhard Harmon Matthies	FULL MAIDEN NAME: Lena Bauman
RESIDENCE: Aberdeen Ida.	RESIDENCE: Aberdeen Ida.
COLOR: White	COLOR: White
AGE AT LAST BIRTHDAY (Years): 29	AGE AT LAST BIRTHDAY (Years): 22
BIRTHPLACE: Russia	BIRTHPLACE: Kansas.
OCCUPATION: mail driver	OCCUPATION: Housewife

Number of child of this mother, including present birth: 2nd

Number of children of this mother now living, including present birth: 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 4 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) M. C. MacKinnon, M. D.

(Physician or midwife)

Address Aberdeen, Ida.

Given names added from a supplemental report

....., 19.....

Filed Nov 14 1912 M. C. MacKinnon, Registrar

S-Y CO. 20174 Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

434-117-006-213

Form V. S. No. 11-C—20m-2-15-12

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Bingham

City of Sterling

No. ..... St.

Hospital .....

Registration District No. 13 File No. 9592

Primary Registration District No. 2029 Registered No. 227

EVERETT McKINNON

FULL NAME OF CHILD Unnamed McDonald

Sex of Child	Twin / Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Male	—	—	Yes	Nov. 17 1912

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	Warren McDonald	Pearl Satterfield
RESIDENCE	Menan	Sterling
COLOR	White	White
AGE AT LAST BIRTHDAY (Years)	24	24
BIRTHPLACE	Utah	Alabama
OCCUPATION	Laborer	Housewife

Number of child of this mother, including present birth 3rd

Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 2 A. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report

..... 19.....

..... Registrar

(Signature) M. S. McKinnon M.D.

(Physician or midwife)

Address Aberdeen Ida

Filed Nov 17 19 2 McKinnon Registrar

S-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

DEC 6 1950

194-101-006-353

Form V. S. No. 11-C—20m-2-15-12

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH

County of Brigham

City of Fort Hall

No. ..... St.

Hospital .....

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 13 File No. 9593

Primary Registration District No. 2053 Registered No. 228

FULL NAME OF CHILD Oliver Peter

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births) and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Male		yes	Oct 1 1912

FATHER		MOTHER	
FULL NAME	Peter Jim	FULL MAIDEN NAME	Allie Peter
RESIDENCE	Fort Hall	RESIDENCE	Fort Hall
COLOR	Indian	COLOR	Indian
AGE AT LAST BIRTHDAY (Years)	24	AGE AT LAST BIRTHDAY (Years)	22
BIRTHPLACE	Fort Hall	BIRTHPLACE	Fort Hall
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 2

Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 3. P. M. on the date above stated.

(Signature) F. W. Mitchell

(Physician or midwife)

Address .....

Filed Nov 20 1912 W. E. Patrie Registrar

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report

..... 19.....

..... Registrar

S-Y CO. 20174

2 LAST NAME

Record typewriter ribbon in completing this certificate. This certificate MUST be filed with the rict where the birth occurred WITHIN 10 days after the date of birth of the child. Address ITAL STATISTICS, BOISE, IDAHO.

38 - 205-006 - 369

(Be sure the information is complete and accurate)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 9594
Local Reg. No.
Reg. Dist. No. 13

Amended 11/26/74

1. PLACE OF BIRTH
a. COUNTY: Bingham
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN: Blackfoot
c. FULL NAME OF (If NOT in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION:

2. USUAL RESIDENCE OF MOTHER (Where does mother live?)
a. STATE: Idaho b. COUNTY: Bingham
c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN: Blackfoot
d. STREET ADDRESS (If rural, give location):

3. CHILD'S NAME (Type or print)
a. (First): Olive b. (Middle): Lorentzen c. (Last): Christensen

4. SEX: Female

5a. THIS BIRTH: SINGLE ____ TWIN ____ TRIPLET ____

5b. IF TWIN OR TRIPLET (This child born): 1st ____ 2nd ____ 3rd ____

6. DATE OF BIRTH (Month) (Day) (Year): October 5, 1912

FATHER OF CHILD

7. FULL NAME
a. (First): Nephi b. (Middle): c. (Last): Christensen

8. AGE (At time of this birth): 32 YEARS

9. BIRTHPLACE (State or foreign country) (City or Town): Utah

10. USUAL OCCUPATION: Farmer

11. KIND OF BUSINESS OR INDUSTRY:

MOTHER OF CHILD

12. FULL MAIDEN NAME
a. (First): Laura b. (Middle): c. (Last): Loranzen

13. AGE (At time of this birth): 31 YEARS

14. BIRTHPLACE (State or foreign country) (City or Town): Norway

15. CHILDREN PREVIOUSLY BORN TO THIS MOTHER (Do NOT include this child)
a. How many OTHER children are now living? 1
b. How many OTHER children were born alive but are now dead?
c. How many children were stillborn (born dead after 20 wks. pregnancy?)

16. INFORMANT'S SIGNATURE OR NAME (Relationship):

I hereby certify that this child was born alive on the date stated above.

17. SIGNATURE: F. W. Mitchell

18. ATTENDANT AT BIRTH: M.D. ____ MIDWIFE ____ OTHER (Specify) ____

19. ADDRESS:

20. DATE SIGNED:

21. DATE REC'D BY LOCAL REG.: Nov. 20, 1912

22. REGISTRAR'S SIGNATURE: W. E. Patrie

23. DATE ON WHICH GIVEN NAME ADDED BY ____ Registrar

Form V. S. No. 21-C—20m-2-15-12

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Bingham

City of Blackfoot ward #1 — Registration District No. 13 — File No. 9594

No. ____ St. — Primary Registration District No. 2033 — Registered No. 224

Hospital ____

FULL NAME OF CHILD Esau Christensen

Sex of Child	Twin Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Female			Yes	Oct 5 1912

FATHER	MOTHER
FULL NAME Mephi Christensen	FULL MAIDEN NAME Larsina Sorensen
RESIDENCE Blackfoot, Idaho	RESIDENCE Blackfoot, Idaho
COLOR White	COLOR White
AGE AT LAST BIRTHDAY 32 (Years)	AGE AT LAST BIRTHDAY 31 (Years)
BIRTHPLACE Utah	BIRTHPLACE Norway
OCCUPATION Farmer	OCCUPATION Housewife

Number of child of this mother, including present birth 2

Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 9. P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) F. W. Mitchell

(Physician or midwife)

Given names added from a supplemental report

....., 19.....

Address .....

Filed Nov 20 1912 — W. E. Patrie

Registrar

S-Y CO. 20174

Registrar

NOV 1 1974

IDAHO DEPARTMENT OF HEALTH

BUREAU OF VITAL STATISTICS

RECEIVED
BUREAU OF VITAL STATISTICS
NOV 20 11 59 AM 74

Affidavit to Correct or Amend An Original Certificate of Birth or Death

State of ..... } ss.
County of ..... }

Certificate No. 9594

Date Filed .....

The undersigned does solemnly swear that certain facts on the certificate of ~~birth~~ (Birth or Death)
for Lena Christensen (Name on Original Certificate) who was born (Was Born or Died) on Oct. 5, 1912 (Date of Event)
in Blackfoot, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts are shown by ..... (Bible Record, Insurance Policy, Etc.) prepared on ..... (Give Date), are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
child's name	Lena Christensen	Olive Lorentzen Christense n

Subscribed and sworn to before me this ..... day of
....., 19.....

.....
Notary Public, residing at .....
My commission expires .....
(Seal)

Signed ✓
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

..... (Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Idaho } ss.
County of Bingham }

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 18th day of
November, 19 74

Notary Public, residing at Blackfoot Idaho
My commission expires Jan. 1, 1976
(Seal)

Signed Elizabeth A. Thornton
(Signature of Any Credible Person)

290 E. Hawley St. Blackfoot Ida 83221
(Street Address, City, State)

FORM DH 60. 155

CL 10/31/74

Certif. of Blessing from the LDS Church gives name as Olive L. Christensen daughter of Nephi and Laura Loretzen. born Oct. 5, 1912. Was Blessed Jan. 5, 1913. viewed by V. S.

NOV 26 1974

Family Group record gives father's name as Nephi Chirstensen and the mother's name as Laura Antonie Lorentzen. child's name given as Olive Lorentzen Christensen. born Oct. 5, 1912. viewed by V.S.

299 - 212-006 -493

Form V. S. No. 11-C—20m-2-15-12

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH

County of Bingham

City of Blackfoot

No. Ward # 4 St.

Hospital

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 13 File No. 9595

Primary Registration District No. 2053 Registered No. 230

FULL NAME OF CHILD Ethel Linn

Sex of Child	Twin / Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Female			Yes	Oct 12 1912

FATHER		MOTHER	
FULL NAME	Green Kirkpatrick	FULL MAIDEN NAME	Emily Miller
RESIDENCE	Blackfoot Idaho	RESIDENCE	Blackfoot, Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)		AGE AT LAST BIRTHDAY (Years)	27
BIRTHPLACE	Idaho	BIRTHPLACE	Idaho
OCCUPATION	Farmer	OCCUPATION	Housework

Number of child of this mother, including present birth 2

Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive - at, at 1.30 A. M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) F. W. Whitehead

(Physician or midwife)

Address

Given names added from a supplemental report

19

Filed Nov. 20 1912 W. E. Petrie
Registrar

Registrar

S-Y CO. 20174

OCT 2 5 1974

752-112-006-331

Form V. S. No. 11-C—20m-2-15-12

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Bonneville

City of Blackfoot, Idaho

No. Ward # 4 St.

Hospital

Registration District No. 73

Primary Registration District No. 2053

File No. 9596

Registered No. 231

FULL NAME OF CHILD Henry Lee

Sex of Child	Twin Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Male			Yes	Oct 12 1912

FATHER	MOTHER
FULL NAME Henry Reedy	FULL MAIDEN NAME Opal Glass
RESIDENCE Blackfoot, Idaho	RESIDENCE Blackfoot, Idaho
COLOR White	COLOR White
AGE AT LAST BIRTHDAY 40 (Years)	AGE AT LAST BIRTHDAY 27 (Years)
BIRTHPLACE Mo.	BIRTHPLACE ~~Housewife~~ Indiana
OCCUPATION Farmer.	OCCUPATION Housewife

Number of child of this mother, including present birth 4

Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive at ~~to~~ (Born alive or stillborn) at 10. A. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. W. Mitchell

(Physician or midwife)

Address

Given names added from a supplemental report

.....19.....

Filed Nov 20 1912 W. E. Patrie

Registrar

.....

Registrar

8-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY. WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

MAR 2 9 1976

413-114-006-791

Form V. S. No. 11-C—20m-2-15-12

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Bingham

City of Blackfoot, ward #1 Registration District No. 13 File No. 9597

No. ..... St. Primary Registration District No. 2053 Registered No. 232

Hospital .....

FULL NAME OF CHILD James Mathews

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Male			Yes	Oct 14 1912

FATHER	MOTHER
FULL NAME Wm Mathews	FULL MAIDEN NAME Alice Graham
RESIDENCE Blackfoot, Idaho R 7 No 3	RESIDENCE Blackfoot, Idaho
COLOR White	COLOR White
AGE AT LAST BIRTHDAY 37 (Years)	AGE AT LAST BIRTHDAY 35 (Years)
BIRTHPLACE Iowa	BIRTHPLACE Iowa
OCCUPATION Farmer	OCCUPATION Housewife

Number of child of this mother, including present birth 3

Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 2-30 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) F. W. Mitchell

(Physician or midwife)

Given names added from a supplemental report

..... 19.....

Address .....

Filed Nov 20 19 12 W. E. Patrie

..... Registrar

Registrar

5-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

369-101-006-315

PLACE OF BIRTH

Form V. S. No. 11-C—20m-2-15-12

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Bingham

City of Wapello

No. ..... St.

Hospital .....

Registration District No. 13 File No. 9598

Primary Registration District No. 2053 Registered No. 233

FULL NAME OF CHILD Vasco Lee Cozier

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Male			yes	Nov. 1 1912

FATHER

FULL NAME William D. Cozier

RESIDENCE Blackfoot, Idaho R.F.D. #3.

COLOR White AGE AT LAST BIRTHDAY 43 (Years)

BIRTHPLACE Utah

OCCUPATION Farmer

MOTHER

FULL MAIDEN NAME Sula Sammons

RESIDENCE Blackfoot, Idaho R.F.D. #3.

COLOR White AGE AT LAST BIRTHDAY 33 (Years)

BIRTHPLACE Utah

OCCUPATION Housework

Number of child of this mother, including present birth 6

Number of children of this mother now living, including present birth 6

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive. (Born alive or stillborn) at 7.30 A.M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) F. M. Mitchell

(Physician or midwife)

Given names added from a supplemental report

..... 19.....

..... Registrar

Address .....

Filed Nov 20 1912 W. E. Patrie Registrar

S-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

MAY 8 1975

236 - 207-006-413

PLACE OF BIRTH

Form V. S. No. 11-C—20m-2-15-12

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Bingham

City of Wapello

No. ..... St.

Hospital .....

Registration District No. 13

Primary Registration District No. 2053

File No. 9599

Registered No. 234

FULL NAME OF CHILD Hazel Irene Scott

Sex of Child	Twin Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Female			Yes	Nov. 7 1912

FATHER	MOTHER
FULL NAME Harold S Scott	FULL MAIDEN NAME Hazel Malm
RESIDENCE Blackfoot Idaho 43	RESIDENCE (Wapello) Blackfoot, Idaho 43
COLOR White	COLOR White
AGE AT LAST BIRTHDAY 24 (Years)	AGE AT LAST BIRTHDAY 24 (Years)
BIRTHPLACE Utah	BIRTHPLACE Utah
OCCUPATION Farmer	OCCUPATION Housework

Number of child of this mother, including present birth 1

Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 6.30 A.M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) F. W. Mitchell

(Physician or midwife)

Given names added from a supplemental report

..... 19.....

Address .....

Filed Nov 20 1912 W. E. Parke

..... Registrar

Registrar

8-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

K

DEC 8 1942

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299 - 207-006-49

Form V. S. No. 11-C—20m-2-15-12

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Bingham

City of Blackfoot

No. ..... St.

Hospital Blackfoot

Registration District No. 13 File No. 9600

Primary Registration District No. 1007 Registered No. 235

FULL NAME OF CHILD Dorothy May Kirkpatrick

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Female			yes	Nov. 7 1912

FATHER

FULL NAME: Chas. G. Kirkpatrick
RESIDENCE: Blackfoot, Idaho
COLOR: White
AGE AT LAST BIRTHDAY: 29 (Years)
BIRTHPLACE: West. Va.
OCCUPATION: Farmer

MOTHER

FULL MAIDEN NAME: Mollie Miller
RESIDENCE: Blackfoot, Idaho.
COLOR: White
AGE AT LAST BIRTHDAY: 26 (Years)
BIRTHPLACE: Neb.
OCCUPATION: Housework

Number of child of this mother, including present birth: 1
Number of children of this mother now living, including present birth: 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 11.500 M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) F. W. Mitchell
(Physician or midwife)

Address .....

Given names added from a supplemental report

..... 19.....

Filed Nov 20 1912 W. E. Patrie
Registrar

..... Registrar

8-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

DECEASED

[redacted] 107-006-127

[redacted] BUREAU OF VITAL STATISTICS

[redacted] ingham

[redacted] Rossville

Registration District No. 29 File No. [redacted] 1

No. ..... St.

Primary Registration District No. 2053 Registered No. 236

Hospital .....

FULL NAME OF CHILD Theron Raymond Hall

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Male			Yes	Nov. 9. 1912

FATHER		MOTHER	
FULL NAME	Raymond Hall	FULL MAIDEN NAME	Laura Sullivan
RESIDENCE	Blackfoot, Idaho # 2	RESIDENCE	Blackfoot, Idaho # 2
COLOR	White	AGE AT LAST BIRTHDAY (Years)	19
BIRTHPLACE	Idaho	COLOR	White
OCCUPATION	Farmer	AGE AT LAST BIRTHDAY (Years)	17
		BIRTHPLACE	Idaho
		OCCUPATION	Housework

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) on the date above stated. at 7.30 P.M.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) F. W. Mitchell

(Physician or midwife)

Given names added from a supplemental report

..... 19.....

Address .....

Filed Nov 20 1912 W. E. Patrie

..... Registrar

S-Y CO. 20174 Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RE

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the num of each, in order of birth stated.

JUN 3 1943

479-110-006-813

[redacted]

C—Jan-2-15-12

[redacted]

City of Blackfoot

Registration District No. 13 File No. 9602

No. St.

Primary Registration District No. 1007 Registered No. 237

Hospital Blackfoot

FULL NAME OF CHILD Charles Reed Marr.

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births) and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Male		Yes	Nov. 10 1912

FATHER	MOTHER
FULL NAME William Marr.	FULL MAIDEN NAME Susie Hall
RESIDENCE Blackfoot, Idaho.	RESIDENCE Blackfoot, Idaho
COLOR White	AGE AT LAST BIRTHDAY 31 (Years)
COLOR White	AGE AT LAST BIRTHDAY 30 (Years)
BIRTHPLACE New Hampshire.	BIRTHPLACE MO.
OCCUPATION Farmer	OCCUPATION Housewife

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 9. A. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) F. W. Mitchell

(Physician or midwife)

Given names added from a supplemental report

....., 19.....

Address .....

Filed Nov 20 1912 W. E. Patrie

S-Y CO. 20174 Registrar

Registrar

MARGIN RESERVED FOR [illegible]

WRITE PLAINLY, WITH UNFADING INK—THIS IS A [illegible]

N. B. In case of more than one child [illegible]

PLACE OF BIRTH

Amended 9-15-60
PLACE OF BIRTH
791-211-006-165

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Bingham
City of Presto
No. ..... St.
Hospital .....

Registration District No. 13 File No. 9603
Primary Registration District No. 2053 Registered No. 238

FULL NAME OF CHILD Iris Maxine Pratt
(Certificate of no value without full name of child.)

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Female				Yes	Nov. 11, 1912

What bactericidal solution was used in eyes? .....

Number of child of this mother, including present birth 5 Number of children of this mother now living, including present birth 5

FATHER	MOTHER
FULL NAME: William Pratt	FULL MAIDEN NAME: Jeannette Jones
RESIDENCE: Presto, Idaho	RESIDENCE: Presto, Idaho
COLOR: White	COLOR: White
AGE AT LAST BIRTHDAY: 46 (Years)	AGE AT LAST BIRTHDAY: 36 (Years)
BIRTHPLACE: Wales	BIRTHPLACE: Wales
OCCUPATION: Farmer	OCCUPATION: Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born Alive (Born alive or stillborn), at 10 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) F. W. Mitchell
(Physician or midwife)
Address .....

Give names added from a supplemental report.

..... , 192.....
.....
Registrar.

Filed Nov. 20, 1912 W.E. Patrie
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

DECEASED

Form V. S. No. 11-C-20m-2.15-12

PLACE OF BIRTH.

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Bingham

City of Presto

Registration District No. 13

File No. 9603

No. ..... St.

Primary Registration District No. 2023

Registered No. 238

Hospital .....

FULL NAME OF CHILD Unnamed Pratt

Sex of Child	Twin Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth
Female			Yes	Nov. (Month) 10 (Day) 1912 (Year)

FATHER	MOTHER
FULL NAME William Pratt	FULL MAIDEN NAME Janett Jones
RESIDENCE Presto, Idaho	RESIDENCE Presto Idaho
COLOR White	COLOR White
AGE AT LAST BIRTHDAY 46 (Years)	AGE AT LAST BIRTHDAY 36 (Years)
BIRTHPLACE Wales	BIRTHPLACE Wales
OCCUPATION Farmer	OCCUPATION Housewife

Number of child of this mother, including present birth 5

Number of children of this mother now living, including present birth 5

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 10.10 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) F. W. Mitchell

(Physician or midwife)

Address .....

Given names added from a supplemental report

..... 19.....

Filed Nov 20 1912

W. E. Patrie
Registrar

..... Registrar

S-Y. CO. 20174

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

MARGIN RESERVED FOR BINDING

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Form V. S. No. U-C-Com.2-15

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

PLACE OF BIRTH

County of

SEP 16 1960

Documents listed on back - 2 -

IDAHO STATE BOARD OF HEALTH
DIVISION OF VITAL STATISTICS

Affidavit to Correct or Amend An Original Certificate of Birth or Death

State of Idaho } ss.
County of Bingham

Certificate No. 9603

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of Birth (Birth or Death) for Unnamed Pratt (Name on Original Certificate) who born (Was Born or Died) on Nov. 10, 1912 (Date of Event) in Presto, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the true facts are shown by (Bible Record, Insurance Policy, Etc.) prepared on (Give Date), are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
Full Name of Child	Unnamed	Iris Maxine Pratt
Child's Date of Birth	Nov. 10, 1912	November 11, 1912
Full Maiden Name of Mother	Janett Jones	Jeannette Jones

Subscribed and sworn to before me this 27th day of June, 19 60

Notary Public, residing at Blackfoot, Idaho
My commission expires Jan. 6, 1964
(Seal)

Signed Marie Pratt Christensen
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

236 E. Idaho St., Blackfoot, Idaho
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Idaho } ss.
County of Bingham

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 27th day of June, 19 60

Notary Public, residing at Blackfoot, Idaho
My commission expires Jan. 6, 1964
(Seal)

Signed John H Pratt
(Signature of Any Credible Person)

26937 Anderson St. Boron Calif
(Street Address, City, State)

FORM DPH 55, 155 CL-6-15-60. nm

Own Child's Birth Cert. on file, #269809 gives full maiden name of Mother as Iris Maxine Pratt - viewed by V.S.

Mother's Death Certificate on file, #49-2300 gives full name as Jeannette Jones Pratt, born Feb. 28, 1876 at Cardiff, Wales to Edward Jones and Alice Lewellyn - viewed by V.S.

Another Child's Birth Cert. on file, #398129 gives full maiden name of mother as Jeannette Jones - viewed by V.S.

Albion State Normal School, Albion, Idaho, Grade Transcript, date of Entrance Sept. 28, 1931 gives full name as Iris Maxine Pratt, born Nov. 11, 1912 at Firth, Idaho - viewed by V.S.

Marriage License Affidavit, May 18, 1935 gives full name of groom as Charles C. Just and full maiden name of bride as Iris M. Pratt, born Nov. 11, 1912 - viewed by V.S.

395-216-006-867

Form V. S. No. 11-C—Jan-8-15-12

PLACE OF BIRTH

County of Bingham

City of Grayland

No. ..... St.

Hospital .....

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 13 File No. 9604

Primary Registration District No. 2053 Registered No. 234

FULL NAME OF CHILD Sarah Bushla Iraps

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births) and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Female		Yes	Nov 16 1912

FATHER		MOTHER	
FULL NAME	Harry Iraps	FULL MAIDEN NAME	Minnie Hopkins
RESIDENCE	Blackfoot Idaho R. 2	RESIDENCE	Blackfoot Idaho R 2
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	27	AGE AT LAST BIRTHDAY (Years)	24
BIRTHPLACE	Iowa	BIRTHPLACE	Idaho
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 2

Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 5:30 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) F. W. Mitchell

(Physician or midwife)

Address .....

Given names added from a supplemental report

..... 19.....

Filed Nov 20 1912 W. E. Patrie

..... Registrar

Registrar

S-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

OCT 19 1942

635-117-006-615

Form V. S. No. 11-C—20m-2-15-12

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH

County of Bingham

City of Blackfoot

No. Gaume Add St.

Hospital No

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 13 File No. 9605

Primary Registration District No. 1007 Registered No. 240

FULL NAME OF CHILD Judson Glade Fleming.

Sex of Child	Twin, Triplet—or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Male			Yes	Nov 17 1912

FATHER	MOTHER
FULL NAME Robert L. Fleming	FULL MAIDEN NAME Josephine M. Mansch
RESIDENCE Blackfoot Idaho	RESIDENCE Do
COLOR White AGE AT LAST BIRTHDAY 60 (Years)	COLOR White AGE AT LAST BIRTHDAY (27) 27 (Years)
BIRTHPLACE Canada	BIRTHPLACE Minn.
OCCUPATION Real Estate	OCCUPATION Housewife

Number of child of this mother, including present birth 2

Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 10.50 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) M. E. Patrie

Phys (Physician or midwife)

Address Blackfoot Idaho

Given names added from a supplemental report

.....19.....

.....
Registrar

Filed Nov 25 19 12 M. E. Patrie
Registrar

S-Y CO. 20174

FEB 22 1945

239 - 214-006-239

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Form V. S. No. 11-C—20m-2-15-12

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Bingham

City of Blackfoot

North Francis St.

Registration District No. 13 File No. 9606

Primary Registration District No. 1007 Registered No. 241

Hospital

FULL NAME OF CHILD Mildred Gwendalyn Strongnist

Sex of Child	Twin / Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Female			yes	Nov 14 1912

FATHER

FULL NAME: Gustav Luther Strongnist

RESIDENCE: Blackfoot Idaho

COLOR: White AGE AT LAST BIRTHDAY: 36 (Years)

BIRTHPLACE: Kansas

OCCUPATION: Minister

MOTHER

FULL MAIDEN NAME: Ida Ericsson Strongnist

RESIDENCE: Blackfoot Idaho

COLOR: White AGE AT LAST BIRTHDAY: 28 (Years)

BIRTHPLACE: Illinois

OCCUPATION: Housewife

Number of child of this mother, including present birth: 3

Number of children of this mother now living, including present birth: 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 10 45 M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) H. J. Simmons

Physician

(Physician or midwife)

Address Blackfoot Idaho

Given names added from a supplemental report

.....19.....

.....
Registrar

Filed Nov. 26 1912 W. E. Pattee
Registrar

S-Y CO. 20174

.38-225-006-849

Amended 7-16-63

(Be sure the information is complete and accurate)

State File No. 9607
Local Reg. No. 242
Reg. Dist. No. 13

Federal Security Agency
United States Public Health Service

CERTIFICATE OF BIRTH
STATE OF IDAHO

1. PLACE OF BIRTH
a. COUNTY: Bingham
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Blackfoot
c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital or institution, give street address or location): Blackfoot Hospital

2. USUAL RESIDENCE OF MOTHER (Where does mother live?)
a. STATE: Idaho
b. COUNTY:
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Arco
d. STREET ADDRESS (If rural, give location):

3. CHILD'S NAME (Type or print)
a. (First): Winifred
b. (Middle): Katherine
c. (Last): Thomas

4. SEX: Female

5a. THIS BIRTH: SINGLE [X] TWIN [ ] TRIPLET [ ]

5b. IF TWIN OR TRIPLET (This child born): 1ST [ ] 2ND [ ] 3RD [ ]

6. DATE OF BIRTH: (Month) Nov. (Day) 25, (Year) 1912

FATHER OF CHILD

7. FULL NAME
a. (First): Paul
b. (Middle):
c. (Last): Thomas

8. COLOR OR RACE: White

9. AGE (At time of this birth): 54 YEARS

10. BIRTHPLACE (State or foreign country) (City or Town): France

11a. USUAL OCCUPATION: Merchant

11b. KIND OF BUSINESS OR INDUSTRY:

MOTHER OF CHILD

12. FULL MAIDEN NAME
a. (First): Mabel
b. (Middle):
c. (Last): Hurst

13. COLOR OR RACE: White

14. AGE (At time of this birth): 29 YEARS

15. BIRTHPLACE (State or foreign country) (City or Town): Missouri

16. CHILDREN PREVIOUSLY BORN TO THIS MOTHER (Do NOT include this child)
a. How many OTHER children are now living? 0
b. How many OTHER children were born alive but are now dead? 0
c. How many children were stillborn (born dead after 20 weeks pregnancy)? 0

17. INFORMANT'S SIGNATURE OR NAME (Relationship):

I hereby certify that this child was born alive on the date stated above.

18a. SIGNATURE: Francis H. Poole, M.D.

18b. ATTENDANT AT BIRTH: M. D. [X] MIDWIFE [ ] OTHER (Specify)

18c. ADDRESS: Blackfoot, Idaho

18d. DATE SIGNED:

19. DATE REC'D BY LOCAL REG.: Nov. 27, 1912

20. REGISTRAR'S SIGNATURE: W.E. Patrie

21. DATE ON WHICH GIVEN NAME ADDED BY (Registrar):

to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

LOCAL REGISTRATION OF BIRTHS

Sec. 38-213. All births that occur in the state shall be immediately registered in the districts in which they occu hereinafter provided.

Sec. 38-214. SAME: DUTIES OF THE PHYSICIANS AND MIDWIVES. It shall be the duty of the attending physi or midwife to file a certificate of birth, properly and completely filled out, giving all the particulars required by this art with the local registrar of the district in which the birth occurred, within 10 days after the date of birth; and if there b attending physician or midwife, then it shall be the duty of the father or mother of the child, nurse, householder, or owne the premises, having knowledge of such birth, manager or superintendent of public or private institutions in which birth oc red, to notify the local registrar, within 10 days after the birth, of the fact of such birth having occurred. It shall then, in case, be the duty of the local registrar to secure the necessary information and signature to make proper certificate of bi Provided, That in cities, the certificate of birth shall be filed at less intervals than 10 days after birth, if so required by m cipal ordinances or regulations now in force, or that may hereafter be enacted.

Sec. 38-215. CERTIFICATES OF BIRTH. The certificate of birth shall be filled out as per blanks for that purpose.

Sec. 38-223. * * * * *, any physician or midwife, in attendance upon a case of confinement, or any other person cha with responsibility for reporting births, in the order named in Sec. 38-214 who shall neglect or refuse to file a proper ce cate of birth with the local registrar, within the time required by this article, shall be deemed guilty of a misdemeanor, upon conviction thereof, shall be fined not less than $10 nor more than $300.

MEDICAL REPORT
(Not for certified copies)

(To be used for Crippled Children, Maternal and Child Health Work)

(a) Pregnancy: Complications of.....

.....

.....

(b) Labor: Complication.....

.....

..... Induced?.....

.....

(c) State all operations for delivery.....

(d) Did baby have any:

(1) Congenital Malformation? .....

Describe:.....

(2) Birth Injury?.....

Describe:.....

(e) Signature of Physician:

DECEASED

IDAHO DEPARTMENT OF HEALTH

BUREAU OF VITAL STATISTICS

Affidavit to Correct or Amend An Original Certificate of Birth or Death

State of ..... } ss.
County of ..... }

Certificate No. 9607

Date Filed .....

The undersigned does solemnly swear that certain facts on the certificate of Birth (Birth or Death)
for Winnifred Katharine Thomas (Name on Original Certificate) who was born (Was Born or Died) on Nov. 25, 1912 (Date of Event)
in Blackfoot, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts are shown by ..... (Bible Record, Insurance Policy, Etc.) prepared on ..... (Give Date), are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
Full Name of Child	Winnifred Katharine Thomas	Winifred Katherine Thomas

Subscribed and sworn to before me this ..... day of
....., 19.....

.....
Notary Public, residing at .....
My commission expires .....
(Seal)

Signed .....
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

.....
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of TEXAS } ss.
County of TAYLOR }

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 24th day of
April, 1963

Notary Public, residing at Abilene, Texas
My commission expires June 1, 1963
(Seal)

Signed E. P. Thomas
(Signature of Any Credible Person)

.....
(Street Address, City, State)

FORM DH 60-155 CL 4-16-63. one copy pd. rec. #03124.

Statement from Fern Sellers, Secretary to Superintendent and Clerk of Board of Education of Pawnee Public Schools, Independent School District No. 1, Pawnee, Pawnee County, Oklahoma - statement written April 29, 1963 - states "This is to certify that Winifred Katherine Thomas, daughter of Mabel Hurst Thomas, attended Pawnee Elementary School in the First Grade during the 1917-18 School Tern and was promoted to the 2nd Grade. According to the records of said school Winifred Katherine Thomas was born November 25, 1912 at Blackfoot, Idaho." - viewed by V.S.

Hospital Birth Certificate, The Methodist Hospital, Houston, Texas gives full name of child as Ginger Ann Livingston, born June 9, 1937, Wednesday, 8:30 A.M., born to Aubrey Lee Livingston and Winifred Katherine Thomas - viewed by V.S.

Form V. S. No. 11-C—15m-6-20-11

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

PLACE OF BIRTH

County of Bingham

City of Blackfoot

No. ....., ... St.

Hospital Blackfoot

Registration District No. 13

Primary Registration District No. 1007

File No. 9607

Registered No. 242

FULL NAME OF CHILD Winnifred Katharine Thomas

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Female			Yes	Nov. 25, 1912

FATHER		MOTHER	
FULL NAME	Paul Thomas	FULL MAIDEN NAME	Mabel Hurst
RESIDENCE	Arco, Idaho.	RESIDENCE	Arco, Idaho.
COLOR	White	AGE AT LAST BIRTHDAY (Years)	54
COLOR	White	AGE AT LAST BIRTHDAY (Years)	29
BIRTHPLACE	France	BIRTHPLACE	Missouri
OCCUPATION	Merchant	OCCUPATION	Housewife

Number of child of this mother, including present birth First

Number of children, of this mother, now living, including present birth One

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive at 5.10 P. M. on the date above stated.

(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Francis A Poole M. D.

(Physician or Midwife)

Address Blackfoot, Idaho

Given names added from a supplemental report

....., 19.....

Filed Nov 27 19 12 W E Patrick

S-Y CO., 16670

Registrar

Registrar

JUL 17 1963

849-107-006-381

PLACE OF BIRTH

Form V. S. No. 11-C—20m-2-15-12

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Bingham

City of Springfield Ward

No. ____ St.

Registration District No. 23

File No. 9608

Primary Registration District No. 2053

Registered No. 243

Hospital ____

FULL NAME OF CHILD Almamud Hurd

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth
Boy			Yes	July 7th (Month) (Day) 1912 (Year)

FATHER		MOTHER	
FULL NAME	John Hurd	FULL MAIDEN NAME	Ida Chandler
RESIDENCE	Springfield	RESIDENCE	Springfield
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	26 (Years)	AGE AT LAST BIRTHDAY	19 (Years)
BIRTHPLACE	Utah	BIRTHPLACE	Utah
OCCUPATION	Laborer	OCCUPATION	House Wife

Number of child of this mother, including present birth 1

Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 135 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Augusta C Edwards

(Physician or midwife)

Address Springfield Idaho

Given names added from a supplemental report

....., 19.....

Filed Nov 27 1912 M E Patrick

Registrar

Registrar

5-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

389-202-006-815

Form V. S. No. 11-C—20m-2-15-12

PLACE OF BIRTH

STATE OF IDAHO — BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Bingham

City of [redacted]

Registration District No. 13 File No. 9609

No. ____ St.

Primary Registration District No. 2053 Registered No. 244

Hospital ____

FULL NAME OF CHILD Birgit Kristiansen CHRISTIANSEN

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Girl			Yes	Nov 7th 1912

	FATHER	MOTHER
FULL NAME	Angel Kristiansen CHRISTIANSEN	
FULL MAIDEN NAME		Auguste Hansen
RESIDENCE	Springfield	Springfield
COLOR	White	White
AGE AT LAST BIRTHDAY (Years)	29	26
BIRTHPLACE	Norway	Norway
OCCUPATION	Laborer	Housework

Number of child of this mother, including present birth 2

Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 8 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Augusta C Edwards

(Physician or midwife)

Address Springfield Idaho

Given names added from a supplemental report

....., 19.....

Filed Nov 27 19 12 M E Katie

Registrar

.....

Registrar

S-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS
AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of Califorma } ss.
County of Los angeles

Certificate No. 9609

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of _____ (Birth or Death)

for _____ (Name on Original Certificate) who _____ (Was Born or Died) on _____ (Date of Event)

in _____ (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the true facts are shown by _____ (Bible Record, Insurance Policy, Etc.) prepared on _____ (Give Date), are:

FACTS TO BE CORRECTED ("Name", "Birth Date", "Cause of Death", Etc.)	FROM (As on Original)	TO (The Correct Facts)
name	Birgit Kristiansen	Birgit Christiansen
name of father	Angel Kristiansen	Angel Christiansen

Subscribed and sworn to before me this 13th day of March, 1942

Mildred Withnacht
Notary Public, residing at 261 E Colorado St.

My commission expires Sept 1st 1942
(Seal)

Signed Angel Christiansen
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

1320 East 2nd South Salt Lake City
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of } ss.
County of

[This Affidivat **MUST** Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this _____ day of _____, 19____

Notary Public, residing at _____

My commission expires _____
(Seal)

Signed _____
(Signature of Any Credible Person Other Than Previous Year)

_____
(Street Address, City, State)

MAY 22 1942

MAY 27 1942

719-245-006-236

PLACE OF BIRTH

Idaho V. S. No. 11-C—20m-2-15-12

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Bingham

City of Springfield Ward

Registration District No. 13 File No. 9610

No. ____ St.

Primary Registration District No. 2033 Registered No. 245

Hospital ____

FULL NAME OF CHILD Helen Mary Parr

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth
Girl			Yes	May 15th 1912 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	W Frank Parr	FULL MAIDEN NAME	Phyla J Scott
RESIDENCE	Springfield	RESIDENCE	Springfield
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	32 (Years)	AGE AT LAST BIRTHDAY	27 (Years)
BIRTHPLACE	Ohio	BIRTHPLACE	Indiana
OCCUPATION	Painter	OCCUPATION	House Wife

Number of child of this mother, including present birth 2

Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 9:30 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Augusta C Edwards

(Physician or midwife)

Address Springfield Idaho

Given names added from a supplemental report

....19....

Registrar

Filed Mar 27 19 12 W. E. Patrie

Registrar

5-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

FEB 1 7 1972

144-121-006-213

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

Form V. S. No. 11-C-20m-2-15-12

CERTIFICATE OF BIRTH

County of Bingham

City of Springfield Ward

Registration District No. 13 File No. 9611

No. ____ St.

Primary Registration District No. 2053 Registered No. 246

Hospital ____

FULL NAME OF CHILD Melvin Stephan Judge

Sex of Child	Twin / Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Boy			Yes	April 21 1912

FATHER		MOTHER	
FULL NAME	William P Judge	FULL MAIDEN NAME	Anna J Battle
RESIDENCE	Springfield	RESIDENCE	Springfield
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	34 (Years)	AGE AT LAST BIRTHDAY	30 (Years)
BIRTHPLACE	Wisconsin	BIRTHPLACE	Montana
OCCUPATION	Farmer	OCCUPATION	Farmers wife

Number of child of this mother, including present birth 4 Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive, at 6.15 A.M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Augusta L. Edwards
(Physician or midwife)

Address Springfield Idaho

Given names added from a supplemental report

....19....

Filed Nov 27 19 12 W. E. Patrie
Registrar

....
Registrar

S-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

K

AUG 2 2 1975

155-126-006-897

Form V. S. No. 11-C—Rev-2-15-12

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

PLACE OF BIRTH

County of Bingham

~~City of~~ Thomas Ward

No. No St.

Hospital No

Registration District No. 13 File No. 9612

Primary Registration District No. 2053 Registered No. 247

FULL NAME OF CHILD James William Jensen

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Male			Yes	Nov 26 1912

FATHER	MOTHER
FULL NAME Chris M. Jensen	FULL MAIDEN NAME Clara Higgins
RESIDENCE Blackfoot Route #2	RESIDENCE Do
COLOR White	COLOR White
AGE AT LAST BIRTHDAY 27 (Years)	AGE AT LAST BIRTHDAY 27 (Years)
BIRTHPLACE Denmark	BIRTHPLACE Utah
OCCUPATION Farmer	OCCUPATION Housewife

Number of child of this mother, including present birth 1

Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive on the date above stated. at 5:30 A.M.

(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) W. E. Petrie

Phys

(Physician or midwife)

Address Blackfoot Idaho

Given names added from a supplemental report

.....19.....

Filed Dec 3 1912 W. E. Petrie

Registrar

.....

Registrar

8-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

APR 24 1963

919-209-006-713

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Bingham

City of Riverside

Registration District No. 13 File No. 9613

No. ——— St.

Primary Registration District No. 2053 Registered No. 248

Hospital

FULL NAME OF CHILD LaVaun M. Parsons

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
F.	———	———	Yes	Nov 9 1912

FATHER	MOTHER
FULL NAME Chas. Parsons	FULL MAIDEN NAME Myrtle Patterson
RESIDENCE Riverside R F D 7	RESIDENCE Riverside
COLOR W	AGE AT LAST BIRTHDAY 40 (Years)
COLOR W	AGE AT LAST BIRTHDAY 32 (Years)
BIRTHPLACE Iowa	BIRTHPLACE Idaho
OCCUPATION Farmer	OCCUPATION Housewife

Number of child of this mother, including present birth 8

Number of children of this mother now living, including present birth 8

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born Alive, at 2:20 a. M. on the date above stated.

(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) L. Davis M.D.

(Physician or midwife)

Given names added from a supplemental report

..... 19.....

Address .....

Filed Dec 3 1912 W. E. Tabie

Registrar

S-Y CO. 20174

Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

FEB 7 1969

IDAHO DEPARTMENT OF HEALTH

BUREAU OF VITAL STATISTICS

RECEIVED
BUREAU OF
VITAL STATISTICS
OCT 24 11 08 AM '72

Affidavit to Correct or Amend An Original Certificate of Birth or Death

State of ..... } ss.
County of ..... }

Certificate No. 9613

Date Filed .....

The undersigned does solemnly swear that certain facts on the certificate of birth (Birth or Death)
for Unnamed Parsons (Female) (Name on Original Certificate) who was born (Was Born or Died) on Nov. 9, 1912 (Date of Event)
in Riverside, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts are shown by ..... (Bible Record, Insurance Policy, Etc.) prepared on ..... (Give Date) ..... are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
Child's name	omitted	LaVaun Myrtle Parsons

Subscribed and sworn to before me this 19th day of October, 1972
Douglas R. Parkinson
Notary Public, residing at Blackfoot Idaho
My commission expires 4-1-76
(Seal)

Signed LaVaun M. Hunter
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

..... (Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Idaho } ss.
County of Bingham }

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 19th day of October, 1972
Douglas R. Parkinson
Notary Public, residing at Blackfoot Idaho
My commission expires 4-1-76
(Seal)

Signed Clifford Parsons
(Signature of Any Credible Person)

Route 4, Box 195, Blackfoot (Street Address, City, State) Idaho 83221

FORM DH 60-155 CL 5/12/72 1cc pd.

Notification of Birth Registration gives child's name as Peggy Rae McNeil born Nov. 2, 1936. Certif. on file in Idaho (file No. 249234). Gives father's name as John Neilson McNeil and mother's maiden name: LaVaun Myrtle Parsons. Viewed by V. S.

NOV 7 1972

Marriage License from Idaho gives groom's name as J. N. McNeil and the bride's name as LaVaun Parson. Dated Dec. 29, 1933. Viewed by V. S.

389-129-006-466

Form V. S. No. 11-C—20m-6-15-12

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Bingham

City of Blackfoot Ward 4

Registration District No. 13 File No. 9614

No. ..... St.

Primary Registration District No. 2053 Registered No. 249

Hospital .....

FULL NAME OF CHILD Earl Mowry Christy

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
M.			Yes	Nov 29 1912

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	Ira Christy	Gladys Mowry
RESIDENCE	Blackfoot	Blkfoot
COLOR	W	W
AGE AT LAST BIRTHDAY (Years)	27	20
BIRTHPLACE	Kansas	Kansas
OCCUPATION	Farmer	Housewife

Number of child of this mother, including present birth 1

Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born Alive (Born alive or stillborn) at 6.55 p. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) .....

(Physician or midwife)

Address .....

Given names added from a supplemental report

..... 19.....

Filed Dec 3 19 12

M. E. Pabie
Registrar

..... Registrar

S-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

MAR 1 1 1957

OCT 20 1971

54-210
5-443

CERTIFICATE OF BIRTH

Idaho

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

City of Green Creek Registration District No. 2042 File No. 9615

No. ____ St. Primary Registration District No. 10 Registered No. 208

Hospital ____

FULL NAME OF CHILD Anna Mary Elizabeth Seubert

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Female			Yes	Nov 10 1912

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	John Seubert	Annie Mary Duclos
RESIDENCE	Green Creek, Ida.	Green Creek
COLOR	White	White
AGE AT LAST BIRTHDAY (Years)	31	26
BIRTHPLACE	Wisconsin	Iowa
OCCUPATION	Farmer	Housewife

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born Alive (Born alive or stillborn) at 12-07 A.M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. W. Turner (Physician or ~~Midwife~~)

Address Cottonwood, Idaho.

Given names added from a supplemental report ____ 19____

Filed Nov 15th 1912 G. S. Stockton Registrar per Blk

____ Registrar

8-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

NOV 20 1970

612 - 113-025-365

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH

County of Idaho

City of Ferdinand

No. ..... St.

Hospital .....

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

Form V. S. No. 11-C—20m-2-15-12

CERTIFICATE OF BIRTH

Registration District No. 2042 File No. 9616

Primary Registration District No. 10 Registered No. 207

FULL NAME OF CHILD Herman Walter Taeke

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births) and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Male		Yes	Nov. 13, 1912

FATHER

FULL NAME Joseph Taeke

RESIDENCE Ferdinand, Idaho.

COLOR White AGE AT LAST BIRTHDAY 29 (Years)

BIRTHPLACE S. Dakota

OCCUPATION Farmer

MOTHER

FULL MAIDEN NAME Rosa Tornis

RESIDENCE Ferdinand, Idaho

COLOR White AGE AT LAST BIRTHDAY 23 (Years)

BIRTHPLACE Iowa

OCCUPATION Housewife

Number of child of this mother, including present birth 3

Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 1.20 a. M. on the date above stated.

(Signature) J. W. Turner

(Physician or Midwife)

Address Cottonwood, Idaho.

Filed Nov 15 19 12 G S Stockton Registrar

per Blake

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report

..... 19.....

..... Registrar

8-Y CO. 20174

OCT 21 1956

693-131-025-547

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Form V. S. No. 11-C—20m-2-15-12

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

PLACE OF BIRTH

County of Idaho

City of Green Creek

No. ..... St.

Hospital .....

Registration District No. 2042 File No. 9617

Primary Registration District No. 10 Registered No. 206

FULL NAME OF CHILD Frederick Henry Willenborg

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Male			Yes	Oct. 31 1912

FATHER		MOTHER	
FULL NAME	John Michael Willenborg	FULL MAIDEN NAME	Thdomena Katherine Nuxoll
RESIDENCE	Green Creek, Idaho	RESIDENCE	Green Creek
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	44 (Years)	AGE AT LAST BIRTHDAY	37 (Years)
BIRTHPLACE	Ill.	BIRTHPLACE	Ill.
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 11

Number of children of this mother now living, including present birth 10

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 2 45 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. W. Turner

(Physician or ~~midwife~~)

Address Cottonwood, Idaho

Given names added from a supplemental report

.....19.....

.....
Registrar

Filed Nov 6 1912

G S Stockton
per Blair
Registrar

S-Y CO. 20174

FEB 19 1943

515-109-025-243

PLACE OF BIRTH

County of Idaho

City of Fairland

No. ____, ____ St.

~~Hospital~~, at home

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

Form V. S. No. 11-C

Registration District No. 2042 File No. 9619

Primary Registration District No. 10 Registered No. 204

FULL NAME OF CHILD Clarence H. Clan

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
male			yes	9 Nov 1912

FATHER		MOTHER	
FULL NAME	Albert Clan	FULL MAIDEN NAME	Frances Kuther
RESIDENCE	Fairland	RESIDENCE	Fairland
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	23	AGE AT LAST BIRTHDAY (Years)	23
BIRTHPLACE	Pershon Otter Tail Co Minn	BIRTHPLACE	Kuter Wells Idaho
OCCUPATION	Farmer	OCCUPATION	Home wife

Number of child of this mother, including present birth 1

Number of children, of this mother, now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 3:02 P.M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report

..... 19.....

..... Registrar

(Signature) C. H. Carlisle M.D.

(Physician or ~~Midwife~~)

Address Fairland, Ida.

Filed Nov 19 1912 G. S. Stockton Registrar

per B.

S-Y CO., 16670

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

FEB 2 1960

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

415 Series B&C 1-13

BUREAU OF VITAL STATISTICS

Form V. S. No. 11-C (1911)

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

County of Idaho

City of Westlake

No. ..... St.

Hospital .....

Registration District No. 2042 File No. 9620

Primary Registration District No. 10 Registered No. 2 [illegible]

FULL NAME OF CHILD Rodney David Mahon

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day)
Male			Yes	Oct. 3

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	George David Mahon	Maude Applegate
RESIDENCE	Westlake	Westlake
COLOR	white	white
AGE AT LAST BIRTHDAY (Years)	28	23
BIRTHPLACE	Missouri	Oregon
OCCUPATION	laborer	housewife

Number of child of this mother, including present birth 1

Number of children, of this mother, now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn), at 2.15 P.M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) E. L. Burtz

(Physician or Midwife)

Given names added from a supplemental report [illegible]

..... 19.. Address Vollmer, Ida.

Filed Nov 25 1912 G S Stockton per Blake Registrar

..... Registrar

SYMS - YORK CO., PTRS. & BDRS. 17326

Form V.S. No. 11-C—10m-8-31

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

PLACE OF BIRTH

NAME OF CHILD

Registered No.

1st

(Day)

(Year)

(Month)

(Day)

(Year)

(Month)

(Day)

(Year)

(Month)

565-28-0[illegible]-338

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

County of Idaho

City of Grangeville — Registration District No. 70 — File No. 9621

No. ____ St.

Primary Registration District No. 2044 Registered No. 202

Hospital ____

FULL NAME OF CHILD Margaret Louise Von Bargen

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Female			Yes	Nov 28 1912

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	John H Von Bargen	Frida Schleier
RESIDENCE	Grangeville	Grangeville
COLOR	White	White
AGE AT LAST BIRTHDAY (Years)	27	24
BIRTHPLACE	Idaho	Idaho
OCCUPATION	Farmer	Housewife

Number of child of this mother, including present birth 2

Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 8:40 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) G S Stockton

(Physician or ~~midwife~~)

Address Grangeville Idaho

Given names added from a supplemental report

....19....

Filed Nov 30 1912 G S Stockton Registrar

....Registrar

S-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

OCT 24 1955

967-223-025-154

Form V. S. No. 11-C—20m-2-15-12

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH

County of Idaho

City of Green Creek

No. ..... St.

Hospital .....

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 10 File No. 9622

Primary Registration District No. 2044 Registered No. 201

FULL NAME OF CHILD Alma Myrtle Rogers

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and (Number in order of birth)	Legitimate?	Date of Birth (Month) (Day) (Year)
Female			Yes	Nov 23 1912

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	Albert H Rogers	Ivy a Andrews
RESIDENCE	Green Creek	Green Creek
COLOR	White	White
AGE AT LAST BIRTHDAY (Years)	40	29
BIRTHPLACE	Missouri	Washington
OCCUPATION	Farmer	Housewife

Number of child of this mother, including present birth 2

Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 7:40 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) G S Stricklin

(Physician or ~~Midwife~~)

Address Grangeville Idaho

Given names added from a supplemental report

..... 19.....

Filed Nov 25 1912 G S Stricklin

Registrar

..... Registrar

S-Y CO. 20174

10-21-41

[redacted]

JAN 29 1960

619 - 123-005-813

Form V. S. No. 11-C—20m-2-15-12

PLACE OF BIRTH

County of Idaho

City of Grangeville

No. _____ St.

Hospital _____

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 10 File No. 9623

Primary Registration District No. 2044 Registered No. 200

FULL NAME OF CHILD Eugene Warden

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Male			Yes	Nov 23 1912

FATHER		MOTHER	
FULL NAME	John S Warden	FULL MAIDEN NAME	Irma G Halfpenny
RESIDENCE	Grangeville	RESIDENCE	Grangeville
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	32	AGE AT LAST BIRTHDAY (Years)	19
BIRTHPLACE	Iowa	BIRTHPLACE	Idaho
OCCUPATION	Laborer	OCCUPATION	Housewife

Number of child of this mother, including present birth 2

Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 6 a. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) G S Stricklin

(Physician or ~~midwife~~)

Address Grangeville Idaho

Given names added from a supplemental report

_____ 19____

_____ Registrar

Filed Nov 25 1912 G S Stricklin Registrar

S-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

JUL 31 1942

MAY 1 1974

154 - 215-025-553

Form V. S. No. 11-C—20m-2-15-12

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Idaho

City of Grangeville

No. — St.

Hospital —

Registration District No. 10 File No. 9624

Primary Registration District No. 1001 Registered No. 199

FULL NAME OF CHILD Anna Marie Anderson

Sex of Child	Twin, Triplet or other?	Number in order of birth	Legitimate?	Date of Birth
Female	No (To be answered only in event of plural births)	1	Yes	Nov. 15 (Month) (Day) 1912 (Year)

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	Floyd Wesley Anderson	Marie Sophia Nelson
RESIDENCE	Grangeville	Grangeville
COLOR	White	White
AGE AT LAST BIRTHDAY (Years)	31	28
BIRTHPLACE	Red Wing Minn	Rochester Minn
OCCUPATION	Farmer	Housewife

Number of child of this mother, including present birth 1

Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 5:10 a. m. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Jesse L. Rains, M.D.

Physician (Physician or midwife)

Address Grangeville, Idaho

Given names added from a supplemental report

....., 19.....

Filed Nov 21 1912 G S Stockton

Registrar

Registrar

8-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

944-116-025-799

Form V. S. No. 11-C—20m-2-15-12

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Idaho

City of Grangeville — Registration District No. 10 — File No. 9625

No. ____ St. — Primary Registration District No. 2044 — Registered No. 198

Hospital ____

FULL NAME OF CHILD Willie

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Male			Yes	Nov 16 1912

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	Albert Lee Zumwalt	Carrie A Girton
RESIDENCE	Grangeville	Grangeville
COLOR	White	White
AGE AT LAST BIRTHDAY (Years)	33	32
BIRTHPLACE	Washington	Idaho
OCCUPATION	Farmer	Housewife

Number of child of this mother, including present birth 1

Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 10-30 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) G S Stockton

(Physician or ~~midwife~~)

Address Grangeville Ida

Given names added from a supplemental report

....., 19.....

Filed Nov 17, 1912 G S Stockton

Registrar

S-Y CO. 20174

Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

193-107-025-259

PLACE OF BIRTH

Form V. S. No. 11-C—20m-2-15-12

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Idaho

City of Grangeville

Registration District No. 10 File No. 9626

No. ____ St.

Primary Registration District No. 1001 Registered No. 197

Hospital ____

FULL NAME OF CHILD Rudolph Arthur

Sex of Child	Twin / Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Male			Yes	Nov 7 1912

FATHER	MOTHER
FULL NAME: Arthur David Rauenzahn	FULL MAIDEN NAME: Pearl Francis Bertsch
RESIDENCE: Grangeville	RESIDENCE: Grangeville
COLOR: White	COLOR: White
AGE AT LAST BIRTHDAY: 26 (Years)	AGE AT LAST BIRTHDAY: 22 (Years)
BIRTHPLACE: Washington	BIRTHPLACE: Montana
OCCUPATION: Butcher	OCCUPATION: Housewife

Number of child of this mother, including present birth 1

Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 2:30 A. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) G S Stockton

(Physician ~~or midwife~~)

Address Grangeville Idaho

Given names added from a supplemental report

....., 19.....

Filed Nov 8 1912 G S Stockton

S-Y CO. 20174 Registrar

Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Form V. S. No. 11-C—20m-3-11

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

PLACE OF BIRTH

County of

Registration

AGE AT LAST BIRTHDAY

396-102-025-866

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Idaho

City of Grangeville — Registration District No. 10 — File No. 9627

No. ____ St. — Primary Registration District No. 1001 — Registered No. 196

Hospital ____

FULL NAME OF CHILD Richard Noyes Crooks

Sex of Child	Twin / Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Male			Yes	Nov 2 1912

FATHER		MOTHER	
FULL NAME	Richard Noyes Crooks	FULL MAIDEN NAME	Harriet Pearle Hooper
RESIDENCE	deceased	RESIDENCE	Grangeville
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	28	AGE AT LAST BIRTHDAY (Years)	26
BIRTHPLACE	Idaho	BIRTHPLACE	Iowa
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 1 — Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 8:50 a. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) G S Stockton

(Physician ~~or midwife~~)

Address Grangeville Idaho

Given names added from a supplemental report

....., 19.....

Filed Nov 9 1912 G S Stockton

Registrar

S-Y CO. 20174

Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Form V. S. No. 11-C-20m-8-15-12

[redacted] -437

[redacted] BIRTH

Form V. S. No. 11-C—10m-8-7-11

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

County of Bannock

City of Pocatello

No. 776 S. 5th Ave. St.

Registration District No. 19 File No. 9628

Primary Registration District No. 1002 Registered No. 194

Hospital

FULL NAME OF CHILD John Francis Ruebelmann

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Male	✓	✓	Yes	Oct. 30th 1912

FATHER		MOTHER	
FULL NAME	Harold B Ruebelmann	FULL MAIDEN NAME	Rose M. McGonigle
RESIDENCE	Pocatello Idaho	RESIDENCE	Pocatello Idaho
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY	28 (Years)	AGE AT LAST BIRTHDAY	22 (Years)
BIRTHPLACE	Shoshone Ida	BIRTHPLACE	Kansas City Kansas
OCCUPATION	Merchant	OCCUPATION	H. W.

Number of child of this mother, including present birth 2

Number of children, of this mother, now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive Oct 30/12 (Born alive or stillborn) at 1:30 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) H. A. Castle

M.D.

(Physician or Midwife)

Address Pocatello Idaho

Given names added from a supplemental report

....., 19.....

Registrar

Filed 11-11 1912 Earl D. Jones

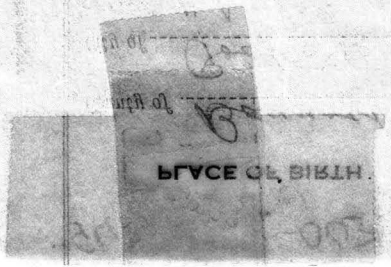
Registrar

SYMS - YORK CO., PTRS. & BDRS. 17826

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated


PLACE OF BIRTH

392-107-003-695

PLACE OF BIRTH

Form V. S. No. 11-C—20m-2-15-12

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Bannock.

City of Pocatello

1 Mile South.

No. ——— St.

Hospital ———

Amended 1/10/77

Registration District No. 19 File No. 9629

Primary Registration District No. 1007 Registered No. 195

FULL NAME OF CHILD Ralph Lish.

Sex of Child	Twin, Triplet or other?	Number in order of birth	Legitimate?	Date of Birth
Male.	——— (To be answered only in event of plural births)	———	Yes.	Oct. 7 1928 (Month) (Day) (Year)

FATHER	MOTHER
FULL NAME: Alonzo N. Lish.	FULL MAIDEN NAME: Katie Fredrigill.
RESIDENCE: 1 Mile South, Pocatello.	RESIDENCE: 1 Mile South Pocatello.
COLOR: White. AGE AT LAST BIRTHDAY: 33 (Years)	COLOR: White. AGE AT LAST BIRTHDAY: 27 (Years)
BIRTHPLACE: Utah.	BIRTHPLACE: Missouri.
OCCUPATION: Farmer.	OCCUPATION: Housewife.

Number of child of this mother, including present birth 7

Number of children of this mother now living, including present birth 5

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive on the date above stated, at 8 P.M.

(Born alive ~~or stillborn~~)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) W. J. Howard M.D.

(Physician ~~or midwife~~)

Given names added from a supplemental report

.....19.....

Address .....

Filed 10/26 19 12 Enid Jones

.....
Registrar

S-Y CO. 20174

Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH

County of Bannock.

Postoffice

1 Mile South.

Alonzo N. Utah.

1 Mile South, Postoffice.

White.

Utah.

Farmer.

IDAHO DEPARTMENT OF HEALTH

BUREAU OF VITAL STATISTICS

Affidavit to Correct or Amend An Original Certificate of Birth or Death

State of.....
County of..... } ss.

Certificate No. 9629

Date Filed.....

The undersigned does solemnly swear that certain facts on the certificate of birth (Birth or Death)
for Unnamed Lish (Male) (Name on Original Certificate) who was born (Was Born or Died) on Oct. 7, 1912 (Date of Event)
in Pocatello, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts are shown by..... (Bible Record, Insurance Policy, Etc.) prepared on..... (Give Date), are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
child's name	Unnamed	Ralph Lish

Subscribed and sworn to before me this 16 day of Jan., 19 75.

Dana Marie Lowe

Notary Public, residing at Boise Idaho

My commission expires Sept. 11, 1977

(Seal)

Signed Lloyd Lish

(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

Rang Hill Idaho

(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of.....
County of..... } ss.

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this.....day of
....., 19.....

Notary Public, residing at.....

My commission expires.....

(Seal)

Signed.....
(Signature of Any Credible Person)

.....
(Street Address, City, State)

FORM DH 60-155 CL 1/16/75 (in Office)

JAN 10 1977

(Hospital birth certificate)
Own childs birth certificate Leslie Wayne Lish born Nov. 14, 1951 at Wendell, Idaho St. Valentine's Hospital gives fathers name as Ralph Lish.
Viewed by VS

Marriage license issued by State of Idaho 13 July 1935 lists the name of the groom as Ralph Lish. viewed by V.S.

352 - 110 - 003 - 863

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Form V. S. No. 11-C—20m-3-1[illegible]

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Bannock.

City of Pocatello.

No. 650 S. Hayes. *St.*

Hospital ------

Registration District No. 14 File No. 9630

Primary Registration District No. 502 Registered No. 196

FULL NAME OF CHILD Norman Edwin LeBute.

Sex of Child	Twin, Triplet or other?	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Male	--- and ----- (To be answered only in event of plural births)		Yes.	Oct. 10 1912

FATHER	MOTHER
FULL NAME Norman LeBute.	FULL MAIDEN NAME Louise Holder.
RESIDENCE 650 S. Hayes.	RESIDENCE 650 S. Hayes.
COLOR White. AGE AT LAST BIRTHDAY 25 (Years)	COLOR White. AGE AT LAST BIRTHDAY 25 (Years)
BIRTHPLACE Michigan.	BIRTHPLACE England.
OCCUPATION Fireman.	OCCUPATION Housewife.

Number of child of this mother, including present birth 1

Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive, at 8 A.M. on the date above stated.

(Born alive ~~or stillborn~~)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) W. J. Howard M.D.

(Physician or midwife)

Address .....

Given names added from a supplemental report

..... 19.....

..... Registrar

Filed 10/26 19 12 Earl D. [illegible]

Registrar

S-Y CO. 20174

SEP 22 1966

296-117-003-612

Form V. S. No. 11-O-20m-3-15-13

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Bannock.

City of Pocatello.

Registration District No. 19 File No. 9631

No. 554 S. 5th. St.

Primary Registration District No. 1002 Registered No. 197

Hospital ~~Private~~ Carl Knox

FULL NAME OF CHILD ~~Brown.~~ Brown

Sex of Child	Twin Triplet or other?	and	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Male.	---	---	---	Yes.	Oct. 17 1912

(To be answered only in event of plural births)

FATHER	MOTHER
FULL NAME Adolph R. ~~Brown.~~ Brown	FULL MAIDEN NAME Estella Faber
RESIDENCE 554 S. 5th.	RESIDENCE 554 S. 5th.
COLOR White. AGE AT LAST BIRTHDAY 28 (Years)	COLOR White AGE AT LAST BIRTHDAY 24 (Years)
BIRTHPLACE Chicago Ill.	BIRTHPLACE Summerfield, Ohio.
OCCUPATION Salesman.	OCCUPATION Housewife.

Number of child of this mother, including present birth 2

Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive, at 8 P. M. on the date above stated.

(Born alive ~~or stillborn~~)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) W. J. Howard M.D.

(Physician ~~or midwife~~)

Given names added from a supplemental report

.....19.....

Address .....

Filed 10/26 19/ [illegible]

.....
Registrar

.....
Registrar

5-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

FEB 6 1942

OCT 1 3 1976

751-227-003-913

Form V. S. No. 11-C—20m-2-15-12

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Bannock

City of Pocatello — Registration District No. 19 — File No. 9632

No. 1534 N. Main St. — Primary Registration District No. 1002 — Registered No. 198

Hospital

FULL NAME OF CHILD RUBY JOSEPHINE Pearce

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
fem	—	—	yes	Oct 27 1912

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	David H. Pearce	Mabel Ralston
RESIDENCE	Pocatello Idaho	Pocatello Idaho
COLOR	White	White
AGE AT LAST BIRTHDAY (Years)	26	23
BIRTHPLACE	Lowell, Ark	Springdale, Ark
OCCUPATION	Storekeeper	housewife

Number of child of this mother, including present birth 1

Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn), at 10 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) O. J. Deer

(Physician or midwife)

Address Pocatello Idaho

Given names added from a supplemental report

.....19.....

.....
Registrar

Filed 10/29 1912 Earl Dyer
Registrar

S-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

PLACE OF BIRTH

County of

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of California } ss.
County of Tulare }

Certificate No. 9632

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of birth (BIRTH OR DEATH)
for Ruby Josephine Pearce (NAME ON ORIGINAL CERTIFICATE) who born (WAS BORN OR DIED) on October 27, 1942 (DATE OF EVENT)
in Pocatello (PLACE OF EVENT) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts as shown by personal knowledge of affiant who is mother of child (BIBLE RECORD, INSURANCE POLICY, ETC.) prepared on (GIVE DATE) are:

FACTS TO BE CORRECTED ("NAME", "BIRTH DATE", "CAUSE OF DEATH", ETC.)	FROM (AS ON ORIGINAL)	TO (THE CORRECT FACTS)
Name	Unnamed	Ruby Josephine Pearce

Subscribed and sworn to before me this 8th
day of December, 1942

Notary Public, residing at Visalia, Calif.
My commission expires Apr. 19, 1943
(SEAL)

Signed Mabel Pearce
(SIGNATURE OF PARENT OR ATTENDANT IF CORRECTING A BIRTH RECORD; OF ATTENDANT, FUNERAL DIRECTOR, INFORMANT IF CORRECTING A DEATH RECORD; OR OTHER CREDIBLE PERSON.)
609 So. Church St. Visalia, Cal.
(STREET ADDRESS, CITY, STATE)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of California } ss.
County of Tulare }

[THIS AFFIDAVIT MUST ALSO BE EXECUTED. (SEE CHAPTER 139, 1937 IDAHO SESSION LAWS.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 8th
day of December, 1942

Notary Public, residing at Visalia Calif.
My commission expires Apr. 19, 1943
(SEAL)

Signed Ralph K. Logan
(SIGNATURE OF ANY CREDIBLE PERSON OTHER THAN PREVIOUS AFFIANT.)
116 E Main St. Visalia, Calif
(STREET ADDRESS, CITY, STATE)

Received for filing on By
(REGISTRAR'S SIGNATURE)

FEB - 1940

717-126-003-383

Form U. S. No. 11-C-20m-2-15-12

PLACE OF BIRTH

County of Bannock

City of Pocatello

No. 558 N. 6th Ave St.

Hospital

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 19 File No. 9633

Primary Registration District No. 1007 Registered No. 199

FULL NAME OF CHILD Pasquale

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
male	—	1	yes	Oct 26 1912

	FATHER	MOTHER
FULL NAME	John M Pasquale	FULL MAIDEN NAME Leola Pearl Tilson
RESIDENCE	Pocatello Idaho	Pocatello Idaho
COLOR	white	white
AGE AT LAST BIRTHDAY (Years)	21	17
BIRTHPLACE	Kanosh, Utah	Illinois
OCCUPATION	Laborer	none

Number of child of this mother, including present birth one

Number of children of this mother now living, including present birth one

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was none (Born alive or stillborn), at 6 P M. on the date above stated.

(Signature) O T Dieary

(Physician or ~~midwife~~)

Address Pocatello Idaho

Filed 10/29 1912 Earl D Jones Registrar

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report

.....19.....

.....Registrar

S-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

243-209-003-166

PLACE OF BIRTH

STATE OF IDAHO

Form V. S. No. 11-C—15m-6-30-11

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

County of Bannock

City of Pocatello

No. 334 So. Main St.

Registration District No. ..... File No. 9634

Primary Registration District No. ..... Registered No. 200

Hospital .....

FULL NAME OF CHILD Margret C. Bullock

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth
female			yes	Oct. (Month) 9 (Day) 1912 (Year)

FATHER		MOTHER	
FULL NAME	John Henry Bullock	FULL MAIDEN NAME	Mary Ann Affleck
RESIDENCE	334 So. Main St.	RESIDENCE	334 So. Main St.
COLOR	white	COLOR	white
AGE AT LAST BIRTHDAY	44 (Years)	AGE AT LAST BIRTHDAY	34 (Years)
BIRTHPLACE	Utah	BIRTHPLACE	Utah
OCCUPATION	farming	OCCUPATION	housekeeping

Number of child of this mother, including present birth 4

Number of children, of this mother, now living, including present birth 3

* CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 9 A. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Mrs. Annie Bird

Midwife (Physician or Midwife)

Address 905 So. Main St.

Given names added from a supplemental report

..... 19.....

Filed 11/1 1913 Eva Dyer

..... Registrar

S-Y CO., 16670

Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

OCT 20 1965

613-222-003-299

PLACE OF BIRTH

Form V. S. No. 11-C—15

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

County of Bannock

City of Pocatello

No. 1508 N. Hayes St.

Hospital Home

Registration District No. 19

File No. 9635

Primary Registration District No. 1002

Registered No. 201

FULL NAME OF CHILD GARNETA Garnetta Waldram

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Female			Yes	Sept. 22, 1912

	FATHER	MOTHER
FULL NAME	Alfred Ray Waldram	FULL MAIDEN NAME Katherine Birch
RESIDENCE	1508 N. Hayes	RESIDENCE 1508 N Hayes
COLOR	white	COLOR white
AGE AT LAST BIRTHDAY (Years)	24	AGE AT LAST BIRTHDAY (Years) 22
BIRTHPLACE	Utah	BIRTHPLACE Utah
OCCUPATION	C. & L. Switchman	OCCUPATION housekeeping

Number of child of this mother, including present birth 2

Number of children, of this mother, now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 3 P.M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Mrs. Annie Bird

Midwife (Physician or Midwife)

Address 905 So. Main St

Given names added from a supplemental report

....., 19.....

Filed 11/1 1912 Earl D. Jones

Registrar

S-Y CO., 16670

Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

OCT 5 - 1942

STATE OF IDAHO

DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of California } ss.
County of Kern

Certificate No. 9635

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of birth (Birth or Death) for Garneta Waldram (Name on Original Certificate) who was born (Was Born or Died) on Sept. 22, 1912 (Date of Event) in Pocatello, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the true facts are shown by Baptismal Record (Bible Record, Insurance Policy, Etc.) prepared on (Give Date), are:

FACTS TO BE CORRECTED ("Name", "Birth Date", "Cause of Death", Etc.)	FROM (As on Original)	TO (The Correct Facts)
Name	Garnetta	Garneta
Father's name	Alford Ray	Alfred Rae Waldram

Subscribed and sworn to before me this 28th day of September, 19 42

May Freeman

Notary Public, residing at Bakersfield, Calif.

My commission expires May 26, 1943.
(Seal)

Signed Katherine Elizabeth Burch Waldram
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

1921 Forrest St., Bakersfield, Calif.
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of California } ss.
County of Kern

[This Affidivat **MUST** Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 2nd day of October, 19 42

May Freeman

Notary Public, residing at Bakersfield, Calif

My commission expires May 26, 1943.
(Seal)

Signed Alfred Robert Waldram
(Signature of Any Credible Person Other Than Previous Year)

802 Woodrow St. Oildale, Calif
(Street Address, City, State)

OCT 5 - 1942

913-713-003-693

Form V. S. No. 11-C—20m-2-15-12

PLACE OF BIRTH

County of Bannock

City of Pocatello

No. 1157 N. Main St.

Hospital

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 19 File No. 9636

Primary Registration District No. 1002 Registered No. 202

FULL NAME OF CHILD Ralston EVELYN

Sex of Child	Twin, Triplet or other?	and	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
female	—	and	2	yes	Oct 13 1912

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	Albert Ralston	FULL MAIDEN NAME	May Fitzgerald
RESIDENCE	Pocatello Idaho	RESIDENCE	Pocatello Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	28	AGE AT LAST BIRTHDAY (Years)	24
BIRTHPLACE	Springville Ark	BIRTHPLACE	Springville Ark
OCCUPATION	plumber	OCCUPATION	housewife

Number of child of this mother, including present birth 1

Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn) at ..... M. on the date above stated.

(Signature) O B Healy

(Physician or midwife)

Address Pocatello, Idaho

Filed Oct 16 1912 Registrar

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report

..... 19.....

..... Registrar

S-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

OCT 15 1943

919 - 228-003-691

Form V. S. No. 11-C—20m-2-15-12

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Bannock

City of Pocatello

No. 1105 N. Main St.

Registration District No. 19 — File No. 9637

Primary Registration District No. 1002 — Registered No. 203

Hospital

FULL NAME OF CHILD Charlotte Rainey.

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
female			yes	Oct 28 1912

FATHER	MOTHER
FULL NAME: Roy Eugene Rainey	FULL MAIDEN NAME: Anna Frank
RESIDENCE: 1105 N. Main.	RESIDENCE: 1105 N. Main
COLOR: white	COLOR: white
AGE AT LAST BIRTHDAY: 26 (Years)	AGE AT LAST BIRTHDAY: 25 (Years)
BIRTHPLACE: Rockyshore, Wis.	BIRTHPLACE: Cleveland, Ohio.
OCCUPATION: Blacksmith	OCCUPATION: Housewife

Number of child of this mother, including present birth: three

Number of children of this mother now living, including present birth: three

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) on the date above stated. Oct 28, 1912 at 6:20 A.M.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Dr. A. M. Newton per F.C.

(Physician or ~~midwife~~)

Address

Given names added from a supplemental report

....., 19.....

Filed Nov 2 1912 Earl [illegible]

Registrar

Registrar

8-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

955 - 131-005-249

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Form V. S. No. 11-C—20m-3-15-12

PLACE OF BIRTH

County of Bannock

City of Pocatello

No. 154 N. 11th St.

Hospital

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 19 File No. 9638

Primary Registration District No. 1007 Registered No. 204

FULL NAME OF CHILD

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births) and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
male		yes	Oct. 31 1912

FATHER	MOTHER
FULL NAME Elmer Reese	FULL MAIDEN NAME Helen Burbank
RESIDENCE 154 N. 11th	RESIDENCE 154 N. 11th Ave.
COLOR white AGE AT LAST BIRTHDAY 19 (Years)	COLOR white AGE AT LAST BIRTHDAY 18 (Years)
BIRTHPLACE Iowa, Idaho.	BIRTHPLACE Colorado.
OCCUPATION helper in shops.	OCCUPATION Housewife

Number of child of this mother, including present birth... one

Number of children of this mother now living, including present birth... one

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), Oct 31, 1912, at 7:15 A. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Dr. A. M. Newton P.M.D.C.

(Physician ~~or midwife~~)

Address

Given names added from a supplemental report

19

Registrar

Filed Nov 4 1912 Earl D. Jones

Registrar

8-Y CO. 20174

693-109-303-251

PLACE OF BIRTH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

County of Bannock

AMENDED **CERTIFICATE OF BIRTH**

City of Treasureton November 18, 1946

No. ..... St. Registration District No. 19 File No. 9639

Hospital ..... Primary Registration District No. 1002 Registered No. 205

FULL NAME OF CHILD Jerold Ray Williams
(Certificate of no value without full name of child.)

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Male			Yes	July 9 1946

What bactericidal solution was used in eyes? .....

Number of child of this mother, including present birth 3 Number of children of this mother now living, including present birth 3

FATHER	MOTHER
FULL NAME: Thomas J. Williams	FULL MAIDEN NAME: Rosa Bell Stanfield
RESIDENCE: Treasureton	RESIDENCE: Treasureton
COLOR: White	COLOR: White
AGE AT LAST BIRTHDAY: 36 (Years)	AGE AT LAST BIRTHDAY: 33 (Years)
BIRTHPLACE: Oxford	BIRTHPLACE: Arkansas
OCCUPATION: Farmer	OCCUPATION: Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 3:30 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Give names added from a supplemental report.

..... , 192.....

..... Registrar.

(Signature) Allen R. Cutler, M. D.

Physician
(Physician or midwife)

Address Preston, Idaho

Filed 11/11/1946 Earl D. Jones Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

Form V. S. No. 11-C—10m-8-7-11

PLACE OF BIRTH

County of Bannock

City of Treasureton

No ____, ____ St.

Hospital ____

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

Registration District No. 19 — File No. 9639 (9639)

Primary Registration District No. 1007 — Registered No. 205

FULL NAME OF CHILD Jarold Ray Williams

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Male	no	no	yes	July 9, 1912

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	Thomas J. Williams	Rosa Bell Standfill
RESIDENCE	Treasureton	Treasureton
COLOR	White	White
AGE AT LAST BIRTHDAY (Years)	36	33
BIRTHPLACE	Oxford	Arkansas
OCCUPATION	Farmer	Housewife

Number of child of this mother, including present birth 3

Number of children, of this mother, now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 3-30 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Allen R. Curtis M.D.

Physician (Physician or Midwife)

Address Preston Idaho

Given names added from a supplemental report

....., 19.....

Filed 11/11 19 17 Earl D. Thomas

Registrar

Registrar

SYMS - YORK CO., PTRS. & BDRS. 17826

MAY 0 2 2006

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of Idaho } ss.
County of Jefferson }

Certificate No. 9639
Date Filed

The undersigned does solemnly swear that certain facts on the certificate of (Birth or Death)
for Jarold Ray Williams (Name on Original Certificate) who was Born (Was Born or Died) on July 9, 1912 (Date of Event)
in Treasureton, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the true facts are shown by Bible record (Bible Record, Insurance Policy, Etc.) prepared on (Give Date), are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
Name	Jarold Ray Williams	Gerald Ray Williams
Birth Date	July 9, 1912 ← O.K.	~~July 10, 1912~~

Subscribed and sworn to before me this 13 day of November, 1946

John G. Thurman
Notary Public, residing at Terreton, Idaho
My commission expires Feb. 15, 1950
(Seal)

Signed Theo J. Williams
(Signature of parent or attendant if correcting a birth record: of attendant, funeral director, informant if correcting a death record: or other credible person)
Hamer, Idaho
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Idaho } ss.
County of Jefferson }

[This Affidavit **MUST** Also be Executed. (See Chapter 139, 1937 Idaho Session Laws,)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 13 day of November, 1946

John G. Thurman
Notary Public, residing at Terreton, Idaho
My commission expires Feb. 15, 1950
(Seal)

Signed Florence M. Williams (sister)
(Signature of Any Credible Person)
Hamer, Idaho
(Street Address, City, State)

855-109-003-814

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

Form V. S. No. 11-C—10m-8-7-11

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

PLACE OF BIRTH

County of Bonneville

City of Swan Lake

No ____, ____ St.

Hospital ____

Registration District No 19

Primary Registration District No 1007

File No. 9640

Registered No. 706

FULL NAME OF CHILD Wesley Dwain Hendricks

Sex of Child	Twin, Triplet or other?	Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Male	No	—	Yes	Aug 9, 1912

(To be answered only in event of plural births)

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	John W Hendricks	Annie May Hadley
RESIDENCE	Swanlake	Swanlake
COLOR	White	White
AGE AT LAST BIRTHDAY	37 (Years)	26 (Years)
BIRTHPLACE	Richmond.	Swanlake
OCCUPATION	Farmer.	Housewife

Number of child of this mother, including present birth 4

Number of children, of this mother, now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born Alive (Born alive or stillborn) on the date above stated, at 2:30 A. M.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Allen R Crutcher M. D.

Physician (Physician or Midwife)

Address Preston Idaho

Given names added from a supplemental report

....., 19.....

.....
Registrar

Filed 11/11 1912 Earl Dyer
Registrar

SYMS - YORK CO., PTRS. & BDRS. 17326

OCT 1 8 1972

666-23-03-616

Form V. S. No. 11-C—20m-2-15-12

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH

County of Bannock

City of Pocatello

No. 708 South 2nd St.

Hospital

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 19

Primary Registration District No. 1002

File No. 9641

Registered No. 207

FULL NAME OF CHILD Flossie Woolsey

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Female	—	6	Yes	Oct 13 1912

FATHER		MOTHER	
FULL NAME	John T. Woolsey	FULL MAIDEN NAME	Celia Fawcett
RESIDENCE	Pocatello Idaho	RESIDENCE	Pocatello Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	32	AGE AT LAST BIRTHDAY (Years)	28
BIRTHPLACE	Lennington Utah	BIRTHPLACE	Lennington Utah
OCCUPATION	Teamster	OCCUPATION	housewife

Number of child of this mother, including present birth 3

Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive, at 1 P. M. on the date above stated.

(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) O B Healy

(Physician or midwife)

Address Pocatello Idaho

Given names added from a supplemental report

..... 19.....

Filed 11/10 19 1 Ruth Jones

..... Registrar

S-Y CO. 20174

Registrar

JAN 16 1970

MAR 24 1953

362 - 108-003-249

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

PLACE OF BIRTH

County of Bannock

City of Inkom

No. ____, ____ St.

Hospital ____

Form V. S. No. 11-C—10m-8-7-11

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

Registration District No. 19 File No. 9642

Primary Registration District No. 100 Registered No. 208

FULL NAME OF CHILD Albert Emery Cobb

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
M.			Yes	Oct. 8, 1912

FATHER		MOTHER	
FULL NAME	Norval Emery Cobb	FULL MAIDEN NAME	Lillie Ethel Burks.
RESIDENCE	Inkom	RESIDENCE	Inkom.
COLOR	W.	COLOR	W.
AGE AT LAST BIRTHDAY	24 (Years)	AGE AT LAST BIRTHDAY	23 (Years)
BIRTHPLACE	Missouri	BIRTHPLACE	Missouri
OCCUPATION	Laborer	OCCUPATION	Domestic

Number of child of this mother, including present birth one.

Number of children, of this mother, now living, including present birth one

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 7:30 A.M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Martha M. Scadden

Midwife (Physician or Midwife)

Address Inkom Idaho.

Given names added from a supplemental report

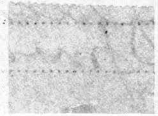
....., 19.....

Filed 11/10 19.1 Earl D. Jones

SYMS - YORK CO., PTRS. & BDRS. 17826

Registrar

Registrar



349-213-003-234

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

PLACE OF BIRTH

County of Bannock

City of Inkom

No ..... St.

Hospital .....

Form V. S. No. 11-C—10m-8-7-12

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

Registration District No 19 File No. 9643

Primary Registration District No 1002 Registered No. 209

FULL NAME OF CHILD Rachel Elizabeth Curzon

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Female			Yes	Oct 13 1912

FATHER	MOTHER
FULL NAME Robert Henry Curzon	FULL MAIDEN NAME Grace Elizabeth Stuart
RESIDENCE Inkom	RESIDENCE Inkom
COLOR W. AGE AT LAST BIRTHDAY 27 (Years)	COLOR W. AGE AT LAST BIRTHDAY 27 (Years)
BIRTHPLACE Liverpool, England	BIRTHPLACE American Fork Utah
OCCUPATION Farmer	OCCUPATION Domestic

Number of child of this mother, including present birth 6

Number of children, of this mother, now living, including present birth 5

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 8:40 A.M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report

....., 19.....

.....
Registrar

(Signature) Martha M. Scadden

Midwife
(Physician or Midwife)

Address Inkom Idaho

Filed Oct. 17 1912 Enoch Jones
Registrar

SYMS - YORK CO., PRS. & BDRS. 17326

OCT 1 1 1972

OCT 1 8 1972

OCT 1 9 1972

818-213-003-919

Form V. S. No. 11-C—10m-8-7-11

PLACE OF BIRTH

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

County of Bannock

City of Pocatello

No 1315 S. 4th St.

Registration District No 19

File No 9644

Primary Registration District No 1002

Registered No 210

Hospital

FULL NAME OF CHILD Edna Irene Hayball.

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
female			yes	Oct 13, 191[illegible]

FATHER	MOTHER
FULL NAME Robt. Arthur Hayball	FULL MAIDEN NAME Ida Rainey.
RESIDENCE 1315 S 4th Ave	RESIDENCE 1315 S. 4th Ave.
COLOR white	COLOR white
AGE AT LAST BIRTHDAY 21 (Years)	AGE AT LAST BIRTHDAY 20 (Years)
BIRTHPLACE Logan, Utah.	BIRTHPLACE Fort Hall, Idaho.
OCCUPATION Machinist.	OCCUPATION Housewife

Number of child of this mother, including present birth one

Number of children, of this mother, now living, including present birth one

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive Oct 13, 1912 at 3:35 P M.
(Born alive or stillborn)
on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) H. Smith Wooley.

(Physician or Midwife)

Given names added from a supplemental report

....., 19.....

Address .....

Filed Oct. 16 1912 Earl L. Jones Registrar

SYMS - YORK CO., PTRS. & BDRS. 17326 Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

[redacted]

812-206-005-369

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

PLACE OF BIRTH

Form V. S. No. 11-C—10m-5-7-11

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

County of Bannock

City of Pocatello

No. 805 S. Harrison St.

Registration District No. 19

File No. 9645

Primary Registration District No. 1602

Registered No. 212

Hospital

FULL NAME OF CHILD

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
female			yes	Oct. 6 1912

FATHER	MOTHER
FULL NAME: Wm. Haslam	FULL MAIDEN NAME: Jennie Gorson
RESIDENCE: 805 S. Harrison	RESIDENCE: 805 S. Harrison
COLOR: white	COLOR: white
AGE AT LAST BIRTHDAY: 29 (Years)	AGE AT LAST BIRTHDAY: 30 (Years)
BIRTHPLACE: Wellsville, Utah	BIRTHPLACE: Hyrum, Utah
OCCUPATION: conductor	OCCUPATION: Housewife

Number of child of this mother, including present birth: 3

Number of children, of this mother, now living, including present birth: 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive Oct 6, 1912 at 6:00 a.m. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) H. Smith Woodley

(Physician or Midwife)

Given names added from a supplemental report

....., 19.....

Address .....

Filed Oct 19 1912 Earl Layton

SYMS - YORK CO., PTRS. & BDRS. 17326

Registrar

Registrar

813 - 206 007-365

445-102-003-319

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

Form V. S. No. 11-C—10m-8-7-11

PLACE OF BIRTH

County of Bannock

City of Pocatello

No. S. of town St.

Hospital

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

Registration District No. 19

Primary Registration District No. 1002

File No. 9646

Registered No. 211

FULL NAME OF CHILD Bud Munn.

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Male			yes	Oct. 2 1912

FATHER		MOTHER	
FULL NAME	Joseph Munn	FULL MAIDEN NAME	Grace Cartington
RESIDENCE	Ranch S. of town	RESIDENCE	ranch S. of town
COLOR	white	COLOR	white
AGE AT LAST BIRTHDAY (Years)	48	AGE AT LAST BIRTHDAY (Years)	35
BIRTHPLACE	Illinois	BIRTHPLACE	Illinois
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 4

Number of children, of this mother, now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) Oct 2, 1912 at 8:45 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) H. Smith Woolley

(Physician or Midwife)

Given names added from a supplemental report

....., 19.....

Address .....

Filed Oct. 6 1912

SYMS - YORK CO., PTRS. & BDRS 17826

Registrar

Registrar

133-212-003-613

PLACE OF BIRTH

County of Bannock

City of Pocatello

No. 651 N. Johnson St.

Hospital

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

Form V. S. No. 11-C—20m-2-15-12

CERTIFICATE OF BIRTH

Registration District No. 19 File No. 9647

Primary Registration District No. 100r Registered No. 213

FULL NAME OF CHILD MARGARET ELVIRA Allbright

Sex of Child	Twin / Triplet or other?	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
female	✓	✓	yes	Oct 12 1912

(To be answered only in event of plural births)

FATHER	MOTHER
FULL NAME Henry Allbright	FULL MAIDEN NAME Delia M. Walsh
RESIDENCE Pocatello Idaho	RESIDENCE Pocatello, Idaho
COLOR white	COLOR white
AGE AT LAST BIRTHDAY 29 (Years)	AGE AT LAST BIRTHDAY 25 (Years)
BIRTHPLACE Buffalo, N. Y.	BIRTHPLACE Dublin Ireland
OCCUPATION Tinner	OCCUPATION housewife

Number of child of this mother, including present birth 1

Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive, at 3 a M. on the date above stated.

(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) O B Geary

(Physician or midwife)

Address Pocatello, Idaho

Given names added from a supplemental report

.....19.....

.....
Registrar

Filed Oct 15 1912 Earl B Jones
Registrar

S-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of California } ss.
County of Alameda }

Certificate No. 9647

Date Filed March 13, 1942

The undersigned does solemnly swear that certain facts on the certificate of (BIRTH OR DEATH)
for Margaret E. Allbright (NAME ON ORIGINAL CERTIFICATE) who was born (WAS BORN OR DIED) on October 12, 1912 (DATE OF EVENT)
in Pocatello, Idaho (PLACE OF EVENT) are erroneous or were omitted; and that, to the best of his knowledge, the true facts as shown by Bible Record (BIBLE RECORD, INSURANCE POLICY, ETC.) prepared on 1913 (GIVE DATE), are:

FACTS TO BE CORRECTED ("NAME", "BIRTH DATE", "CAUSE OF DEATH", ETC.)	FROM (AS ON ORIGINAL)	TO (THE CORRECT FACTS)
Name	Unnamed Allbright	Margaret Elvira Allbright

Subscribed and sworn to before me this 13th day of March, 1942

Claire Martinez

Notary Public, residing at 479 Superior

My commission expires 6-28-44

(SEAL)

Signed Delia Figueroa
(SIGNATURE OF PARENT OR ATTENDANT IF CORRECTING A BIRTH RECORD; OF ATTENDANT, FUNERAL DIRECTOR, INFORMANT IF CORRECTING A DEATH RECORD; OR OTHER CREDIBLE PERSON.)

479-36th St. Oakland
(STREET ADDRESS, CITY, STATE)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of California } ss.
County of Alameda }

[THIS AFFIDAVIT MUST ALSO BE EXECUTED. (SEE CHAPTER 139, 1937 IDAHO SESSION LAWS.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 13th day of March, 1942

Claire Martinez

Notary Public, residing at 479 Superior

My commission expires 6-28-44

(SEAL)

Signed Dorothy Schneider
(SIGNATURE OF ANY CREDIBLE PERSON OTHER THAN PREVIOUS AFFIANT.)

1554 Fruitvale Ave, Oakland
(STREET ADDRESS, CITY, STATE)

Received for filing on MAR 16 1942 By
(REGISTRAR'S SIGNATURE)

MAR 19 1942

363-212-003-369

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH

County of Bannock

City of Pocatello

No. 211 N. Arthur St.

Hospital

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
Form V. S. No. [illegible]

CERTIFICATE OF BIRTH

Registration District No. 19 File No. 9648

Primary Registration District No. 1002 Registered No. 214

FULL NAME OF CHILD Norma Cottle

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
female	Twin	No 2.	yes	Nov. 12 1912

FATHER	MOTHER
FULL NAME: Allen Octavius Cottle	FULL MAIDEN NAME: Rose Switchell
RESIDENCE: 211 N. Arthur, Poca. Ida.	RESIDENCE: 211 N Arthur. Poca. Ida.
COLOR: white	COLOR: white
AGE AT LAST BIRTHDAY: 36 (Years)	AGE AT LAST BIRTHDAY: 28 (Years)
BIRTHPLACE: Cedar Rapids, Iowa.	BIRTHPLACE: St. George, Utah.
OCCUPATION: Hotel Clerk	OCCUPATION: Housewife.

Number of child of this mother, including present birth four

Number of children of this mother now living, including present birth four

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) on the date above stated, Nov 12, 1912, at 2.30 P.M.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) A. Smith Woolley

(Physician or ~~midwife~~)

Address Pocatello, Idaho.

Given names added from a supplemental report

..... 19.....

..... Registrar

Filed 11/20 19 12 Employee

Registrar

S-Y CO. 20174

Form V. S. No. 11-C—20m-3-15-42

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

PLACE OF BIRTH

County of

SEP 5 1975

SEP 5 1975

363-113
003-369

PLACE OF BIRTH

County of Bannock

City of Pocatello

Registration District No. [redacted] File No. [redacted]

No. 211 N. Arthur

Primary Registration District No. 100 Registered No. 2132

Hospital

FULL NAME OF CHILD Norman E. Cattle

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of Birth
male	twin	No. 1	yes	Nov. 12 (Month) (Day) 1912 (Year)

	FATHER	MOTHER
FULL NAME	Allen Octavius Cattle	FULL MAIDEN NAME Rose Twitchell
RESIDENCE	211 N. Arthur, Poca. Ida.	RESIDENCE 211 N. Arthur, Poca. Ida.
COLOR	white	COLOR white
AGE AT LAST BIRTHDAY	36 (Years)	AGE AT LAST BIRTHDAY 28 (Years)
BIRTHPLACE	Cedar Rapids Iowa.	BIRTHPLACE St. George Utah.
OCCUPATION	Hotel Clerk	OCCUPATION Home Wife.

Number of child of this mother, including present birth three

Number of children of this mother now living, including present birth three

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive, Nov 12, 1912, at 2:25 P.M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) H. Smith Woolley

(Physician ~~or midwife~~)

Address Pocatello Idaho

Given names added from a supplemental report

....., 19.....

Filed 11/20 1913 Chas D Spence

Registrar

S-Y CO. 20174

Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

SEP 9 1975

2/28/41 L. B.

339-218-003-557

PLACE OF BIRTH

Form V. S. No. 11-C—20m-2-15-12

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Bannock.

City of Pocatello.

No. 1056 N. 9th. Ave. St.

Hospital ----------

Registration District No. _____ File No. 9650

Primary Registration District No. _____ Registered No. _____

FULL NAME OF CHILD Clinger.

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of Birth
Female.	---- and	----	Yes.	Nov. 18 (Month) (Day) 2 191 (Year)

FATHER	MOTHER
FULL NAME Adrian Clinger.	FULL MAIDEN NAME Louise Engelretsen.
RESIDENCE 1056 N. 9th. Ave.	RESIDENCE 1056 N. 9th. Ave.
COLOR White. AGE AT LAST BIRTHDAY 21 (Years)	COLOR White. AGE AT LAST BIRTHDAY 20 (Years)
BIRTHPLACE Provo, Utah.	BIRTHPLACE Salt Lake City, Utah.
OCCUPATION Boilermaker.	OCCUPATION Housewife.

Number of child of this mother, including present birth 1

Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive at 4: 40 P. M. on the date above stated.

(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) W. J. Howard M.D.

(Physician ~~or midwife~~)

Given names added from a supplemental report

..... 19.....

Registrar

Address .....

Filed 12/5 1917 Carl J. Imus

Registrar

S-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

Form V. S. No. 11-C-20m-2-15-12

613-118-003-792

[redacted]

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Bannock.

City of Pocatello.

No. 1142 N. Harrison. St.

Hospital ---

Registration District No. 19

File No. 9651

Primary Registration District No. 1002

Registered No. 217

FULL NAME OF CHILD Linwood Archibold Watts.

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of Birth
Male.	----	---	Yes.	Nov. (Month) 18 (Day) 1912 (Year)

FATHER	MOTHER
FULL NAME: Linwood C. Watts.	FULL MAIDEN NAME: Clara Bade Gibson.
RESIDENCE: 1142 N. Harrison.	RESIDENCE: 1142 N. Harrison.
COLOR: White.	COLOR: White.
AGE AT LAST BIRTHDAY: 25 (Years)	AGE AT LAST BIRTHDAY: 21 (Years)
BIRTHPLACE: Virginia.	BIRTHPLACE: Cortez, Colorado.
OCCUPATION: Fireman (Locomotive.)	OCCUPATION: Housewife.

Number of child of this mother, including present birth: 1

Number of children of this mother now living, including present birth: 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive at (Born alive or stillborn), at 6:25 A. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) W. F. Howard M. D.

(Physician or [redacted])

Given names added from a supplemental report

..... 19.....

Address .....

Filed 12/5 1912 Earl D. Jones

..... Registrar

..... Registrar

S-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH

713-113-003-134

Amended 5-17-66

(Be sure the information is complete and accurate)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 9652
Local Reg. No. 218
Reg. Dist. No. 19

1. PLACE OF BIRTH
a. COUNTY: Bannock
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN: Pocatello
c. FULL NAME OF (If NOT in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION:

2. USUAL RESIDENCE OF MOTHER (Where does mother live?)
a. STATE: Idaho
b. COUNTY: Bannock
c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN: Pocatello
d. STREET ADDRESS (If rural, give location): 630 S. 4th Ave.

3. CHILD'S NAME (Type or print)
a. (First): Edgar
b. (Middle): James
c. (Last): Patton

4. SEX	5a. THIS BIRTH	5b. IF TWIN OR TRIPLET (This child born)	6. DATE OF BIRTH (Month) (Day) (Year)
Male	SINGLE X TWIN ____ TRIPLET ____	1st ____ 2nd ____ 3rd ____	Nov. 13, 1912

FATHER OF CHILD

7. FULL NAME
a. (First): Fred
b. (Middle): H.
c. (Last): Patton

8. AGE (At time of this birth)	9. BIRTHPLACE (State or foreign country) (City or Town)	10. USUAL OCCUPATION	11. KIND OF BUSINESS OR INDUSTRY
30 YEARS	Soda Springs, Idaho	Section Foreman	

MOTHER OF CHILD

12. FULL MAIDEN NAME
a. (First): Gussie
b. (Middle): A.
c. (Last): Aldrich

13. AGE (At time of this birth)	14. BIRTHPLACE (State or foreign country) (City or Town)	15. CHILDREN PREVIOUSLY BORN TO THIS MOTHER (Do NOT include this child)		
		a. How many OTHER children are now living?	b. How many OTHER children were born alive but are now dead?	c. How many children were stillborn (born dead after 20 wks. pregnancy?)
23 YEARS	Lincoln, Nebraska	1	0	0

16. INFORMANT'S SIGNATURE OR NAME (Relationship)

I hereby certify that this child was born alive on the date stated above.

17. SIGNATURE: W. F. Howard, M.D.

18. ATTENDANT AT BIRTH: M.D. X MIDWIFE ____ OTHER (Specify) ____

19. ADDRESS

20. DATE SIGNED

21. DATE REC'D BY LOCAL REG.: 12/5/1912

22. REGISTRAR'S SIGNATURE: Earl D. Jones

23. DATE ON WHICH GIVEN NAME ADDED BY ____ Registrar

...rict where the birth occurred WITHIN 10 days after the date of birth of the child. Address ...ITAL STATISTICS, BOISE, IDAHO.

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Form V. S. No. 11-C—20m-2-15-12

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Bannock.

City of Pocatello.

No. 630 S. 4th. Ave. *St.*

Hospital ———

Registration District No. _____ File No. 9652

Primary Registration District No. _____ Registered No. _____

FULL NAME OF CHILD Eddie James Patton.

Sex of Child	Twin, Triplet or other?	and	Number in order of birth	Legitimate?	Date of Birth
Male.	——— (To be answered only in event of plural births)		———	Yes.	Nov. (Month) 13 (Day) 1912 (Year)

FATHER	MOTHER
FULL NAME: Fred H. Patton.	FULL MAIDEN NAME: Gussie A. Aldrich.
RESIDENCE: 630 S. 4th. Ave.	RESIDENCE: 630 S. 4th. Ave.
COLOR: White.	COLOR: White.
AGE AT LAST BIRTHDAY: 30 (Years)	AGE AT LAST BIRTHDAY: 23 (Years)
BIRTHPLACE: Soda Springs' Idaho.	BIRTHPLACE: Lincoln, Nebraska.
OCCUPATION: Section Foreman.	OCCUPATION: Housewife.

Number of child of this mother, including present birth 2

Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive at 3:40 A. M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) W. J. Howard M.D.
(Physician or [redacted])

Given names added from a supplemental report

..... 19.....

..... Registrar

Address .....

Filed 12/5 19.1 Earl L. Jones Registrar

S-Y CO. 20174

MAY 17 1966

SEP 10 19

IDAHO DEPARTMENT OF HEALTH

BUREAU OF VITAL STATISTICS

Affidavit to Correct or Amend An Original Certificate of Birth or Death

RECEIVED

APR 12 1966

Bureau of Vital Statistics

State of Nevada
County of Clark } ss.

Certificate No. 9652

Date Filed

The undersigned does solemnly swear that certain facts on the Certificate of Birth (Birth or Death)
for Eddie James Patton (Name on Original Certificate) who was born (Was Born or Died) on Nov. 13, 1912 (Date of Event)
in Pocatello, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts are shown by 4-Records (Bible Record, Insurance Policy, Etc.) prepared on INS JUNE 30-1941 MAY 29-1951 - 1937 - FEB-14-1942 (Give Date) are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
Child's First Name	Eddie	Edgar

Subscribed and sworn to before me this 5th day of April 19 66

Notary Public, residing at Las Vegas, Nevada

My commission expires

(Seal) ART McGILL
Notary Public State of Nevada
My Commission Expires Oct. 9, 1967

Signed Gussie A. Aldrich Patton Fullerton
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

5821 Knight Ave., Las Vegas, Nev.
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Nevada
County of Clark } ss.

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 5th day of April 19 66

Notary Public, residing at Las Vegas, Nevada

My commission expires

(Seal) ART McGILL
Notary Public State of Nevada
My Commission Expires Oct. 9, 1967

Signed Richard Patton
(Signature of Any Credible Person)

5821 Knight Ave., Las Vegas, Nev.
(Street Address, City, State)

Form DH 66-155 CL 3-28-66

Hospital Birth Certificate, Memorial Hospital of Laramie County, Cheyenne, Wyoming, gives full name of child as Sharon Lee Patton, born May 29, 1939, 7:21 P.M. to . Edgar James Patton, born Nov. 13, 1912 at Pocatello, Idaho and Lela Lucille Hoppock, born Nov. 12, 1910 at Angola, Kansas - viewed by V.S.

Brotherhood of Locomotive Firemen and Enginemen, Certificate of Insurance, Lodge No. ~~413~~ 438, cert. no. 102365, dated Jan. 1, 1942 gives full name as Edgar J Patton, age 29 - viewed by V.S.

285-22-7003-554

Form V. S. No. 11-C—20m-2-15-12

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH

County of Bannock.

City of Pocatello.

No. 1356N. Arthur. St.

Hospital ----------

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. ----------

Primary Registration District No. ----------

File No. 9653

Registered No. 819

FULL NAME OF CHILD Sheffield.

Sex of Child: Female.

Twin, Triplet or other? ---- and Number in order of birth ----- (To be answered only in event of plural births)

Legitimate? Yes.

Date of Birth: Nov. (Month) 27 (Day) 2 191 (Year)

FATHER

FULL NAME: Nelson J. Sheffield.

RESIDENCE: 1356N. Arthur.

COLOR: White.

AGE AT LAST BIRTHDAY: 46 (Years)

BIRTHPLACE: [illegible] Co., Ill.

OCCUPATION: Mechanic.

MOTHER

FULL MAIDEN NAME: Salome Nedrow.

RESIDENCE: 1356N. Arthur.

COLOR: White.

AGE AT LAST BIRTHDAY: 41 (Years)

BIRTHPLACE: Beattrice, Nebraska.

OCCUPATION: Housewife.

Number of child of this mother, including present birth: 7

Number of children of this mother now living, including present birth: 5

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive at 10:45 P. M. on the date above stated.

(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) W. F. Howard M.D.

(Physician or midwife)

Given names added from a supplemental report

..... 19.....

Address .....

Filed 12/5 1912 Earl D. Jones

..... Registrar

S-Y CO. 20174

Registrar

Henry Co., Ill.

281 - 111-003-296

Form V. S. No. 11-C ~~20m-2-15-12~~

PLACE OF BIRTH

County of Bannock.

City of Pocatello.

No. 755 N. Grant. St.

Hospital ------

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. ------ File No. 9654

Primary Registration District No. ------ Registered No. 220

FULL NAME OF CHILD Reginald James Martin Shaw.

Sex of Child	Twin, Triplet or other?	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Male.	---- (To be answered only in event of plural births)	----	Yes.	Nov. 11. 1912.

FATHER	MOTHER
FULL NAME Thomas Fraser Shaw.	FULL MAIDEN NAME Annie Elizabeth Brood.
RESIDENCE 755 N. Grant. St.	RESIDENCE 755 N. Grant, St.
COLOR White.	COLOR White.
AGE AT LAST BIRTHDAY 30 (Years)	AGE AT LAST BIRTHDAY 29 (Years)
BIRTHPLACE Wandsworth, London.	BIRTHPLACE Stoat Newton, London.
OCCUPATION Coach Painter.	OCCUPATION Housewife.

Number of child of this mother, including present birth 1

Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive at (Born alive or stillborn) at 8:00 A.M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) W. F. Howard M.D.

(Physician ~~or Midwife~~)

Address ------

Given names added from a supplemental report

..... 19.....

..... Registrar

Filed 12/5 19.1 Earl L. Jones Registrar

S-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

AUG 23 1946

JUN 9 1977

JUN 9 1977

699-22-003-217

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Form V. S. No. 11-C—20m-2-15-12

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

PLACE OF BIRTH

County of Bannock.

City of Pocatello.

No. 451 N. 7th. Ave. St.

Hospital ——

Registration District No. ____ File No. 9655

Primary Registration District No. ____ Registered No. ____

FULL NAME OF CHILD Agnes Olive Wright.

Sex of Child	Twin, Triplet or other?	Number in order of birth	Legitimate?	Date of Birth
Female.	——	——	Yes	Oct. 21 (Month) (Day) 191 2 (Year)

(To be answered only in event of plural births)

FATHER	MOTHER
FULL NAME: Alfred Edward Wright.	FULL MAIDEN NAME: Dulcie Saxton.
RESIDENCE: 451 N. 7th. Ave.	RESIDENCE: 451 N. 7th. Ave.
COLOR: White.	COLOR: White.
AGE AT LAST BIRTHDAY: 30 (Years)	AGE AT LAST BIRTHDAY: 25 (Years)
BIRTHPLACE: England.	BIRTHPLACE: Salt Lake City, Utah.
OCCUPATION: Baggageman.	OCCUPATION: Housewife.

Number of child of this mother, including present birth 5

Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive at (Born alive or stillborn) at 11: 30P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) W. F. Howard M.D.

(Physician or Midwife)

Given names added from a supplemental report

....., 19.....

Registrar

Address .....

Filed 1/5 19.1 V. Earl L. Jones

Registrar

8-Y CO. 20174

219-112-003-219

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Bannock.

City of Pocatello.

No. 156 N. 14th. Ave. St.

Hospital ---

Registration District No. _____ File No. 9656

Primary Registration District No. _____ Registered No. _____

FULL NAME OF CHILD Lester Erastus Barnard.

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of Birth
Male.	---	---	Yes.	Oct. (Month) 12 (Day) 191 2 (Year)

FATHER	MOTHER
FULL NAME: Ivan P. Barnard.	FULL MAIDEN NAME: Hazel Irene Bair
RESIDENCE: 156 N. 14th. Ave.	RESIDENCE: 156 N. 14th. Ave.
COLOR: White. AGE AT LAST BIRTHDAY: 21 (Years)	COLOR: White. AGE AT LAST BIRTHDAY: 19 (Years)
BIRTHPLACE: Rockland, Idaho.	BIRTHPLACE: Pocatello, Idaho.
OCCUPATION: Teamster.	OCCUPATION: Housewife.

Number of child of this mother, including present birth 1

Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive at 1:30 A M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) W. F. Howard M.D.
(Physician or ~~midwife~~)

Address

Given names added from a supplemental report

19

Registrar

Filed 12/5 19

Registrar

S-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

NOV 1 7 1972

JUL 16 1953

JAN 26 1944

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

[redacted] Bannock

City [redacted] Pocatello

Ward [redacted] Arthur

Registration District No. 19 File No. 9657

Primary Registration District No. 1002 Registered No. 223

FULL NAME OF CHILD Emerson Walter Gamble

Sex Male | Twin, Triplet or other? | and | Number in order of birth | Legitimate? yes | Date of Birth Nov 13 1912 (Month) (Day) (Year)

(To be answered only in event of plural births)

FATHER	MOTHER
FULL NAME Walter S. Gamble	FULL MAIDEN NAME Mary Ethel Simpson
RESIDENCE 705 N. Arthur	RESIDENCE 705 N. Arthur
COLOR white	COLOR white
AGE AT LAST BIRTHDAY 29 (Years)	AGE AT LAST BIRTHDAY 25 (Years)
BIRTHPLACE Franklin Ida	BIRTHPLACE Bozeman, Montana.
OCCUPATION Engineer.	OCCUPATION Housewife

Number of child of this mother, including present birth two.

Number of children of this mother now living, including present birth two

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive Nov. 13, 1912, at 9:00 P. M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) H. Smith Woolley
(Physician or midwife)

Address Pocatello, Idaho.

Given names added from a supplemental report

..... 19.....

Filed 11/15 19..... Registrar

S-Y CO. 20174 Registrar

Form U. S. No. 11-C—20m-2-15-12

STATE OF IDAHO

BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH — BUREAU OF VITAL STATISTICS

Affidavit to Correct or Amend an Original Certificate of Birth or Death

State of ..... } ss.
County of ..... }

Certificate No. 9657
Date Filed AUG 12 1941

The undersigned does solemnly swear that certain facts on the certificate of Birth (Birth or death)
for Walter Anderson Gamble (Name on original certificate) who born (Was born or died) on Nov 13 1912 (Date of event)
in Pocatello (Place of event) are erroneous or were omitted; and that, to the best of his knowledge, the true
facts as shown by Birth record (Bible record, insurance policy, etc.) prepared on ..... (Give date), are:

FACTS TO BE CORRECTED ("Name", "birth date", "cause of death", etc.)	FROM (As on original)	TO (The correct facts)
	Walter Anderson Gamble	Emerson Walter Gamble

Subscribed and sworn to before me this .....
day of ....., 19.....

Signed .....
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person)

.....
Notary Public, residing at .....

My commission expires .....
[SEAL]

.....
(Street Address, City, State)

Supporting Affidavit of a Second Person

State of Utah } ss.
County of Cache }

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 28th
day of July, 19 41

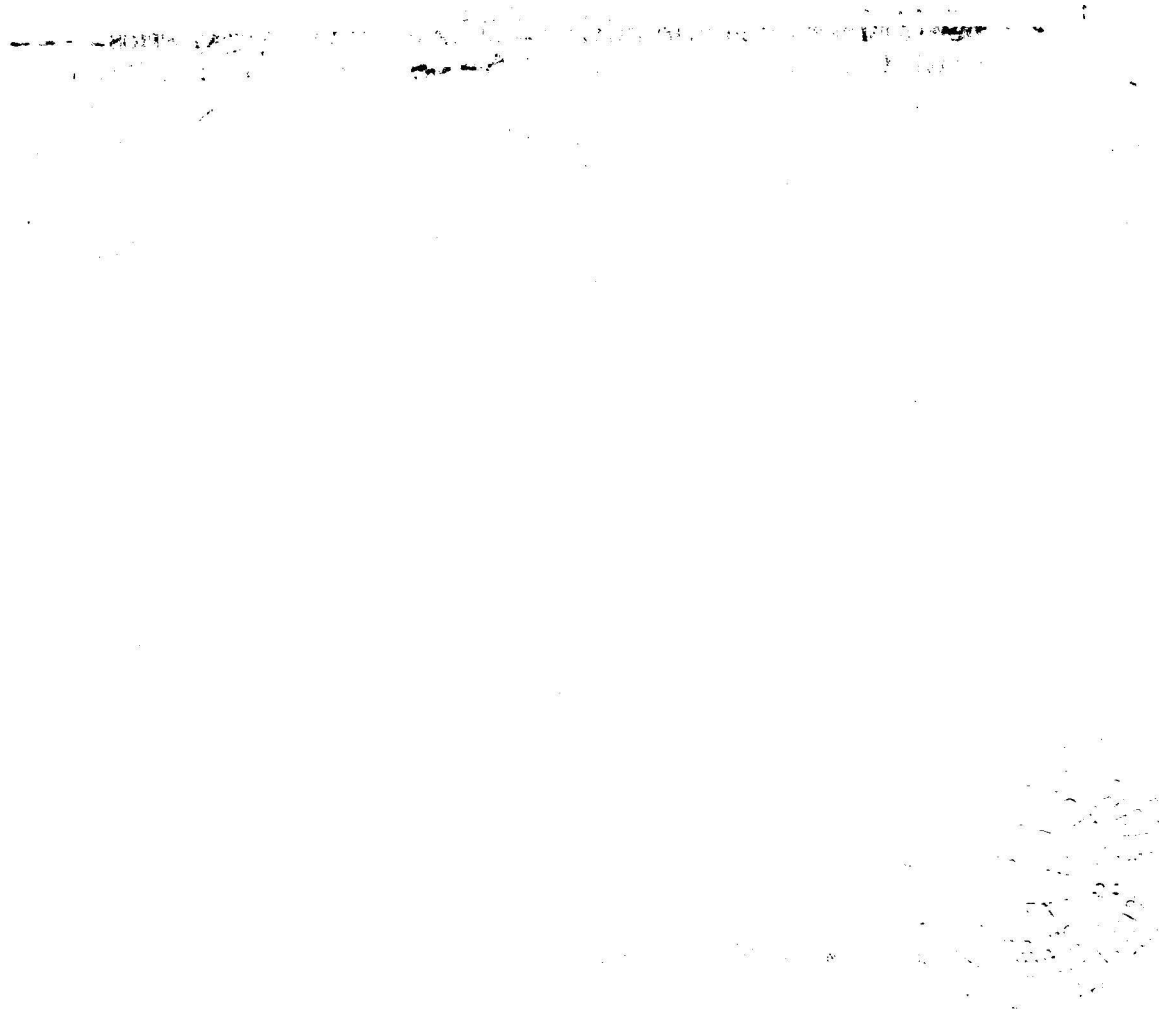
Signed Emma J Hansen
(Signature of any credible person other than the previous affiant)

Emma J Gledhill
Notary Public, residing at Smithfield, Utah

My commission expires .....
[SEAL]

Smithfield, Utah
(Street Address, City, State)

Received for filing on ..... by .....
(Registrar's signature)



515-105-003-867

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

Form V. S. No. 11-C—10m-8-7-11

PLACE OF BIRTH

County of Bannock

City of Pocatello

No. 727 N. Garfield St.

Hospital

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

Registration District No. 19 File No. 9658

Primary Registration District No. 1002 Registered No. 224

FULL NAME OF CHILD Vernon Brumbaugh Van Dyke

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Male	✓	✓	Yes	Nov. 5th 1912

FATHER		MOTHER	
FULL NAME	Irvin C Van Dyke	FULL MAIDEN NAME	Sara E. Hope
RESIDENCE	Pocatello Idaho	RESIDENCE	Pocatello Idaho
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY	40 (Years)	AGE AT LAST BIRTHDAY	33 (Years)
BIRTHPLACE	Lewistown Pa	BIRTHPLACE	Romeroy, Pa.
OCCUPATION	School Teacher	OCCUPATION	Housewife

Number of child of this mother, including present birth.....

Number of children, of this mother, now living, including present birth.....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive Nov 5th 12, at 5-15 P. M. on the date above stated.

(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) H A Castle

M D.

(Physician or Midwife)

Address Pocatello Idaho

Given names added from a supplemental report

....., 19.....

Filed 11-11 1912 Earl D Jones

Registrar

SYMS - YORK CO., PTRS. & BDRS. 17326

Registrar

APR 20 1944

APR 18 1944

291 - 105 - 003 - 368

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

Form V. S. No. 11-C—10m-8-7-11

PLACE OF BIRTH

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

County of Bannock

City of Pocatello

No 414 S. 5th St.

Registration District No. _____ File No. 9659

Hospital _____ Primary Registration District No. _____ Registered No. _____

FULL NAME OF CHILD Thomas Augustus Brantley

Sex of Child	Twin, Triplet or other?	and	Number in order of birth	Legitimate?	Date of birth
Male	✓		1	Yes	Nov 5th (Month) (Day) 1912 (Year)

(To be answered only in event of plural births)

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	Thos. Clifford Brantley	Katie Loy
RESIDENCE	Pocatello Idaho	Pocatello Idaho
COLOR	W.	W.
AGE AT LAST BIRTHDAY (Years)	45	41
BIRTHPLACE	Montgomery Ala	Rochester Minn
OCCUPATION	Traveling Salesman	H. W.

Number of child of this mother, including present birth 1

Number of children, of this mother, now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born Alive (Born alive or stillborn) Nov 5th 12, at 8:10 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) H A Castle MD

(Physician or Midwife)

Address Pocatello Idaho

Given names added from a supplemental report

....., 19.....

Filed 11-11 1912 Earl D Jones

Registrar

Registrar

SYMS - YORK CO., PTRS. & BDRS. 17326

219-201-003-955

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

PLACE OF BIRTH

Form V. S. No. 11-C—10m-8-7-11

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

County of Bannock

City of Pocatello

No. 552 N. 4th & 4½ E. St.

Hospital

Registration District No. 19 File No. 9660

Primary Registration District No. 1002 Registered No. 226

FULL NAME OF CHILD Florence Elizabeth Haraldad

Sex of Child	Twin, Triplet or other?	and	Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Female	✓ (To be answered only in event of plural births)		✓	Yes	Nov. 1st 1912

FATHER		MOTHER	
FULL NAME	Henry M. Haraldad	FULL MAIDEN NAME	Jessie M Reese
RESIDENCE	Pocatello Idaho	RESIDENCE	Pocatello Idaho
COLOR	White	AGE AT LAST BIRTHDAY (Years)	29
BIRTHPLACE	Whitehall Mich.	COLOR	White
OCCUPATION	Trav. Fireman	AGE AT LAST BIRTHDAY (Years)	24
		BIRTHPLACE	Oshkosh Wis.
		OCCUPATION	Housewife

Number of child of this mother, including present birth 2

Number of children, of this mother, now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born Alive Nov 1/12 (Born alive or stillborn) at 1:20 A. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report

....., 19.....

.....
Registrar

(Signature) H A Cadle

MD

(Physician or Midwife)

Address Pocatello Idaho

Filed 11-11 1912 Earl D Jones
Registrar

SYMS - YORK CO., PTRS. & BORS. 17326

FEB 6 1975

689-210-003-432

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

PLACE OF BIRTH

Form V. S. No. 1—10m-8-7-11

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

County of Bannock

City of Pocatello

No 440 N. Lincoln St.

Registration District No 19 File No. 9661

Primary Registration District No. 1002 Registered No. 227

Hospital

FULL NAME OF CHILD ~~Charlotte~~ ~~Winifred~~ Winifred White

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Female	—	and	—	Yes	Nov. 16th 1912

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	Sam White	Charlotte McKeown
RESIDENCE	Pocatello Ida	Pocatello Ida.
COLOR	W	W
AGE AT LAST BIRTHDAY (Years)	25	32
BIRTHPLACE	Motherwell Scotland	Glascow Scotland
OCCUPATION	Express Driver	HW

Number of child of this mother, including present birth 2

Number of children, of this mother, now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) Nov 16/12, at 10:50 A. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) H A Castle

M. D.

(Physician or Midwife)

Address Pocatello Idaho

Given names added from a supplemental report

....., 19.....

Filed 11/21 1912 Earl Dyer

Registrar

SYMS - YORK CO., PTRS. & SDRS. 17326

Registrar

DECEASED

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of Idaho } ss.
County of Canyon }

Certificate No. 9661

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of Birth (Birth or Death)
for Winifred White (Name on Original Certificate) who Born (Was Born or Died) on Nov. 16, 1912 (Date of Event)
in Pocatello, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts are shown by (Bible Record, Insurance Policy, Etc.) prepared on (Give Date), are:

FACTS TO BE CORRECTED ("Name", "Birth Date", "Cause of Death", Etc.)	FROM (As on Original)	TO (The Correct Facts)
Name	Unnamed	Winifred White

Subscribed and sworn to before me this 14th
day of August, 19 43
Notary Public, residing at Nampa, Idaho
My commission expires Nov. 14, 1946
(Seal)

Signed Mrs Samuel White
(Signature of parent or attendant if correcting birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Idaho } ss.
County of Canyon }

[This Affidivat **MUST** Also be Executed.
(See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 14th
day of August, 19 43
Notary Public, residing at Nampa, Idaho
My commission expires Nov. 14, 1946
(Seal)

Signed Samuel White
(Signature of Any Credible Person Other Than Previous Name)

R.F.D. #3 Nampa Idaho
(Street Address, City, State)

AUG 23 1943

819-116-003-155

PLACE OF BIRTH

Form V. S. No. 11-C—10m-8-7-11

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

9662

County of Bannock

City of Pocatello

No 745 S. Grant St.

Registration District No 19 File No.

Primary Registration District No 100 Registered No. 228

Hospital

FULL NAME OF CHILD George Donald Hartman

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Male	✓		✓	Yes	Nov. 16/12

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	George Hartman	Thora Jensen
RESIDENCE	Pocatello Idaho	Pocatello Idaho
COLOR	W	W
AGE AT LAST BIRTHDAY (Years)	24	22
BIRTHPLACE	Norway	Salt Lake, Utah.
OCCUPATION	Laborer	Housewife

Number of child of this mother, including present birth 2

Number of children, of this mother, now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive Nov 16/12, at 9 A. M. on the date above stated.

(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) H A Castle

MD

(Physician or Midwife)

Address Pocatello Idaho

Given names added from a supplemental report

....., 19.....

Filed 11/21 1912 Earl Gunn

Registrar

Registrar

SYMS - YORK CO., PTRS. & BDRS. 17326

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

294-222-003-295

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

Form V. S. No. 11-C—10m-8-7-11

PLACE OF BIRTH

County of Bannock

City of Pocatello

No. 646 W Sherman St.

Hospital

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

Registration District No. 19

Primary Registration District No. 1022

File No. 9663

Registered No. 229

FULL NAME OF CHILD Eileen Cecil Simpson

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Female	✓	✓	Yes	Nov 22nd 1912

FATHER

FULL NAME: David F Simpson

RESIDENCE: Pocatello Idaho

COLOR: W. AGE AT LAST BIRTHDAY: 22 (Years)

BIRTHPLACE: Bozeman Mont.

OCCUPATION: Brakeman

MOTHER

FULL MAIDEN NAME: Maud Emily Boecding

RESIDENCE: Pocatello Idaho

COLOR: W. AGE AT LAST BIRTHDAY: 18 (Years)

BIRTHPLACE: Percival Iowa

OCCUPATION: Housewife

Number of child of this mother, including present birth: 1

Number of children, of this mother, now living, including present birth: 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) Nov 22/12, at 5:10 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) H L Castle MD (Physician or Midwife)

Address Pocatello Idaho.

Given names added from a supplemental report

....., 19.....

Filed 11/24 19 14

Registrar

SYMS - YORK CO., PTRS. & BDRS. 17326

Registrar

469-123-003-493

PLACE OF BIRTH

Form V. S. No. 11-C—10m-8-7-11

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

County of Bannock

City of Pocatello

No ____, ____ St.

Hospital ____

Registration District No ____ File No. 9664

Primary Registration District No. ____ Registered No. 330

FULL NAME OF CHILD Baby Morgan

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Male			Yes	Nov. 23 1912

FATHER		MOTHER	
FULL NAME	John Thomas Morgan	FULL MAIDEN NAME	Elsie May Mitchell
RESIDENCE	Pocatello Ida	RESIDENCE	Pocatello Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	23	AGE AT LAST BIRTHDAY (Years)	18
BIRTHPLACE	Texas Co. Mo.	BIRTHPLACE	Guthrie Okla.
OCCUPATION	Boilermaker Hlpr.	OCCUPATION	Housework

Number of child of this mother, including present birth 1

Number of children, of this mother, now living, including present birth ____

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 4.15 A.M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) E. W. Roberts M.D.

Physician (Physician or Midwife)

Address Pocatello Idaho.

Given names added from a supplemental report

____, 19____

Filed 11/25 1912

____ Registrar

SYMS - YORK CO., PTRS. & BDRS. 17326

Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

959-116-003-799

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

PLACE OF BIRTH

County of Bannock

City of Pocatello

No. ____, ____ St.

Hospital ____

Form V. S. No. 11-C—10m-8-7-11

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

Registration District No. ____ File No. 9665

Primary Registration District No. ____ Registered No. 231

FULL NAME OF CHILD Anthony Zagga

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
male			yes	Nov 16 1912

FATHER	MOTHER
FULL NAME: Carmine A. Zagga	FULL MAIDEN NAME: Aquelina Grilli
RESIDENCE: 5-17 N. 4th Ave	RESIDENCE: 5-17 N. 4th ave
COLOR: white	COLOR: White
AGE AT LAST BIRTHDAY: 35 (Years)	AGE AT LAST BIRTHDAY: 32 (Years)
BIRTHPLACE: Italy	BIRTHPLACE: Cumberland Wisconsin
OCCUPATION: machenist	OCCUPATION: Home wife

Number of child of this mother, including present birth: 8

Number of children, of this mother, now living, including present birth: 8

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn) at 9:30 p. M. on the date above stated.

(Signature) Casper Von Lond M.D.

(Physician or Midwife)

Address ____

Filed 11/8 1912 ____ Registrar

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report

____, 19____

____ Registrar

SYMS - YORK CO., PTRS. & BDRS. 17326

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

PLACE OF BIRTH

County of

227-219-010-753

Form V. S. No. 11-C—15m-6-20-11

PLACE OF BIRTH

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

County of Bonneville

City of Idaho Falls, Idaho Registration District No. 7 File No. 9668

No. ____, ____ St. Primary Registration District No. 227 Registered No. 209

Hospital ____

FULL NAME OF CHILD Dorothy Lucille Higgins

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Female	—	—	Yes	Nov 19 1917

FATHER		MOTHER	
FULL NAME	Bert Higgins	FULL MAIDEN NAME	Eva Peck
RESIDENCE	Idaho Falls, Ida.	RESIDENCE	Idaho Falls Ida.
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	29 (Years)	AGE AT LAST BIRTHDAY	26 (Years)
BIRTHPLACE	Lineville, Iowa.	BIRTHPLACE	Shamandoah, Iowa.
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 3

Number of children, of this mother, now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 3 a. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) F. C. Hollister, M.D.

(Physician or Midwife)

Address Idaho Falls Idaho

Filed Nov 24 19 17

Given names added from a supplemental report

____, 19____

____ Registrar

S-Y CO., 16670

Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

IDAHO DEPARTMENT OF HEALTH

BUREAU OF VITAL STATISTICS

Affidavit to Correct or Amend An Original Certificate of Birth or Death

RECEIVED
AUG 29 1967
Bureau of Vital Statistics

State of Montana } ss.
County of Beaverhead

Certificate No. 9668

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of Birth (Birth or Death)
for Unnamed Higgins (female child) (Name on Original Certificate) who was born (Was Born or Died) on Nov. 19, 1912 (Date of Event)
in Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts are shown by Bible Record - School Diploma (Bible Record, Insurance Policy, Etc.) prepared on (Give Date), are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
Full Name of Child	Unnamed	Dorothy Lucille Higgins
Child's Place of Birth	Omitted	Idaho Falls, Idaho

Subscribed and sworn to before me this 24th day of August, 19 67

Virginia A. Mellen

Notary Public, residing at Dillon, Montana

My commission expires November 15, 1969

(Seal)

Signed [signature]
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

307 S. Pacific, Dillon, Montana
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of } ss.
County of

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this day of , 19

Notary Public, residing at

My commission expires
(Seal)

Signed
(Signature of Any Credible Person)

(Street Address, City, State)

FORM DH 60-155 CL 5-9-66. two copies pd. rec. #11806.

Roberts High School Diploma, Roberts, Idaho, dated May 8, 1930 gives full name as Dorothy Lucille Higgins - viewed by V.S.

NOV 3 1967

Family Bible, pages from original book, appear very old and unaltered gives one child's full name as Dorothy Lucille Higgins, born Nov. 19, 1912 at Idaho Falls, Idaho - viewed by V.S.

OCT 3 1972

235 - 218-010-413

PLACE OF BIRTH

County of Bonneville

City of Idaho Falls

No. ____, ____ St.

Hospital ____

Form V. S. No. 11-C—15m-6-20-11

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

Registration District No. 7

Primary Registration District No. 2037

File No. 9669

Registered No. 267

FULL NAME OF CHILD Ruth Evelyn

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Female	—	—	Yes	Nov. 18th, 1912

FATHER		MOTHER	
FULL NAME	James Sleighton	FULL MAIDEN NAME	Eva Mathews
RESIDENCE	Idaho Falls, Ida.	RESIDENCE	Idaho Falls, Ida.
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	28	AGE AT LAST BIRTHDAY (Years)	20
BIRTHPLACE	Bevier, Mo.	BIRTHPLACE	Woodville, Ida.
OCCUPATION	Liverman	OCCUPATION	Housewife.

Number of child of this mother, including present birth 2

Number of children, of this mother, now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 11.30 a M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) F. C. Hollister, M.D.

(Physician or Midwife)

Address Idaho Falls Idaho

Given names added from a supplemental report

....., 19.....

Registrar

Filed ..... 191.....

Registrar

S-Y CO., 16670

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

JAN 2 9 1975

453-120-010-168

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH

Form V. S. No. 11-C—20m-2-15-12

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Bonneville

City of Idaho Falls.

No. Water Ave. St.

Hospital

Registration District No. 7 File No. 9670

Primary Registration District No. 2027 Registered No. 207

FULL NAME OF CHILD Marshall Woodrow

Sex of Child	Twin / Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Male			Yes	Nov. 20 1912

FATHER	MOTHER
FULL NAME: Arthur E. Melquist	FULL MAIDEN NAME: Mamie Johnson
RESIDENCE: Idaho Falls Ida.	RESIDENCE: Idaho Falls Ida.
COLOR: White	COLOR: White
AGE AT LAST BIRTHDAY: 34 (Years)	AGE AT LAST BIRTHDAY: 30 (Years)
BIRTHPLACE: Nebraska	BIRTHPLACE: Nebraska
OCCUPATION: Hardware Clerk	OCCUPATION: Housework

Number of child of this mother, including present birth 3

Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born Alive Nov. 20 1912 at 11 A M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report

.....19.....

.....
Registrar

(Signature) A. E. Melquist

.....
(Physician or midwife)

Address Idaho Falls Ida.

Filed .....19..... .....
Registrar

S-Y CO. 20174

6/11/41/ L. B.

169 - 204-010-283

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

Form V. S. No. 11-C—10m-8-7-11

PLACE OF BIRTH

County of Bonneville

City of _____

No _____, _____ St.

Hospital _____

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

Registration District No 7

Primary Registration District No _____

File No. 9671

Registered No. 41

FULL NAME OF CHILD _____

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births) and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Female		Yes	November 4 1912

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	Delcus Jardin	Mary Ryler
RESIDENCE	Bonneville Co	Bonneville
COLOR	White	White
AGE AT LAST BIRTHDAY (Years)	28	24
BIRTHPLACE	Danness Co	De Kalb Co
OCCUPATION	Farmer	Housewife

Number of child of this mother, including present birth 2

Number of children, of this mother, now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 5-20 A.M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Anna Finlay

Midwife (Physician or Midwife)

Address 265 Elliott St

Given names added from a supplemental report

_____, 19____

_____ Registrar

Filed Nov 6 19 12

Registrar

SYMS - YORK CO., PTRS. & BDRS. 17326

DECEASED

795 - 118-010-863

Form V. S. No. 11-C—20m-2-15-12

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Bonneville

City of Idaho Falls Ida

No. Park Ave. St.

Registration District No. 7 File No. 9672

Primary Registration District No. 2097 Registered No.

Hospital

FULL NAME OF CHILD FRANCIS M. GILBERT

Sex of Child	Twin / Triplet or other? (To be answered only in event of plural births) and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Male		yes	11 / 18 / 1912

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	Frank Gilbert	Ethel Maude Hocking
RESIDENCE	Idaho Falls Ida.	Idaho Falls. Ida.
COLOR	white	white
AGE AT LAST BIRTHDAY (Years)	21	20
BIRTHPLACE	Fullerton Neb.	Park City Utah
OCCUPATION	Gro. Clerk	Housewife

Number of child of this mother, including present birth 1

Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) 11/18/1912, at 10:30 A.M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) A. R. Lodingwood M.D.

(Physician or midwife)

Address Idaho Falls Ida.

Given names added from a supplemental report

.....19.....

.....
Registrar

Filed .....19.....

.....
Registrar

S-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF IDAHO

DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of California } ss.
County of Orange }

Certificate No. 9672

Date Filed APR 6 1942

The undersigned does solemnly swear that certain facts on the certificate of (BIRTH OR DEATH)

for unnamed (NAME ON ORIGINAL CERTIFICATE) who was born (WAS BORN OR DIED) on Nov. 18, 1912 (DATE OF EVENT)

in Idaho Falls (PLACE OF EVENT) are erroneous or were omitted; and that, to the best of his knowledge, the true facts as shown by ..... (BIBLE RECORD, INSURANCE POLICY, ETC.) prepared on ..... (GIVE DATE), are:

FACTS TO BE CORRECTED ("NAME", "BIRTH DATE", "CAUSE OF DEATH", ETC.)	FROM (AS ON ORIGINAL)	TO (THE CORRECT FACTS)
name	unnamed	Francis M. Gilbert

Subscribed and sworn to before me this 4th day of April, 1942

W. A. Lamberger

Notary Public, residing at Tustin, Calif.

My commission expires Aug. 14, 1944

(SEAL)

Signed Ethel Hocking Gilbert Mother

(SIGNATURE OF PARENT OR ATTENDANT IF CORRECTING A BIRTH RECORD; OF ATTENDANT, FUNERAL DIRECTOR, INFORMANT IF CORRECTING A DEATH RECORD; OR OTHER CREDIBLE PERSON.)

117 No B St Tustin California

(STREET ADDRESS, CITY, STATE)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of California } ss.
County of Orange }

[THIS AFFIDAVIT MUST ALSO BE EXECUTED. (SEE CHAPTER 139, 1937 IDAHO SESSION LAWS.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 4th day of April, 1942

W. A. Lamberger

Notary Public, residing at Tustin, Calif.

My commission expires Aug 14 1944

(SEAL)

Signed Nina M Aldrich Aunt

(SIGNATURE OF ANY CREDIBLE PERSON OTHER THAN PREVIOUS AFFIANT.)

505½ No B St Tustin California

(STREET ADDRESS, CITY, STATE)

Received for filing on ..... By .....

(REGISTRAR'S SIGNATURE)

APR 8 1942

FEB 26 1943

613-108-010-693

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Form V. S. No. 11-C—20m-2-15-12

PLACE OF BIRTH

County of Bonneville

City of Coltman

No. ..... St.

Hospital .....

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 7 File No. 9673

Primary Registration District No. 2 Registered No. .....

FULL NAME OF CHILD RALPH WESTON WALTERS

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births) and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Male		Yes	Nov 8 1912

FATHER	MOTHER
FULL NAME Clifford J. Walters	FULL MAIDEN NAME Ellen Williams
RESIDENCE Coltman	RESIDENCE Coltman
COLOR White	COLOR White
AGE AT LAST BIRTHDAY 19 (Years)	AGE AT LAST BIRTHDAY 21 (Years)
BIRTHPLACE Utah	BIRTHPLACE Utah
OCCUPATION Farmer	OCCUPATION Housewife

Number of child of this mother, including present birth 1

Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive, at 2:45 P. M. on the date above stated.

(Born alive ~~or stillborn~~)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) A. M. Palmer

(Physician ~~or midwife~~)

Address Rigby, Idaho

Given names added from a supplemental report

..... 19.....

Filed Nov. 16 19 12 Roy H. Tiebert

Registrar

..... Registrar

8-Y CO. 20174

A M P

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of Idaho } ss.
County of Jefferson }

Certificate No. 9673
Date Filed

The undersigned does solemnly swear that certain facts on the certificate of birth (Birth or death) for Ralph Weston Walters (Name on original certificate) who born (Was born or died) on November 8th, 1912 (Date of event) in Coltman Precinct (Place of event) are erroneous or were omitted; and that, to the best of his knowledge, the true facts as shown by bible records (Bible record, insurance policy, etc.) prepared on Nov 10th, 1912 (Give date), are:

FACTS TO BE CORRECTED ("Name", "birth date", "cause of death", etc.)	FROM (As on original)	TO (The correct facts)
Name	Unnamed Walters	Ralph Weston Walters
Ralph Weston Walters		

Subscribed and sworn to before me this 10 day of January, 1942

Ruth E. Bennett
Notary Public, residing at Rigby, Idaho

My commission expires
[SEAL]

Signed Mabel Leonard
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

A sister ofbthe mother at Rigby, Idaho
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Idaho } ss.
County of Jefferson }

[This affidavit MUST also be executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 10 day of January, 1942

Ruth E. Bennett
Notary Public, residing at Rigby, Idaho

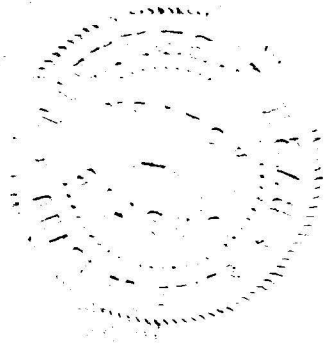
My commission expires
[SEAL]

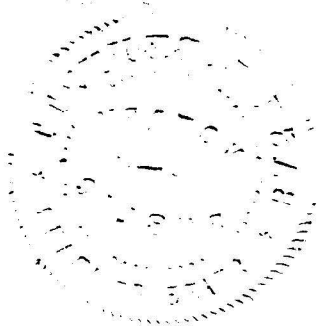
Signed Helen Johnston
(Signature of any credible person other than the previous affiant.)

Rigby, Idaho
(Street Address, City, State)

Received for filing on By
(Registrar's signature)

JAN 1 4 1942





813-109-010-665

PLACE OF BIRTH

Form V.S. No. 11-C.—20m-2-15-12

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Bannock

City of Idaho Falls

No. ..... St.

Hospital .....

Registration District No. 7

Primary Registration District No. 2027

File No. 9674

Registered No. 7

FULL NAME OF CHILD JOSEPH WAYNE HALL

Sex of Child	Twin / Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth
Male			Yes	Nov. 9 (Month) (Day) 1912 (Year)

FATHER

FULL NAME Joseph Hall

RESIDENCE Idaho Falls

COLOR White

AGE AT LAST BIRTHDAY 34 (Years)

BIRTHPLACE Michigan

OCCUPATION Telephone construction

MOTHER

FULL MAIDEN NAME Minnie Voelker

RESIDENCE Idaho Falls

COLOR White

AGE AT LAST BIRTHDAY 32 (Years)

BIRTHPLACE New York

OCCUPATION Housework

Number of child of this mother, including present birth 1

Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 4 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. W. Hall

Physician

(Physician or midwife)

Address Idaho Falls Idaho

Given names added from a supplemental report

..... 19.....

Filed Nov. 9 1912

J. W. Hall
Registrar

..... Registrar

S-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

MAR 6 1942

STATE OF IDAHO

DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of State of Utah } ss.
County of Salt Lake }

Certificate No. 9674

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of Birth (Birth or Death)
for Joseph Wayne Hall (Name on Original Certificate) who Was Born (Was Born or Died) on Nov. 9, 1912 (Date of Event)
in Idaho Falls (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts are shown by Knowledge of Parents (Bible Record, Insurance Policy, Etc.) prepared on 3/7/42 (Give Date), are:

FACTS TO BE CORRECTED ("Name", "Birth Date", "Cause of Death", Etc.)	FROM (As on Original)	TO (The Correct Facts)
name	unnamed	Joseph Wayne Hall

Subscribed and sworn to before me this Seventh day of March, 1942.

Notary Public, residing at Salt Lake City, Utah

My commission expires March 21, 1942 (Seal)

Signed Wilhelmine Hall
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

Nira Apart., Salt Lake City, Utah
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Utah } ss.
County of Salt Lake }

[This Affidivat **MUST** Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this Seventh day of March, 1942.

Notary Public, residing at Salt Lake City, Utah

My commission expires March 21, 1942 (Seal)

Signed Joseph Jonah Hall
(Signature of Any Credible Person Other Than Previous Year)

Nira Apart., Salt Lake City, Utah
(Street Address, City, State)

MAR 11 1942

STATE OF IDAHO

DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

Date Filed MAR 14 1942

466-126-010-466

PLACE OF BIRTH

STATE OF IDAHO

Form V. S. No. 11-C—15m-6-20-11

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

County of Bonneville

City of Idaho Falls

No. ____, ____ St.

Hospital ____

Registration District No. 7

Primary Registration District No. 2027

File No. 9675

Registered No. ____

FULL NAME OF CHILD ____

Sex of Child	Twin, Triplet, or other?	and	Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Male	— (To be answered only in event of plural births)		—	Yes	Oct. 26, 191.2

FATHER		MOTHER	
FULL NAME	Charles A. Moore	FULL MAIDEN NAME	Eliza Moore
RESIDENCE	Idaho Falls, Ida.	RESIDENCE	Idaho Falls, Ida.
COLOR	White	AGE AT LAST BIRTHDAY (Years)	34
BIRTHPLACE	Wanship, Utah.	BIRTHPLACE	Mantua, Utah.
OCCUPATION	Teamster	OCCUPATION	Housewife.

Number of child of this mother, including present birth 2

Number of children, of this mother, now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 12.30 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report

....., 19.....

..... Registrar

(Signature) T. C. Hollister, MD

(Physician or Midwife)

Address Idaho Falls, Ida.

Filed Dec 9 19.12 [illegible] Registrar

S-Y CO., 16670

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

DEC 24 1970

366 - 203 - 010 - 269

Form V. S. No. 11-C—20m-2-15-12

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Bonneville

City of Near Ucon

No. _____ St.

Hospital _____

Registration District No. 7

Primary Registration District No. 7

File No. 9676

Registered No. _____

FULL NAME OF CHILD _____

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Female		Four	yes	Nov 3rd 1912

FATHER	MOTHER
FULL NAME George W. Cook	FULL MAIDEN NAME Laura Sorenson
RESIDENCE near Ucon Bonneville co.	RESIDENCE Ucon Bonneville co
COLOR White	AGE AT LAST BIRTHDAY 35 (Years)
COLOR White	AGE AT LAST BIRTHDAY 32 (Years)
BIRTHPLACE Taylorville Utah.	BIRTHPLACE Mendon Utah.
OCCUPATION Farmer	OCCUPATION Housewife.

Number of child of this mother, including present birth 4

Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Nov. 3rd 1912, at 12.20 a. M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Mary A Godfrey

(Physician or midwife)

Address Rigby R.D.#1 Fremont co

Given names added from a supplemental report

..... 19.....

Filed Nov 7 19 12

..... Registrar

S-Y CO. 20174

..... Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

141-223-010-369

PLACE OF BIRTH

Form V. S. No. 11-C—20m-2-15-12

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Bonneville

City of Taylor

No. ____ St.

Hospital ____

Registration District No. 7

Primary Registration District No. 2028

File No. 9677

Registered No. 14

FULL NAME OF CHILD Agnes Wanetta Adams

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Female				Yes	Oct. 23 1912

FATHER	MOTHER
FULL NAME: George Adams	FULL MAIDEN NAME: Etta Lords
RESIDENCE: Taylor, Idaho.	RESIDENCE: Taylor, Idaho.
COLOR: White	COLOR: White
AGE AT LAST BIRTHDAY: 28 (Years)	AGE AT LAST BIRTHDAY: 24 (Years)
BIRTHPLACE: Oxford, Idaho.	BIRTHPLACE: Thurber, Utah.
OCCUPATION: Farmer	OCCUPATION: Housewife

Number of child of this mother, including present birth 3

Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) on the date above stated, at 4 P.M.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Annie Hiatt

Midwife (Physician or midwife)

Given names added from a supplemental report

..... 19.....

Address Idaho Falls, Idaho.

Filed Nov. 12 1912

..... Registrar

8-Y CO. 20174

Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

JUN 3 1974

213 - 210-010-891

Form V. S. No. 11-C—20m-2-15-12

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Bonneville

City of Ammon

No. ____ St.

Hospital ____

Registration District No. 7 File No. 9678

Primary Registration District No. 2027 Registered No. ____

FULL NAME OF CHILD Vera Lucille Ball

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Female			Yes	Nov. 10 1912

FATHER	MOTHER
FULL NAME: Leonard Ball	FULL MAIDEN NAME: Ressa Hiatt
RESIDENCE: Ammon, Idaho.	RESIDENCE: Ammon, Idaho.
COLOR: White	COLOR: White
AGE AT LAST BIRTHDAY: 30 (Years)	AGE AT LAST BIRTHDAY: 25 (Years)
BIRTHPLACE: Wilksboro, N.C.	BIRTHPLACE: Ammon, Idaho.
OCCUPATION: Farmer	OCCUPATION: Housewife

Number of child of this mother, including present birth 6

Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 5 A. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Annie Hiatt

Midwife (Physician or midwife)

Address Idaho Falls, Idaho. R.F.D. 3.

Given names added from a supplemental report

..... 19.....

Filed Nov. 13 19 12 W. Hammond

..... Registrar

S-Y CO. 20174

Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

FEB 27 1952

312-212-010-789

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH

County of Bonneville

City of Idaho Falls

No. ..... St.

Hospital .....

Form V. S. No. 11-[illegible]

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 7 File No. 9679

Primary Registration District No. 2027 Registered No. 244

FULL NAME OF CHILD Sarah Louisa Lake

Sex of Child: Female

Twin, Triplet or other? (To be answered only in event of plural births) and Number in order of birth: 9th

Legitimate? yes

Date of Birth: Nov 18 (Month) (Day) 1912 (Year)

FATHER

FULL NAME: Hyrum Lake

RESIDENCE: Idaho Falls

COLOR: White AGE AT LAST BIRTHDAY: 39 (Years)

BIRTHPLACE: Idaho

OCCUPATION: Farmer

MOTHER

FULL MAIDEN NAME: Sarah L Phillips

RESIDENCE: I. Falls Ida.

COLOR: White AGE AT LAST BIRTHDAY: 33 (Years)

BIRTHPLACE: Utah

OCCUPATION: House Wife

Number of child of this mother, including present birth: 9th

Number of children of this mother now living, including present birth: 8th

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) Nov 18 1912 at 8 A.M. on the date above stated.

(Signature) L. L. Fuller M.D

(Physician or midwife)

Address Idaho Falls Ida.

Filed ..... 19..... Registrar

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report

..... 19.....

..... Registrar

S-Y CO. 20174

Form V. S. No. H-C—20m-8-15-42

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

PLACE OF BIRTH

IDAHO DEPARTMENT OF HEALTH

BUREAU OF VITAL STATISTICS

Affidavit to Correct or Amend An Original Certificate of Birth or Death

RECEIVED
MAR 25 1968
Bureau of Vital Statistics

State of Idaho
County of Bonneville } ss.

Certificate No. 9679

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of Birth (Birth or Death)
for Unnamed Lake (female child) (Name on Original Certificate) who was born (Was Born or Died) on Nov. 12, 1912 (Date of Event)
in Idaho Falls, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts are shown by (Bible Record, Insurance Policy, Etc.) prepared on (Give Date), are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
Full Name of Child	Unnamed	Sarah Louisa Lake
Sarah Louisa Lake		

Subscribed and sworn to before me this 14th day of March, 1968.

Notary Public, residing at Maple Valley Ida
My commission expires Dec 11, 1968
(Seal)

Signed [signature] (Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

9445 - 14th Ave SW Seattle
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Wash
County of King } ss.

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 14th day of March, 1968.

Notary Public, residing at Maple Valley
My commission expires Dec 11, 1968
(Seal)

Signed Rosa L Brockelsby (Signature of Any Credible Person)

917 North 36 St
(Street Address, City, State)
Seattle Wash

FORM DH 60-155

CL 7-23-65. one copy pd. rec. #17229. 7-8-65

one copy pd. Rec # 30590 } 2-25-68

LDS Church Cert. of Birth, entered on record Feb. 9, 1913, gives name as Sarah Louisa Lake, born Nov. 12, 1912 at Idaho Falls, Idaho to Hyrum Lake and Sarah Elizabeth Phillips - viewed by VS.

SEP 10 1968

LDS Church Cert. of Sealing, November 17, 1936, gives name of Husband as Lawrence Humphreys Passey and name of Wife as Sarah Louisa Lake, previously married, Sealed for Time and all Eternity in Salt Lake LDS Temple by Joseph Christenson, an Elder - viewed by VS.

264-207-010-394

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Form V. S. No. 11-C—Rev. 1921

PLACE OF BIRTH

County of Bonneville

City of Idaho Falls

No. ..... St.

Hospital .....

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 7 File No. 9680

Primary Registration District No. 9027 Registered No. 347

FULL NAME OF CHILD Thelma Bouck

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Fem		2nd	yes	Nov 7 1912

FATHER		MOTHER	
FULL NAME	Isaac Bouck	FULL MAIDEN NAME	Jessie Timson
RESIDENCE	Idaho Falls	RESIDENCE	I. Falls Ida
COLOR	Wh	COLOR	Wh
AGE AT LAST BIRTHDAY	37 (Years)	AGE AT LAST BIRTHDAY	21 (Years)
BIRTHPLACE	N.J.	BIRTHPLACE	Colo
OCCUPATION	Machinist	OCCUPATION	Housewife

Number of child of this mother, including present birth 2

Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn) at 12 30 A M. on the date above stated.

(Signature) S. S. Fuller MD

(Physician or midwife)

Address Idaho Falls Ida

Filed Nov 2 1912

Registrar

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report

..... 19.....

Registrar

S-Y CO. 20174

K

MAY 1 1967

793-130-010-275

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH

County of Bonneville

City of Idaho Falls

No. ..... St.

Hospital .....

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 7 File No. 9681

Primary Registration District No. 2107 Registered No. 246

FULL NAME OF CHILD Howard Melvin Gill

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Male		5th	yes	Oct 30 1912

FATHER		MOTHER	
FULL NAME	Melvin F. Gill	FULL MAIDEN NAME	Jessy Speer
RESIDENCE	Idaho Falls	RESIDENCE	I. Falls Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	37	AGE AT LAST BIRTHDAY (Years)	32
BIRTHPLACE	Wis	BIRTHPLACE	S. Dak.
OCCUPATION	Machinist	OCCUPATION	Home Wife

Number of child of this mother, including present birth 5

Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn) at 9 A M. on the date above stated.

(Signature) L. S. Fuller M.D.

(Physician or midwife)

Address Idaho Falls Idaho

Filed ..... 19..

Registrar

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report

..... 19.....

Registrar

5-Y CO. 20174

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

PLACE OF BIRTH

County of

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of Idaho } ss.
County of Bonneville

Certificate No. 9681
Date Filed

The undersigned does solemnly swear that certain facts on the certificate of BIRTH (Birth or death)
for HOWARD MELVIN GILL (Name on original certificate) who was born (Was born or died) on October 30, 1912 (Date of event)
in Idaho Falls Idaho (Place of event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts as shown by (Bible record, insurance policy, etc.) prepared on (Give date), are:

FACTS TO BE CORRECTED ("Name", "birth date", "cause of death", etc.)	FROM (As on original)	TO (The correct facts)
Name	Unnamed Gill	Howard Melvin Gill

Subscribed and sworn to before me this 3rd
day of October, 19 41
Notary Public, residing at Idaho Falls
My commission expires June 6-1944
[SEAL]

Signed Jessie M. Gill
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)
804-11th St. Idaho Falls, Idaho
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of } ss.
County of

[This affidavit MUST also be executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this
day of , 19

Notary Public, residing at
My commission expires
[SEAL]

Signed
(Signature of any credible person other than the previous affiant.)

(Street Address, City, State)

Received for filing on By
(Registrar's signature)

414-107-010-846

Form V. S. No. 11-C—20m-2-15-12

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Bonneville

City of Idaho Falls

No. ..... St.

Registration District No. 7 File No. 9682

Primary Registration District No. 2027 Registered No. 241

Hospital .....

FULL NAME OF CHILD Lyman Winn Madsen

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Male		1st	yes	Oct 7 1912

FATHER		MOTHER	
FULL NAME	Lyman Madsen	FULL MAIDEN NAME	Mina Hufftaker
RESIDENCE	Shelley Ida	RESIDENCE	Shelley
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY (Years)	25	AGE AT LAST BIRTHDAY (Years)	25
BIRTHPLACE	Utah	BIRTHPLACE	Utah
OCCUPATION	Drayman	OCCUPATION	House Wife

Number of child of this mother, including present birth One

Number of children of this mother now living, including present birth One

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) on the date above stated. Oct 7 1912 at 2.0 P. M.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) L. S. Fuller MD

(Physician or midwife)

Address .....

Given names added from a supplemental report

..... 19.....

Filed Nov. 20 1912

..... Registrar

..... Registrar

8-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

JUN 2 9 1976

619-121-010-713

Form V. S. No. 11-C—20m-2-15-12

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Bonneville

City of Id. Falls

No. ..... St.

Registration District No. 7 File No. 9683

Primary Registration District No. 20-27 Registered No. 244

Hospital .....

FULL NAME OF CHILD Joseph Marr

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Male		3rd	yes	Oct 21 1912

FATHER	MOTHER
FULL NAME: Sam S Marr	FULL MAIDEN NAME: Frances Packer
RESIDENCE: Idaho Falls Ida.	RESIDENCE: Id Falls, Ida.
COLOR: W Ida.	COLOR: W
AGE AT LAST BIRTHDAY: 29 (Years)	AGE AT LAST BIRTHDAY: 24 (Years)
BIRTHPLACE: Eng.	BIRTHPLACE: Idaho
OCCUPATION: Clerk	OCCUPATION: House Wife

Number of child of this mother, including present birth: 3rd

Number of children of this mother now living, including present birth: 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) on the date above stated. Oct 21 1912 at 9 A M.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) S R Fuller MD

(Physician or midwife)

Address .....

Given names added from a supplemental report

..... 19.....

Filed ..... 19..

..... Registrar

S-Y CO. 20174

..... Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

JAN 15 1942

JUN 20 1974

795-217-010-957

Form V. S. No. 11-C—15m-6-20-11

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

PLACE OF BIRTH

County of Bonneville

City of Idaho Falls

No. —, Sixth St.

Hospital

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

Registration District No. 7 File No. 9684

Primary Registration District No. 2027 Registered No. 273

FULL NAME OF CHILD Greener

Sex of Child	Twin, Triplet, or other?	Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Female	single	5th	Yes	Nov 17, 1912

(To be answered only in event of plural births)

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	Wm Alexander Greener	Charles Otto Ingram
RESIDENCE	Idaho Falls Idaho	Idaho Falls, Idaho
COLOR	White	
AGE AT LAST BIRTHDAY (Years)	32	27
BIRTHPLACE	Kanosh Utah	Nephi, Utah
OCCUPATION	Sheepherder	Housewife

Number of child of this mother, including present birth 5

Number of children, of this mother, now living, including present birth 5

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 9 50 P M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report

....., 19.....

.....
Registrar

(Signature) G. W. Pendleton, M.D.
(Physician or Midwife)

Address Idaho Falls, Idaho

Filed Nov 19 19 12 [signature]
Registrar

S-Y CO., 16670

815-209-010-154

Amended 10-3-67

(Be sure the information is complete and accurate)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 9685
Local Reg. No. 242
Reg. Dist. No. 7

1. PLACE OF BIRTH
a. COUNTY: Bonneville
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN: Ammon, Idaho
c. FULL NAME OF (If NOT in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION:

2. USUAL RESIDENCE OF MOTHER (Where does mother live?)
a. STATE: Idaho
b. COUNTY: Bonneville
c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN: Ammon
d. STREET ADDRESS (If rural, give location):

3. CHILD'S NAME (Type or print)
a. (First): Arleen
b. (Middle):
c. (Last): Hansen

4. SEX: Female

5a. THIS BIRTH: SINGLE X TWIN ____ TRIPLET ____

5b. IF TWIN OR TRIPLET (This child born) 1st ____ 2nd ____ 3rd ____

6. DATE OF BIRTH (Month) (Day) (Year): Nov. 9, 1912

FATHER OF CHILD

7. FULL NAME
a. (First): George
b. (Middle): P.
c. (Last): Hansen

8. AGE (At time of this birth): 26 YEARS

9. BIRTHPLACE (State or foreign country) (City or Town): Utah

10. USUAL OCCUPATION: Farmer

11. KIND OF BUSINESS OR INDUSTRY:

MOTHER OF CHILD

12. FULL MAIDEN NAME
a. (First): Zenobia
b. (Middle):
c. (Last): Anderson

13. AGE (At time of this birth): 23 YEARS

14. BIRTHPLACE (State or foreign country) (City or Town): Utah

15. CHILDREN PREVIOUSLY BORN TO THIS MOTHER (Do NOT include this child)
a. How many OTHER children are now living? 0
b. How many OTHER children were born alive but are now dead? 0
c. How many children were stillborn (born dead after 20 wks. pregnancy?) 0

16. INFORMANT'S SIGNATURE OR NAME (Relationship):

I hereby certify that this child was born alive on the date stated above.

17. SIGNATURE: John O. Mellor, M.D.

18. ATTENDANT AT BIRTH: M.D. X MIDWIFE ____ OTHER (Specify) ____

19. ADDRESS: Idaho Falls, Idaho

20. DATE SIGNED:

21. DATE REC'D BY LOCAL REG.: NOV 19 1912

22. REGISTRAR'S SIGNATURE:

23. DATE ON WHICH GIVEN NAME ADDED BY ____ Registrar

Record typewriter ribbon in completing this certificate. This certificate MUST be filed with the trict where the birth occurred WITHIN 10 days after the date of birth of the child. Address VITAL STATISTICS, BOISE, IDAHO.

815 - 209
010 - 154

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

PLACE OF BIRTH

Form V. S. No. 11-C—10m-8-7-11

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

County of Bonneville

City of Ammon

No ____, ____ St.

Hospital ____

Registration District No 7 File No. 9685

Primary Registration District No. 2027 Registered No. 24

FULL NAME OF CHILD Ardene Hansen

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Female			Yes	Nov. 9, 191

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	George P. Hanson	Zenobia Anderson
RESIDENCE	Ammon Ida	Ammon, Ida
COLOR	White	White
AGE AT LAST BIRTHDAY (Years)	26	23
BIRTHPLACE	Utah	Utah
OCCUPATION	Farmer	Housewife

Number of child of this mother, including present birth 1

Number of children, of this mother, now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 9 a. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) John O. Miller md

(Physician or Midwife)

Address Idaho Falls, Ida

Given names added from a supplemental report

....., 19.....

Filed NOV 19 1912

SYMS - YORK CO., PTRS. & BDRS. 17326

Registrar

Registrar

OCT 3 1967

IDAHO DEPARTMENT OF HEALTH

BUREAU OF VITAL STATISTICS

Affidavit to Correct or Amend an Original Certificate of Birth or Death

RECEIVED
SEP 11 1967
Bureau of Vital Statistics

State of Idaho } ss.
County of Bonneville }

Certificate No. 9685

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of Birth (Birth or Death)
for Orlene Hansen (Name on Original Certificate) who was born (Was Born or Died) on Nov. 9, 1912 (Date of Event)
in Ammon, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts are shown by Blessing Certificate (Bible Record, Insurance Policy, Etc.) prepared on December 1, 1912 (Give Date), are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
Full Name of Child	Orlene Hansen	Arleen Hansen

Subscribed and sworn to before me this 8th day of September, 1967

Elizabeth E. Madson

Notary Public residing at ELIZABETH E. MADSON Notary Public Residing at Idaho Falls, Idaho

My commission expires My Commission Expires: January 15, 1969

(Seal)

Signed G. P. Hansen
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

2435 Central Ave., Idaho Falls, Idaho
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Idaho } ss.
County of Bonneville }

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 8th day of September, 1967

Louis A. Coonrod

Notary Public, residing at LOUIS A. COONROD Notary Public residing at Idaho Falls, Idaho

My commission expires My Commission Expires: May 18, 1970

(Seal)

Signed Lois E. Jaeger
(Signature of Any Credible Person)

170 W. 17th Ida. Falls Idaho
(Street Address, City, State)

FORM DH 60-155

CL 11-14-61. one copy pd. rec. #3549.

L.D.S. Church Cert. of Blessing, Dec. 1, 1912 gives full name as Arleen Hansen, daughter of G. P. Hansen and Zenobia Anderson, born Nov. 9, 1912 at Ammon, Idaho - viewed by V.S.

Child's Birth Cert. on file: (Idaho Birth) #256876 gives full maiden name of mother as Arleen Hansen - viewed by V.S.

719-102 [redacted] 28

Form V. S. No. 11-C—15m-6-20-11

PLACE OF BI[redacted]

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

County of Nez Perce

City of Melrose — Registration District No. 16 — File No. 9686

No. ____, ____ St. — Primary Registration District No. 2075 — Registered No. 241

Hospital ____

FULL NAME OF CHILD John William

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth
M		1	yes	10-2, (Month) (Day) 1917 (Year)

FATHER		MOTHER	
FULL NAME	William Henri Gomer	FULL MAIDEN NAME	Marta Buckholz
RESIDENCE	Melrose	RESIDENCE	Melrose
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY	28 (Years)	AGE AT LAST BIRTHDAY	27 (Years)
BIRTHPLACE	Kan	BIRTHPLACE	S. Dak.
OCCUPATION	Blacksmith	OCCUPATION	Housewife

Number of child of this mother, including present birth 1 — Number of children, of this mother, now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 10 a. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. M. Lyle M.D.

(Physician or Midwife)

Address Rea[illegible]

Given names added from a supplemental report

....., 19.....

.....
Registrar

Filed 12-10 1917 L. J. Perkins
Registrar

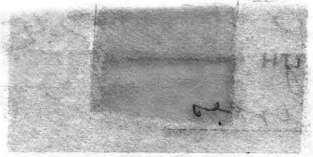
S-Y CO., 16670

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

JUL 10 1942



259-209-035-464

PLACE OF BIRTH

Form V. S. No. 11-C—15m-6-20-11

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

County of Nez Perces

City of Peck

Registration District No. 16

File No. 9687

No. ____, ____ St.

Primary Registration District No. 2075

Registered No. 242

Hospital ____

FULL NAME OF CHILD Margarette Leah Berreman

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
F		8	Y	Oct 7, 1912

FATHER		MOTHER	
FULL NAME	Geo Ola Berreman	FULL MAIDEN NAME	Kittie Douglas
RESIDENCE	Peck	RESIDENCE	Peck
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY	38 (Years)	AGE AT LAST BIRTHDAY	32 (Years)
BIRTHPLACE	Kansas	BIRTHPLACE	Iowa
OCCUPATION	Harnessmaker	OCCUPATION	Housewife

Number of child of this mother, including present birth 8

Number of children, of this mother, now living, including present birth 8

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 5:30 a. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J M Fry M.D.

Physician

(Physician or Midwife)

Peck

Address

Given names added from a supplemental report

....., 19.....

Filed 12-10 1913 L J Parkins

Registrar

S-Y CO., 16670

Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

FEB 10 1942

231 – 215 – 035 – 412

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

Form V. S. No. 11-C—10m-8-7-11

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

PLACE OF BIRTH

County of Nez Perces

City of Peck

No ....., ... St.

Hospital .....

Registration District No 14 File No. 9688

Primary Registration District No 2075 Registered No. 243

FULL NAME OF CHILD Burdella Verdie

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
F		5	Yes	10 – 15 – 191 2

FATHER		MOTHER	
FULL NAME	William Black	FULL MAIDEN NAME	Della Mason
RESIDENCE	Peck	RESIDENCE	Peck
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY (Years)	41	AGE AT LAST BIRTHDAY (Years)	26
BIRTHPLACE	Mich-	BIRTHPLACE	Kan-
OCCUPATION	Laborer	OCCUPATION	Housewife

Number of child of this mother, including present birth 5

Number of children, of this mother, now living, including present birth 5

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive at 4. a. M. on the date above stated.

(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. M. Fyler M.D.

(Physician or Midwife)

Address Peck

Given names added from a supplemental report

....., 19.....

Filed 12-10 19 12 L J Bahrs

Registrar

SYMS - YORK CO., PTRS. & BDRS. 17326

Registrar

OCT 5 1971

236 - 118-035-212

PLACE OF BIRTH

County of Nez Perce

City of Melrose

No ____, ____ St.

Hospital ____

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

Form V. S. No. 11-C—10m-8-7-11

Registration District No. 16 File No. 9689

Primary Registration District No. 2075 Registered No. 245

FULL NAME OF CHILD Loren Dean

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
M		1	Yes	10-18-191[illegible]

FATHER		MOTHER	
FULL NAME	Alonzo Isaac Scott	FULL MAIDEN NAME	Susie Ellen Baker
RESIDENCE	Melrose	RESIDENCE	Melrose
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY	25 (Years)	AGE AT LAST BIRTHDAY	20 (Years)
BIRTHPLACE	Ohio	BIRTHPLACE	Iowa
OCCUPATION	Farmer	OCCUPATION	Housework

Number of child of this mother, including present birth 1

Number of children, of this mother, now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 9:10 A. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. M. Tyle M.D.

(Physician or Midwife)

Address Peck

Given names added from a supplemental report

....., 19.....

Filed 12-16 1912 J. J. Perkins

Registrar

SYMS - YORK CO., PTRS. & BDRS. 17326

Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

666-116-035-255

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

Form V. S. No. 11-C—10m-8-7-11

PLACE OF BIRTH

County of Ney Perces

City of Rheat

No ____, ____ St.

Hospital ____

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

Registration District No 16 File No. 9[illegible]9690

Primary Registration District No. 2075 Registered No. 244

FULL NAME OF CHILD Aubrey Daw

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
M		7	Yes	10 - 16 ,1912

FATHER		MOTHER	
FULL NAME	Thomas R. Woodward	FULL MAIDEN NAME	Sabina Sentens
RESIDENCE	Peck	RESIDENCE	Peck
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY (Years)	45	AGE AT LAST BIRTHDAY (Years)	33
BIRTHPLACE	Mo	BIRTHPLACE	Mo
OCCUPATION	Well Driller	OCCUPATION	Housewife

Number of child of this mother, including present birth 7

Number of children, of this mother, now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 7 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. H. Lyle M.D.

(Physician or Midwife)

Address Peck

Filed 12-10 1912 S. J. Parkinson

Registrar

* Given names added from a supplemental report

, 19

Registrar

SYMS - YORK CO., PTRS. & BORS. 17326

JAN 20 1942

JAN 24 1942

859-231-035-299

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

Form V. S. No. 11-C—10m-8-7-11

PLACE OF BIRTH

County of Nez Perce

City of Peck

No ____, ____ St.

Hospital ____

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

Registration District No 16 File No. 9691

Primary Registration District No. 2075 Registered No. 241

FULL NAME OF CHILD Eleanor Herres

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
F		2	Yes	10-31-1912

	FATHER	MOTHER
FULL NAME	Louis Jacob Herres	FULL MAIDEN NAME Lulu May Hurley
RESIDENCE	Peck	RESIDENCE Peck
COLOR	W	COLOR W
AGE AT LAST BIRTHDAY (Years)	35	AGE AT LAST BIRTHDAY (Years) 30
BIRTHPLACE	Mich	BIRTHPLACE Kan
OCCUPATION	Druggist	OCCUPATION Housewife

Number of child of this mother, including present birth 2

Number of children, of this mother, now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 11-a M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report

....., 19.....

.....
Registrar

(Signature) J. M. Lyle M.D.
(Physician or Midwife)

Address Peck

Filed 12-10 1912 L. J. Parker
Registrar

SYMS - YORK CO., PTRS. & BDRS. 17326

AUG 1 0 1972

IDAHO DEPARTMENT OF HEALTH

BUREAU OF VITAL STATISTICS

Affidavit to Correct or Amend An Original Certificate of Birth or Death

State of ..... } ss.
County of ..... }

RECEIVED BUREAU OF VITAL STATISTICS NOV 21 11 08 AM '74

Certificate No. 9691

Date Filed .....

The undersigned does solemnly swear that certain facts on the certificate of birth (Birth or Death)
for Unnamed Herres (Female) (Name on Original Certificate) who was born (Was Born or Died) on 10-31-12 (Date of Event)
in Peck, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts are shown by ..... (Bible Record, Insurance Policy, Etc.) prepared on ..... (Give Date), are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
Child's name	Unnamed	Eleanor Kirby Herres

Subscribed and sworn to before me this ..... day of
....., 19.....

.....
Notary Public, residing at .....
My commission expires .....
(Seal)

Signed .....
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

.....
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Washington }
County of Spokane } ss.

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 31st day of October 19 74

M. Edwina Taylor

Notary Public, residing at Spokane, Washington
My commission expires January 1, 1976
(Seal)

Signed Thomas W. Kaylor
(Signature of Any Credible Person)

P.O. Box 1095 Spokane, Wa.
(Street Address, City, State)

FORM DH 60-155 CL 8/9/72

Certif. of Baptism from Cathedral of Our Lady of Lourdes, Spokane, Wash g: name as Eleanor Herres Johnson child of Louis Herres and Lulu Kirby. born Oct. 31, 1912 at Peck, Idaho. Was Baptized Dec. 4, 1959. viewe dy B V. S.

DEC 16 1974

Own child's birth certif. from Deaconess Hospital, Spokane, Wash gives child's name as Mary Catherine Johnston. born Aug. 10, 1951. father's name given as John Lawrence Johnston and the mother's name as Eleanor Kirby Herres. viewed by V. S.

319-115-035-713

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

Form V. S. No. 11-C-10m-8-7-11

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

PLACE OF BIRTH

County of Twin Falls

City of Kapowai

No. ....., ... St.

Hospital .....

Registration District No. 16

Primary Registration District No. 2117

File No. 9692

Registered No. 247

FULL NAME OF CHILD GEORGE KENNETH CARPENTER Jr

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
M		Six	Yes	Nov 15 1912

FATHER		MOTHER	
FULL NAME	Ben Carpenter	FULL MAIDEN NAME	Bertha Galbraith
RESIDENCE	Webb	RESIDENCE	Webb
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY	37 (Years)	AGE AT LAST BIRTHDAY	34 (Years)
BIRTHPLACE	Wis	BIRTHPLACE	Ore
OCCUPATION	Farmer	OCCUPATION	Home Work

Number of child of this mother, including present birth 6

Number of children, of this mother, now living, including present birth 6

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 10 A. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) John N. Calley Physician

(Physician or Midwife)

Address Kapowai Idaho

Given names added from a supplemental report

....., 19.....

Registrar

Filed Dec 1 1912 John N. Calley Registrar

12-10-1912 L. G. Perkins

SYMS - YORK CO., PTRS. & BDRS. 17328

ed States
rtment of Commerce
au of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. 9692
Local Reg. No.
Reg. Dist. No.

PLACE OF BIRTH:
a) County Nez Perce (b) City Webb Rudolfke
c) Street Address or R F D No.
d) Name of Hospital or Maternity Home:
e) Mother's stay **BEFORE** delivery:
In Hosp. or Mat. Home.....days.
In **THIS** county.....years.....months.....days.

2. **USUAL RESIDENCE of MOTHER:** (Always fill in thes
(a) State Idaho (b) County Nez Perce
(c) City
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 44 y
(f) Mother's mailing address Kahnwai
3. **RESIDENCE OF FATHER** (city, state)

FULL NAME OF CHILD George Kenneth Carpenter
5. Date of Birth (Month, day, year) Nov 15 1912
Sex. male
7. Twin or Triplet
If so—born 1st, 2nd, 3rd
8. No. months of Pregnancy
9. Legitimate? Yes

FATHER OF CHILD

FULL NAME Norman Benjamin Carpenter
Color or Race white
12. Age at time of THIS birth 38 yrs.
Birthplace Hazelwood (City or town) Wisconsin (State or foreign country)
Exact Occupation Farmer
Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Bertha Beatrice Galbrea
17. Color or Race white
18. Age at time of THIS birth 34 yea
19. Birthplace Tualatin (City or town) Oregon (State or foreign countr
20. Exact Occupation house wife
21. Industry or Business

Name prophylactic used to prevent Ophthalmia Neonatorum
Number of children of this mother: (a) At time of birth and including this child 6 (b) Born alive and now living 5
(c) Born alive and now dead 1 (d) Stillborn 0

I HEREBY CERTIFY That I attended the birth of this child, who was alive (born alive, stillborn) at 4 am M. on the d
and at the place stated above, and that personal particulars were furnished by Bertha Carpenter (first name) (last name), who
related to this child as Mother (Mother, etc.)

a) AUG 10 1942 (Date received) (b) (Registrar's signature)

25. Attendant's **OWN** signature M.D. or

SEP 4 1942

OCT 24 1974

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

848-101-035-79

PLACE OF BIRTH — STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

County of Nez Perce

City of Culdesac — Registration District No. 16 — File No. 9693 (248)

No. ____, ____ St. — Primary Registration District No. 2073 — Registered No. ~~35~~

Hospital ____

FULL NAME OF CHILD William ~~X~~ Huhn

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Male	V	11	Yes	Nov. 1, 191 2

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	Herman Huhn	Aura Parks
RESIDENCE	Culdesac	Culdesac
COLOR	White	White
AGE AT LAST BIRTHDAY (Years)	45	42
BIRTHPLACE	Germany	Kansas
OCCUPATION	Butcher	Housewife

Number of child of this mother, including present birth 11

Number of children, of this mother, now living, including present birth 11

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was ____ (Born alive ~~or stillborn~~) at 10 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. H. Ragsdale

(Physician or ~~Midwife~~)

Address Culdesac

Given names added from a supplemental report

____, 19____

____ Registrar

Filed Nov. 10, 1912 J. H. Ragsdale Registrar

12-10-1912 C. J. Perkins

S-Y CO., 16670

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

Certified Copy issued Feb. 5, 1941. E.W.

8-8-41

639-10-035-266

PLACE OF BIRTH

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

County of Nez Perce

City of near Juliaetta Registration District No. 1C File No. 9694

No. ..... St. Primary Registration District No. 2076 Registered No. 249

Hospital .....

FULL NAME OF CHILD Raymond Clare Wetmore

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Male			Yes.	Nov. 1, 1912

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	Walter O. Wetmore	Minnie B. Bowen
RESIDENCE	Juliaetta, Route 2.	near Juliaetta.
COLOR	White	White
AGE AT LAST BIRTHDAY (Years)	39	40
BIRTHPLACE	Iowa	Arkansas.
OCCUPATION	Farmer	Housewife.

Number of child of this mother, including present birth 6

Number of children, of this mother, now living, including present birth 6

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 4 15 a M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) S. A. Roe. M.D.

(Physician or Midwife)

Address .....

Given names added from a supplemental report

....., 19.....

Filed 12-10 1912 L. J. Perkins

Registrar

.....

Registrar

S-Y CO., 16670

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

APR 8 1943

962-106-035-433

PLACE OF BIRTH

STATE OF IDAHO

Form V. S. Rev. 1911 Rev. 6-20-11

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

County of Nez Perce

City of Lewiston

Registration District No. 16

File No. 9695

No 216, 6th ave

Primary Registration District No. 1009

Registered No. 260

Hospital

FULL NAME OF CHILD Howard Weaver Roberts

Sex of Child	Twin, Triplet, or other?	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Male	Single (To be answered only in event of plural births)	1	Yes	Nov. 6th, 1912

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	Chas. H. Roberts	Ida McCutcheon
RESIDENCE	Lewiston	Lewiston
COLOR	White	White
AGE AT LAST BIRTHDAY (Years)	26	25
BIRTHPLACE	Nebraska	Calif.
OCCUPATION	Grocery salesman	Housewife

Number of child of this mother, including present birth 1

Number of children, of this mother, now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 8 a.m. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) C. Sansum

Physician

(Physician or Midwife)

Address Lewiston

Given names added from a supplemental report

....., 19.....

Filed 12-10 1912 S. J. Perkins

S-Y CO., 16670

Registrar

Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

P.C. 4 24 41

APR 22 1949

[redacted] 25-364

PLACE OF [redacted]

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

County of Nezperce

City of Culdesac

Registration District No. 16 File No. 9696

No. ____, ____ St.

Primary Registration District No. 2073 Registered No. 251

Hospital ____

FULL NAME OF CHILD Johnnie Enterkine

Sex of Child	Twin, Triplet, or other?	and Number in order of birth	Legitimate?	Date of birth
Male	✓ (To be answered only in event of plural births)	2	Yes	Nov. 8, 1912 (Month) (Day) (Year)

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	Joe Enterkine	Effie Todhunter
RESIDENCE	Culdesac	Culdesac
COLOR	White	White
AGE AT LAST BIRTHDAY	32 (Years)	27 (Years)
BIRTHPLACE	Kansas	Oregon
OCCUPATION	Laborer	Housewife

Number of child of this mother, including present birth 2

Number of children of this mother, now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was ____ (Born alive ~~or stillborn~~) at 10 30 ~~A~~/P M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. H. Ragsdale

(Physician or ~~Midwife~~)

Address Culdesac Ida

Given names added from a supplemental report

____, 19____

____ Registrar

Filed Dec. 1, 1913 J. H. Ragsdale Registrar

12-10-1912 P. S. Perkins

S-Y CO., 16670

MARGIN RESERVED FOR BINDING

WRITE PLAINLY. WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

Certified Copy issued Nov. 8, 1940. L.W.

997-210-935-859

Form V. S. No. 11-C—20m-9-15-12

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Nez Perce

City of Gifford

No. ..... St.

Hospital .....

Registration District No. 16 File No. 9697

Primary Registration District No. 2074 Registered No. 252

FULL NAME OF CHILD CLARA BERTHA RIGGERS

Sex of Child	Twin, Triplet or other?	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
F	S (To be answered only in event of plural births)	and	yes	11 – 10 1912

FATHER		MOTHER	
FULL NAME	Dietrich Riggers	FULL MAIDEN NAME	Emma Hortman
RESIDENCE	Gifford	RESIDENCE	Gifford
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY (Years)	33	AGE AT LAST BIRTHDAY (Years)	25
BIRTHPLACE	Germany	BIRTHPLACE	Germany
OCCUPATION	Lumberman	OCCUPATION	housewife

Number of child of this mother, including present birth 4

Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born living (Born alive or stillborn), at 4 a M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) E. E. Watts

(Physician or midwife)

Given names added from a supplemental report

..... 19.....

..... Registrar

Address .....

Filed 11 – 10 1912 E. E. Watts Registrar

12-10-1912

S-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH

County of

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

STATE OF IDAHO

DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of Idaho }
County of Nez Perce } ss.

Certificate No. 9697

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of Birth (Birth or Death)
for Unnamed (Name on Original Certificate) who born (Was Born or Died) on November 10, 1912 (Date of Event)
in Gifford, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts are shown by Baptism Certificate (Bible Record, Insurance Policy, Etc.) prepared on February 20, 1915 (Give Date), are:

FACTS TO BE CORRECTED ("Name", "Birth Date", "Cause of Death", Etc.)	FROM (As on Original)	TO (The Correct Facts)
Name	Unnamed	Clara Bertha Riggers

Subscribed and sworn to before me this 29th
day of June, 1942.

A Bruce Hergus
Notary Public, residing at Lenore Idaho

My commission expires Nov. 18 1942
(Seal)

Signed Emma Riggers
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record, or other credible person.)

Gifford Idaho
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of }
County of } ss.

[This Affidivat **MUST** Also be Executed.
(See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this
day of , 19

Notary Public, residing at
My commission expires
(Seal)

Signed
(Signature of Any Credible Person Other Than Previous Year)

(Street Address, City, State)

JUL 3 1902

819-211-035-866

MARGIN RESERVED FOR BINDING

WRITE PLAINLY. WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

Form V. S. No. 11-C—10m-8-7-11

PLACE OF BIRTH

County of Nezperce

City of Juliaetta

No ____, ____ St.

Hospital ____

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

Registration District No 16 File No. 9698

Primary Registration District No. 2016 Registered No. 253

FULL NAME OF CHILD Vesa - Bertha - May Harms

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Female			yes	11 - 11, 1912

FATHER		MOTHER	
FULL NAME	Earnest Harms	FULL MAIDEN NAME	Saaphia Hooper
RESIDENCE	Juliaetta	RESIDENCE	Juliaetta
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	31 (Years)	AGE AT LAST BIRTHDAY	31 (Years)
BIRTHPLACE	Nebraska	BIRTHPLACE	Nebraska
OCCUPATION	Farmer	OCCUPATION	Farmers Wife

Number of child of this mother, including present birth 5

Number of children, of this mother, now living, including present birth 5

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn) at 11-40A M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) E. Vadney M.D

(Physician or Midwife)

Address Deary Idaho

Given names added from a supplemental report

....., 19.....

Filed 12-10 1912 L. J. Cochran

Registrar

SYMS - YORK CO., PTRS. & BDRS. 17326

Registrar

PLACE OF BIRTH

STATE OF IDAHO

Form V. S. No. 11-C—10m-8-11

719 - 211-035-466

PLACE OF BIRTH

Form V. S. No. 11-C—15m-6-20-11

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

County of Nez Perce

City of Lewiston

Registration District No. 14

File No. 9699

No. ____, ____ St.

Primary Registration District No. 1009

Registered No. 264

Hospital ____

FULL NAME OF CHILD Ida May Parlett

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Female	—	—	Yes	Nov. 11, 1912

FATHER		MOTHER	
FULL NAME	Edgar Alton Parlett	FULL MAIDEN NAME	Inez Bell Moore
RESIDENCE	2234 4th St Lewiston Ida	RESIDENCE	Same
COLOR	White	COLOR	White,
AGE AT LAST BIRTHDAY	26 (Years)	AGE AT LAST BIRTHDAY	20 (Years)
BIRTHPLACE	Berkley California	BIRTHPLACE	Florida Oregon
OCCUPATION	Teamster.	OCCUPATION	Housewife.

Number of child of this mother, including present birth 1

Number of children, of this mother, now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born Alive (Born alive or stillborn) at 7 30 P.M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Edgar A. White M.D. (Physician or Midwife)

Address Lewiston Ida

Given names added from a supplemental report

....., 19.....

Filed 12-10 1912 S. J. Parkins Registrar

Registrar

S-Y CO., 16670

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

SEP 8 1949

612 - 212-03-538

Form V. S. No. 11-C—20m-2-15-12

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH

County of Nez Perce

City of Lewiston

No. ..... St.

Hospital .....

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 16 File No. 9700

Primary Registration District No. 1009 Registered No. 265

FULL NAME OF CHILD Mable Lucile Fabrique

Sex of Child Female | Twin / Triplet or other? | and | Number in order of birth | Legitimate? Ye | Date of Birth Nov. 12 (Month) (Day) 1912 (Year)

(To be answered only in event of plural births)

FATHER	MOTHER
FULL NAME Dudley A. Fabrique	FULL MAIDEN NAME Ozphia Ely
RESIDENCE Lewiston	RESIDENCE Lewiston
COLOR W	COLOR W
AGE AT LAST BIRTHDAY 29 (Years)	AGE AT LAST BIRTHDAY 20 (Years)
BIRTHPLACE Oregon	BIRTHPLACE Cornland Ills
OCCUPATION Farmer	OCCUPATION Housework

Number of child of this mother, including present birth 2

Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was ..... (Born alive or ~~stillborn~~) at 3 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) L. J. Perkins

Lewiston Idaho

(Physician or midwife)

Given names added from a supplemental report

..... 19.....

..... Registrar

Address .....

Filed 12-10 19 12 L. J. Perkins Registrar

S-Y CO. 20174

SEP 16 1966

[redacted] 89-113-035-225

PLACE OF BIRTH

[redacted] Nez Perce

[redacted] of Lewiston

[redacted], [redacted] St.

Hospital

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

Form V. S. No. 11-C—15m-6-20-11

Registration District No. 16 File No. 9701

Primary Registration District No. 1009 Registered No. 956

FULL NAME OF CHILD Otto S. Weisgerber

Sex of Child	Twin, Triplet, or other?	Number in order of birth	Legitimate?	Date of birth
Male	Single (To be answered only in event of plural births)	1st	Yes	Nov 13th 1912 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Otto H Weisgerber	FULL MAIDEN NAME	Hattie A Spengler
RESIDENCE	Lewiston Idaho	RESIDENCE	Lewiston Idaho
COLOR	White	AGE AT LAST BIRTHDAY (Years)	24
COLOR	White	AGE AT LAST BIRTHDAY (Years)	23
BIRTHPLACE	Lewiston Idaho	BIRTHPLACE	Sheldon Iowa
OCCUPATION	Clerk	OCCUPATION	Housewife

Number of child of this mother, including present birth.....

Number of children, of this mother, now living, including present birth.....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was born at Lewiston Ida, at 2—a.M. on the date above stated.

(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) F P Moore M D

(Physician or Midwife)

Address Lewiston Idaho

Given names added from a supplemental report

....., 19.....

.....

Registrar

Filed 12-10 1912 L J Perkins

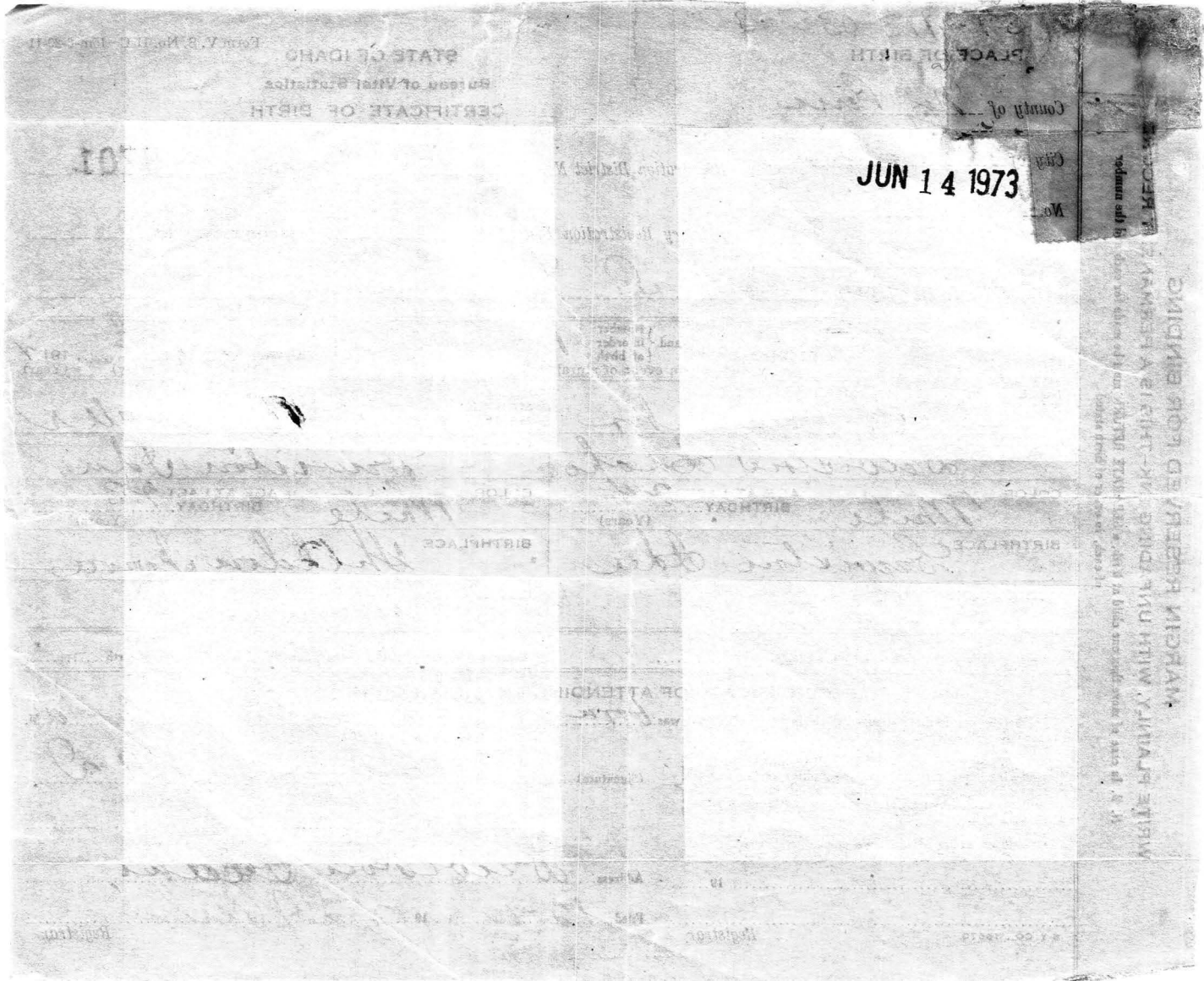
Registrar

S-Y CO., 16670

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANEN

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each of each, in order of birth stated


JUN 14 1973

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

1214-035-433

PLACE OF BIRTH

County of Nez Perce

City of Southwick

No. ..... St.

Hospital .....

Form V. S. No. 11-C—20m-2-15-12

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 2076 File No. 9702

Primary Registration District No. 16 Registered No. 254

FULL NAME OF CHILD: Ada Fay

Sex of Child	Twin Triplet or other?	and Number in order of birth	Legitimate?	Date of Birth
Female	one	2	Yes	Nov 14 1912 (Month) (Day) (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	Clarence Grant	FULL MAIDEN NAME	Elsie McCoy
RESIDENCE	Southwick,	RESIDENCE	Southwick
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	23 (Years)	AGE AT LAST BIRTHDAY	24 (Years)
BIRTHPLACE	Ohio.	BIRTHPLACE	Idaho
OCCUPATION	Mail Carrier	OCCUPATION	House wife

Number of child of this mother, including present birth .....

Number of children of this mother now living, including present birth .....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn), at 6 A.M. on the date above stated.

(Signature) J. N. Stonebumer M.D.

(Physician or midwife)

Address Leland Idaho

Filed 12-10 1912 L. J. Perkins Registrar

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report

..... 19.....

..... Registrar

S-Y CO. 20174

STATE OF IDAHO

BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

PLACE OF BIRTH

FULL NAME OF CHILD

RESIDENCE

BIRTHPLACE

666-215-035-231

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Form V. S. No. 11-C—20m-2-15-12

PLACE OF BIRTH

County of Nez Perce

City of Leland

No. ..... St.

Hospital .....

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 2076 File No. 9703

Primary Registration District No. 16 Registered No. 958

FULL NAME OF CHILD Nelle Ann Woodward

Sex of Child	Twin, Triplet or other?	Number in order of birth	Legitimate?	Date of Birth (Month)	(Day)	(Year)
Female	One	one	Yes	Nov	16	1912

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	John M. Woodward	FULL MAIDEN NAME	Grace Blaskington
RESIDENCE	Leland Idaho	RESIDENCE	Leland Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	39 (Years)	AGE AT LAST BIRTHDAY	24 (Years)
BIRTHPLACE	Canada	BIRTHPLACE	Lewiston, Idaho
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth .....

Number of children of this mother now living, including present birth .....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive at 8:15 A.M. on the date above stated.

(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. V. Stonebraker M.D.

(Physician or midwife)

Address Leland Idaho

Given names added from a supplemental report

..... 19.....

Filed 12-10 19 12

S. J. Perkins
Registrar

..... Registrar

S-Y CO. 20174

MAR 10 1942

MARGIN RESERVED FOR BINDING
WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

Form V. S. No. 11-C—10m-8-7-11

County of Nez Perce

City of Waha Ro.

at No. Lewis on Cottonwood creek

Registration District No. 15 File No. 9704

Primary Registration District No. 1009 Registered No. 259

Hospital

CERTIFICATE OF BIRTH

FULL NAME OF CHILD Mary Elizabeth

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Female			Yes	Nov 15th 1912

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	Mark Philip Harris	Katherine Christine Sunders
RESIDENCE	Waha —	Waha
COLOR	White	White
AGE AT LAST BIRTHDAY (Years)	22	18
BIRTHPLACE	Washington	South Dakota
OCCUPATION	Rancher	Housewife

Number of child of this mother, including present birth 1

Number of children, of this mother, now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive at 10:20 A.M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Jesse Laughlin
Physician
(Physician or Midwife)

Address Winchester, Ida.

Given names added from a supplemental report

....., 19.....

Filed 12-10 1917 L. J. Parker
Registrar

.....
Registrar

SYMS - YORK CO., PTRS. & BDRS. 17826

STATE OF IDAHO

APR 29 1956

753-116-035-414

PLACE OF BIRTH

Form V. S. No. 11-C—10m-8-7-11

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

County of Nezperce

City of Leland

No ____, ____ St.

Hospital ____

Registration District No 16 File No. 9705

Primary Registration District No. 2076 Registered No. 260

FULL NAME OF CHILD GORDON ORVIE Cutsforth

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth
Male			yes	Nov. 18 (Month) (Day) 1912 (Year)

FATHER		MOTHER	
FULL NAME	Amiel G. Cutsforth	FULL MAIDEN NAME	Sylvia Haugherty
RESIDENCE	Leland Idaho	RESIDENCE	Leland
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	25 (Years)	AGE AT LAST BIRTHDAY	17 (Years)
BIRTHPLACE	Nebraska	BIRTHPLACE	Texas
OCCUPATION	Farmer	OCCUPATION	House Wife

Number of child of this mother, including present birth. one

Number of children, of this mother, now living, including present birth. one

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn) at 2-40 P. M. on the date above stated.

(Signature) E. Vadney M. D.

(Physician or Midwife)

Address Leland Idaho

Filed 12-10 1912 S. J. Perkins Registrar

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report

....., 19.....

Registrar

SYMS - YORK CO., PTRS. & BDRS. 17326

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of Idaho } ss.
County of Latah }

Certificate No. 9705

Date Filed [illegible]

The undersigned does solemnly swear that certain facts on the certificate of ..... (BIRTH OR DEATH)
for ..... (NAME ON ORIGINAL CERTIFICATE) who ..... (WAS BORN OR DIED) on ..... (DATE OF EVENT)
in ..... (PLACE OF EVENT) are erroneous or were omitted; and that, to the best of his knowledge, the true facts as shown by ..... (BIBLE RECORD, INSURANCE POLICY, ETC.) prepared on ..... (GIVE DATE), are:

FACTS TO BE CORRECTED ("NAME", "BIRTH DATE", "CAUSE OF DEATH", ETC.)	FROM (AS ON ORIGINAL)	TO (THE CORRECT FACTS)
name	Ornie Peters	Gordon Orvie Peters
father's name	Amiel Peters	Amiel G. Peters
mother's name	Selvia Daugherty	Sylvia Daugherty

Subscribed and sworn to before me this 24th day of March, 19 42

[signature]
Notary Public, residing at Kendrick
My commission expires Jan. 31st, 1944
(SEAL)

Signed Amiel G. Peters
(SIGNATURE OF PARENT OR ATTENDANT IF CORRECTING A BIRTH RECORD; OF ATTENDANT, FUNERAL DIRECTOR, INFORMANT IF CORRECTING A DEATH RECORD; OR OTHER CREDIBLE PERSON.)
Leland, Idaho.
(STREET ADDRESS, CITY, STATE)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of ..... } ss.
County of ..... }

[THIS AFFIDAVIT MUST ALSO BE EXECUTED. (SEE CHAPTER 139, 1937 IDAHO SESSION LAWS.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this ..... day of ....., 19 .....

Notary Public, residing at .....
My commission expires .....
(SEAL)

Signed .....
(SIGNATURE OF ANY CREDIBLE PERSON OTHER THAN PREVIOUS AFFIANT.)

.....
(STREET ADDRESS, CITY, STATE)

Received for filing on ..... By .....
(REGISTRAR'S SIGNATURE)

418-122-035-238

Form V. S. No. 11-C—30m-2-15-12

PLACE OF BIRTH

County of Nez Perce

City of Lewiston

No. 2607-One St.

Hospital

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 16 File No. 9706

Primary Registration District No. 1009 Registered No. 261

FULL NAME OF CHILD Robert Martin Day.

Sex of Child	Twin / Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Male			yes	Nov 22 1912

FATHER

FULL NAME Walter Day.

RESIDENCE Bly Oregon

COLOR W. AGE AT LAST BIRTHDAY 36 (Years)

BIRTHPLACE ~~Oregon~~ Kan.

OCCUPATION Mail Carrier

MOTHER

FULL MAIDEN NAME Esther Bly.

RESIDENCE Bly Oregon.

COLOR W AGE AT LAST BIRTHDAY 26 (Years)

BIRTHPLACE Oregon.

OCCUPATION Housewife

Number of child of this mother, including present birth 5

Number of children of this mother now living, including present birth 5

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was (Born alive or ~~stillborn~~) at 3 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) D J Perkins

Lewiston (Physician or midwife)

Given names added from a supplemental report

..... 19.....

Address .....

Filed 12-10 19 12 D J Perkins Registrar

..... Registrar

S-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

JUN 14 1966

JUN 14 1966

132-127-035-312

Form V. S. No. 11-C—20m-2-15-12

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH

County of Nez Perce

City of Lewiston

No. 4 Steele Add. St.

Hospital

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 1C

Primary Registration District No. 1009

File No. 9707

Registered No. 262

FULL NAME OF CHILD Kenneth Celspach

Sex of Child	Twin / Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Male				Yes	Nov. 27 1912

FATHER	MOTHER
FULL NAME William Celspach	FULL MAIDEN NAME Gertrude Casey
RESIDENCE Lewiston	RESIDENCE Lewiston
COLOR W. AGE AT LAST BIRTHDAY 33 (Years)	COLOR W. AGE AT LAST BIRTHDAY 27 (Years)
BIRTHPLACE Mo.	BIRTHPLACE Mo.
OCCUPATION Liveryman	OCCUPATION Housewife

Number of child of this mother, including present birth 2

Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was (Born alive or ~~stillborn~~) at 4. A. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) L. J. Perkins

Lewiston Ida

(Physician or midwife)

Given names added from a supplemental report

.....19.....

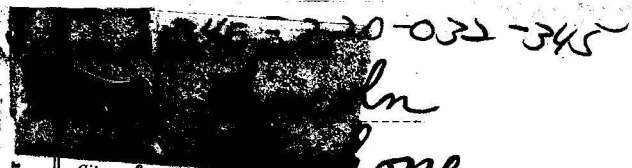
.....
Registrar

Address .....

Filed 12-10 1912 L. J. Perkins
Registrar

S-Y CO. 20174

OCT 20 1965



Form V. S. No. 11—10m-6-20-11

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

City of Shoshone Registration District No. 5 File No. 9708

No. ____, ____ St.

Primary Registration District No. 2016 Registered No. 199

Hospital At home

FULL NAME OF CHILD Ivabell Cunnington

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
F				20th Oct. 191

FATHER	MOTHER
FULL NAME Jacob Nicholas Cunnington	FULL MAIDEN NAME Agnes McGWCunningt
RESIDENCE Shoshone	RESIDENCE Shoshone
COLOR White	AGE AT LAST BIRTHDAY 47 (Years)
COLOR White	AGE AT LAST BIRTHDAY 34 (Years)
BIRTHPLACE Toronto. Canada	BIRTHPLACE Glasgow Scotland
OCCUPATION Carpenter	OCCUPATION

Number of child of this mother, including present birth 6

Number of children, of this mother, now living, including present birth 5

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn) at ____ M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Mrs anna Morrison

Mrs. anna Morrison md (Physician or Midwife)

Address Shoshone Ida

Given name added from a supplemental report

____, 19____

Filed Oct. 25 19 Chas F Zellen Registrar

S-Y CO., 16669 Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY. WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at a birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

AUG 0 1 1989

MAR 1 4 1945

698 - 204-032-717

Form V. S. No. 11-C—15m-6-20-11

PLACE OF BIRTH

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

County of Lincoln

City of Shoshone

Registration District No. 5

File No. 9709

No. ____, ____ St.

Primary Registration District No. 2016

Registered No. 195

Hospital None

FULL NAME OF CHILD Gladys Viola Fry

Sex of Child	Twin, Triplet, or other?	and Number in order of birth	Legitimate?	Date of birth
Female	X	X	yes	Sept 4, 1917 (Month) (Day) (Year)

(To be answered only in event of plural births)

FATHER	MOTHER
FULL NAME W. L. Fry	FULL MAIDEN NAME Coral Kaye
RESIDENCE Shoshone	RESIDENCE Shoshone Idaho
COLOR White	COLOR White
AGE AT LAST BIRTHDAY 34 (Years)	AGE AT LAST BIRTHDAY 24 (Years)
BIRTHPLACE Davenport Ia.	BIRTHPLACE Forkston S.D.
OCCUPATION Rancher	OCCUPATION Housewife

Number of child of this mother, including present birth 2

Number of children, of this mother, now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born Alive (Born alive or stillborn) at 7 9 M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) N. G. Baugh M.D.

(Physician or Midwife)

Address Shoshone, Idaho

Given names added from a supplemental report

....., 19.....

.....
Registrar

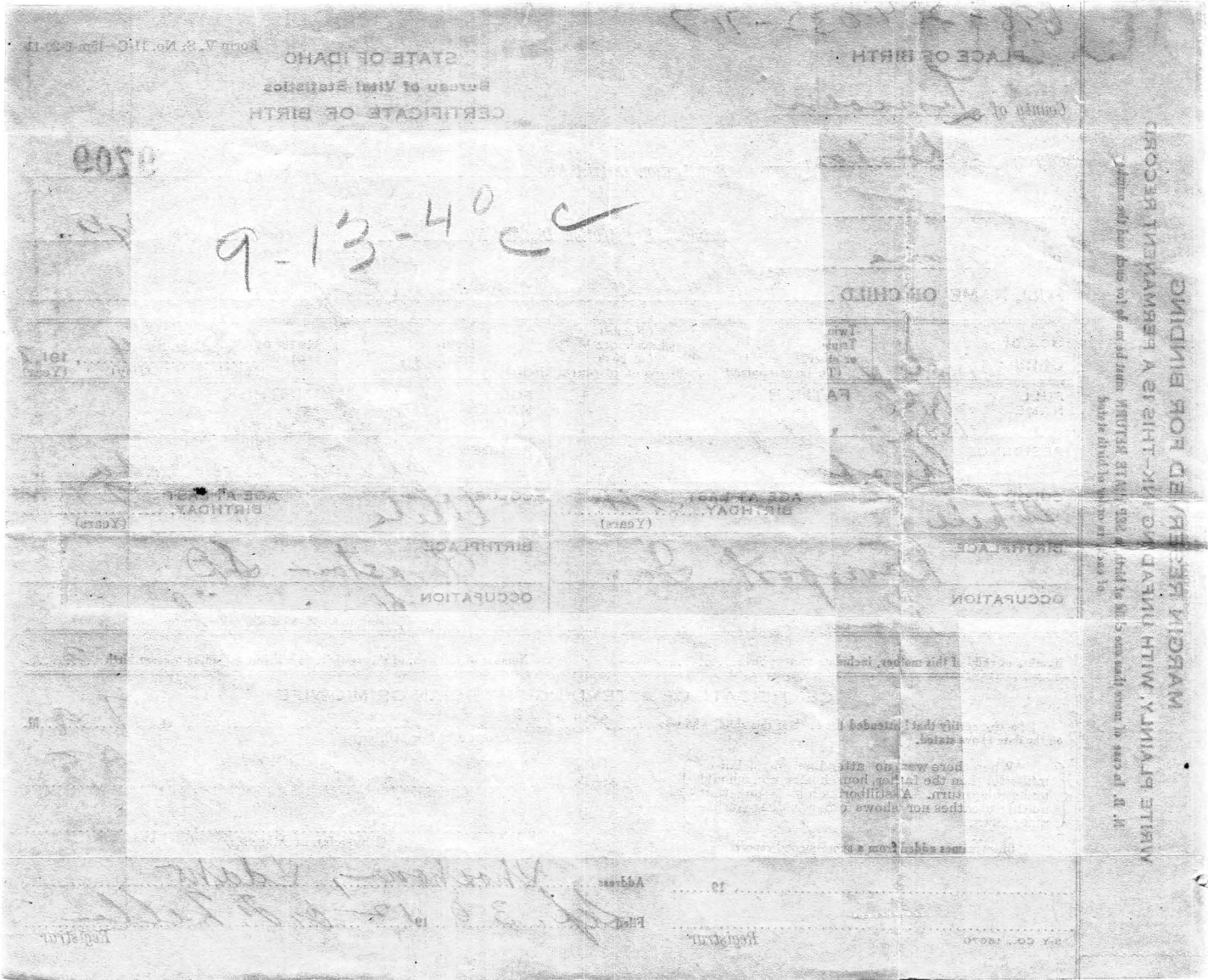
Filed Sept. 30 1917 O. F. Zeller
Registrar

S-Y CO., 16670

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated


9-13-40

253-103-032-255

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

Form V. S. No. 11-C—15m-6-20-

PLACE OF BIRTH

County of Lincoln

City of Gooding

No. ____, ____ St.

Hospital ____

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

Registration District No. 6 File No. 9710

Primary Registration District No. 7014 Registered No. 196

FULL NAME OF CHILD Edgar Kelley

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) 191 (Year)
Male	Other	7	Yes	Oct 3/12

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	William B. Kelly.	Nina Severe
RESIDENCE	Gooding	Gooding
COLOR	White	White
AGE AT LAST BIRTHDAY (Years)	47	39
BIRTHPLACE	Salt Lake City, Utah.	Salt Lake City, Utah
OCCUPATION	Hotel Keeper	House wife.

Number of child of this mother, including present birth 7

Number of children, of this mother, now living, including present birth 5

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 11.30 A.M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) [illegible] Secrest

Physician. (Physician or Midwife)

Address Gooding, Ida.

Given names added from a supplemental report

....., 19.....

.....
Registrar

Filed Oct 3— 1912 C. H. Gelles
Registrar

S-Y CO., 16670

DUP OF 12-343520 343520

KELLY

666-108-032-913

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

PLACE OF BIRTH

County of Lincoln

City of Wendell

No. —, — St.

Hospital —

STATE OF IDAHO

Bureau of Vital Statistics

Form V. S. No. 11-C—15m-6-20-11

CERTIFICATE OF BIRTH

Registration District No. 5th

File No. 9711

Primary Registration District No. 2018

Registered No. 197

FULL NAME OF CHILD Charles Ellsworth Foote

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Male		2	Yes	Aug. 8th, 1912

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	Charles Foote	Edna Rockwell
RESIDENCE	Wendell	Wendell
COLOR	White	White
AGE AT LAST BIRTHDAY (Years)	35	34
BIRTHPLACE	Nova Scotia	Mass.
OCCUPATION	Farmer	Farmer

Number of child of this mother, including present birth 2

Number of children, of this mother, now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 5:40 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Frank Barrett M.D.

Physician

(Physician or Midwife)

Address Wendell Idaho

Given names added from a supplemental report

....., 19.....

Filed Aug 11 1912 D. E. Lamb

Registrar

S-Y CO., 16670

Registrar

AUG 3 0 1973

995-112-032-8

PLACE OF BIRTH

STATE OF IDAHO

Form V. S. No. 11-C—15m-6-20-11

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

County of Lincoln

City of Dietrich

Registration District No. 5

File No. 9712

No. ____, ____ St.

Primary Registration District No. 2814

Registered No. 194

Hospital ____

FULL NAME OF CHILD Calvin Merton Ringer

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Male			yes	Nov 12, 1912

FATHER		MOTHER	
FULL NAME	James Orlin Ringer	FULL MAIDEN NAME	Alice Ellen Hansel
RESIDENCE	Dietrich Ida	RESIDENCE	Dietrich Ida.
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	29 (Years)	AGE AT LAST BIRTHDAY	28 (Years)
BIRTHPLACE	Wisconsin	BIRTHPLACE	Des Moines Iowa
OCCUPATION	Rancher	OCCUPATION	Housewife

Number of child of this mother, including present birth 4

Number of children, of this mother, now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 12 20 a. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) D S Eightsell MD

Physician

(Physician or Midwife)

Address Dietrich Idaho

Given names added from a supplemental report

....., 19.....

.....
Registrar

Filed Nov. 15 1912 A. F. Zeller
Registrar

S-Y CO., 16670

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

12/12/40 L. B.

566 042-132

[redacted] BIRTH

Form V. S. No. 1-1-20m-2-15-12

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Twin Falls

City of Twin Falls — Registration District No. 23 — File No. 9713

No. ____ St. — Primary Registration District No. 2085 — Registered No. ____

Hospital ____

FULL NAME OF CHILD ____

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
M		1	Yes	Nov 4 1912

FATHER		MOTHER	
FULL NAME	Lucian Voorheese	FULL MAIDEN NAME	Edith L Alsip
RESIDENCE	Filer R.F.D.	RESIDENCE	Filer R.F.D.
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY	24 (Years)	AGE AT LAST BIRTHDAY	21 (Years)
BIRTHPLACE	Ill	BIRTHPLACE	Ill
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 1 — Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) on the date above stated. at 9:17 P.M.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. O. Boyd M.D. (Physician or midwife)

Address Twin Falls

Given names added from a supplemental report

....., 19.....

Filed 11-15 19 12 Idaho Vital Statistics

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

FULL NAME OF CHILD

Sex of Child	Twin, Triplet or order of birth	Number in order of birth	Legal	Date of Birth (Month) (Day) 19

(To be answered only in event of plural birth)

FATHER | FULL | MOTHER

(Years)

Given names added from a supplemental report

19 Address

Filed

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

MARGIN RESERVED FOR BINDING

18-215-942-433

PLACE OF BIRTH

Form V. S. No. 11-C—20m-2-15-12

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Twin Falls

City of Twin Falls

No. ..... St.

Hospital .....

Registration District No. 23 File No. 9714

Primary Registration District No. 2085 Registered No. .....

FULL NAME OF CHILD .....

Sex of Child	Twin / Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
F		3	Yes	Nov 19 1912

FATHER		MOTHER	
FULL NAME	William S Parish	FULL MAIDEN NAME	Nora B McCartney
RESIDENCE	Twin Falls	RESIDENCE	Twin Falls
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY	42 (Years)	AGE AT LAST BIRTHDAY	35 (Years)
BIRTHPLACE	Illinois	BIRTHPLACE	Ill
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 3 Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 8:30 A.M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Jno Boyd M.D.

(Physician or midwife)

Given names added from a supplemental report

..... 19.....

Address Twin Falls

Filed 11-25 19 12 John H Ringle

Registrar

..... Registrar

8-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

763-22-042-533

Form V. S. No. 11—10m-2-15-12

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Twin Falls

City of " "

No. 407 4th Ave W. St.

Hospital

Registration District No. 23 File No. 9715

Primary Registration District No. 2085 Registered No.

FULL NAME OF CHILD MARY ELIZABETH POLLOCK

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Female			Yes	Nov. 29 1912

FATHER		MOTHER	
FULL NAME	Albert D. Pollock	FULL MAIDEN NAME	Frances June Etter
RESIDENCE	Twin Falls, Idaho	RESIDENCE	Twin Falls, Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	23 (Years)	AGE AT LAST BIRTHDAY	23 (Years)
BIRTHPLACE	Illinois	BIRTHPLACE	Illinois
OCCUPATION	Etter Coal Co	OCCUPATION	Housewife

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 2 am M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) H. W. Wilson M. D.

Physician (Physician or midwife)

Address Twin Falls, Idaho

Given names added from a supplemental report

..... 19.....

..... Registrar

Filed 12-5 1912 J. Hunt Coughlin Registrar

S-Y CO. 20175

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

STATE OF IDAHO

DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of Idaho }
County of Twin Falls } ss.

Certificate No. 9715

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of _____ (Birth or Death)

for _____ (Name on Original Certificate) who _____ (Was Born or Died) on _____ (Date of Event)

in _____ (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the true facts are shown by _____ (Bible Record, Insurance Policy, Etc.) prepared on _____ (Give Date), are:

FACTS TO BE CORRECTED ("Name", "Birth Date", "Cause of Death", Etc.)	FROM (As on Original)	TO (The Correct Facts)
Name	unnamed	Mary Elizabeth Pollock
Mary Elizabeth Pollock		
Nov 29-1912		

Subscribed and sworn to before me this 18th day of March 1942

Harry Eaton

Notary Public, residing at Twin Falls Ida

My commission expires May-10-1945

(Seal)

Signed Mary A. Etter

(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Idaho }
County of Twin Falls } ss.

[This Affidivat **MUST** Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 18th day of March 1942

Harry Eaton

Notary Public, residing at Twin Falls Idaho

My commission expires May 10th-1945

(Seal)

Signed O. M. Etter

(Signature of Any Credible Person Other Than Previous Year)

(Street Address, City, State)

MAR 24 1942
AUG 13 1942

254-22-2042-3205

Amended 11-27-56

Form V. S. No. 22-Idaho-2-15-12

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH

County of Twin Falls.

City of ——

No. ——— St.

Hospital ———

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 23 File No. 9716

Primary Registration District No. 2085 Registered No. ———

FULL NAME OF CHILD Elva Josephine Kempton

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Female			yes	Nov. 23 1912

FATHER		MOTHER	
FULL NAME	Nathan O. Kempton	FULL MAIDEN NAME	Annie Loveless
RESIDENCE	Hansen, Idaho	RESIDENCE	Hansen, Idaho.
COLOR	White	AGE AT LAST BIRTHDAY (Years)	26
BIRTHPLACE	Provo, Utah.	COLOR	White
OCCUPATION	Blacksmith	AGE AT LAST BIRTHDAY (Years)	25
		BIRTHPLACE	Spanish Fork, Utah
		OCCUPATION	Housewife

Number of child of this mother, including present birth 4 Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 12:30 am M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) H W Wilson M.D.

Physician (Physician or midwife)

Address Twin Falls, Idaho

Given names added from a supplemental report

..... 19.....

Filed 12-1 1912 Juliet Engelken

Registrar

..... Registrar

S-Y CO. 20175

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

PLACE OF BIRTH

MATTER IN PENCIL WILL NOT REPRODUCE — THIS IS A PERMANENT RECORD

IDAHO STATE BOARD OF HEALTH
DIVISION OF VITAL STATISTICS

Affidavit to Correct or Amend An Original Certificate of Birth or Death

State of .....
County of ..... } ss.

Certificate No. 9716

Date Filed .....

The undersigned does solemnly swear that certain facts on the certificate of birth (Birth or Death)
for Unnamed (Name on Original Certificate) who was born (Was Born or Died) on Nov. 23, 1912 (Date of Event)
in Twin Falls (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts are shown by Insurance Policy prepared on Jan. 15, 1937
Church Record 1928 (Bible Record, Insurance Policy, Etc.) Viewed by Vital Statistics (Date), are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
Child's Name	Unnamed	Elva Josephine Kempton

Subscribed and sworn to before me this 23 day of
November, 1956
Marguerite G Conant
Notary Public, residing at Twin Falls Idaho
My commission expires 11-1-58
(Seal)

Signed X Nathan O Kempton
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)
538 4th St. N. Twin Falls Idaho
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Idaho
County of Twin Falls } ss.

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

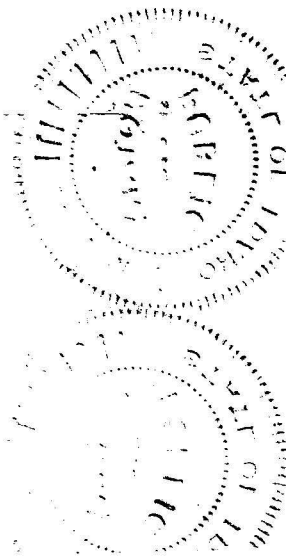
The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 23 day of
November, A. D., 1956
Marguerite G Conant
Notary Public, residing at Twin Falls Idaho
My commission expires 11-1-58
(Seal)

Signed X Jim W Litchard
(Signature of Any Credible Person)
185 Ramage Twin Falls Idaho
(Street Address, City, State)

NOV 28 56

MAR 3



133-226-042-445

PLACE OF BIRTH

Form V. S. No. 21—10m-2-15-12

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Twin Falls

City of _____ Registration District No. 23 File No. 9717

No. _____ St. Primary Registration District No. 2085 Registered No. _____

Hospital _____

FULL NAME OF CHILD Catherine Eileen Allen

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth
Female			yes	Nov. 26 (Month/Day) 1912 (Year)

FATHER		MOTHER	
FULL NAME	Granville G. Allen	FULL MAIDEN NAME	Rose Dunaway
RESIDENCE	Bingham, Utah	RESIDENCE	Bingham, Utah
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	24 (Years)	AGE AT LAST BIRTHDAY	23 (Years)
BIRTHPLACE	Ohio	BIRTHPLACE	Arkansaw.
OCCUPATION	Engineer	OCCUPATION	Housewife

Number of child of this mother, including present birth 1

Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 10 a.m. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) H. W. Wilson M.D.

(Physician or midwife)

Address Twin Falls, Idaho.

Given names added from a supplemental report

_____ 19____

_____ Registrar

Filed 12-7 19 12 John H. Coughlin Registrar

8-Y CO. 20175

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

FEB 4 1964

Amended 9-26-57

PLACE OF BIRTH

294-124-042-455

County of Twin Falls

City of Twin Falls

No. ..... St.

Hospital .....

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 23 File No. 9718

Primary Registration District No. 2085 Registered No. .....

FULL NAME OF CHILD Walter David Howard Simkins

(Certificate of no value without full name of child.)

Sex of Child	Twin / Triplet or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Male			Yes	Nov. 24, 1912

What bactericidal solution was used in eyes? .....

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

FATHER		MOTHER	
FULL NAME	Wm. D. Simkins	FULL MAIDEN NAME	Ollie May Denton
RESIDENCE	Twin Falls	RESIDENCE	Twin Falls
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	33 (Years)	AGE AT LAST BIRTHDAY	22 (Years)
BIRTHPLACE	Ky	BIRTHPLACE	Texas
OCCUPATION	Laborer	OCCUPATION	

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was ....., at 7:20 P. M. on the date above stated.
(Born alive or stillborn)

(Signature) C. D. Weaver

Physician
(Physician or midwife)

Address Twin Falls

Filed 12-7-12 John F. Caughlin
Registrar.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Give names added from a supplemental report.

....., 192.....

.....
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

Form V. S. No. 11-C—15m-6-20-11

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

City of ..... Registration District No. 23 File No. 9718

No. ....., ... St. Primary Registration District No. 2085 Registered No. .....

Hospital .....

FULL NAME OF CHILD Walter David Howard Dunphin

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Male			Yes	11 25 1912

FATHER		MOTHER	
FULL NAME	Wm. D. Dunphin	FULL MAIDEN NAME	Ollie May Denton
RESIDENCE	Twin Falls	RESIDENCE	T F
COLOR	White	COLOR	W
AGE AT LAST BIRTHDAY (Years)	33	AGE AT LAST BIRTHDAY (Years)	22
BIRTHPLACE	Ky	BIRTHPLACE	Texas
OCCUPATION	Laborer	OCCUPATION	

Number of child of this mother, including present birth 1st

Number of children, of this mother, now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was 7:20 P.M. (Born alive or stillborn) at ..... M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) C. D. Weaver

Physician

(Physician or Midwife)

Address Twin Falls

Given names added from a supplemental report

....., 19.....

..... Registrar

Filed 12-7 1912 J. Hurt Bugbee Registrar

S-Y CO., 16670

SEP 30 1957

IDAHO STATE BOARD OF HEALTH
DIVISION OF VITAL STATISTICS

Affidavit to Correct or Amend An Original Certificate of Birth or Death

State of ..... } ss.
County of ..... }

Certificate No. 9718

Date Filed .....

The undersigned does solemnly swear that certain facts on the certificate of birth (Birth or Death) for Walter David Howard Simpkins (Name on Original Certificate) who born (Was Born or Died) on 11-25-12 (Date of Event) in Twin Falls (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the true facts are shown by ~~Bible Record~~ Military Record (Bible Record, Insurance Policy, Etc.) prepared on 10-5-45 (Give Date) Immunization Register 9-2-43 are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
Father's Last Name	Simpkins viewed by v.s.	Simkins
Child's Name	Walter David Howard Simpkins	Walter Howard David Simkins
Birthdate	November 25, 1912	November 24, 1912

Subscribed and sworn to before me this 27 day of August, 1957

Kenneth M. Dawson

Notary Public, residing at 260 W. Washington, Boise

My commission expires 6-23-60

(Seal)

Signed Ollie May Simkins
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

1742 W Miami Ln Apt 6 Ada
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Idaho } ss.
County of Ada }

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 31 day of August, 1957

Augustus B. Hunter

Notary Public, residing at Boise

My commission expires Apr 25 1962

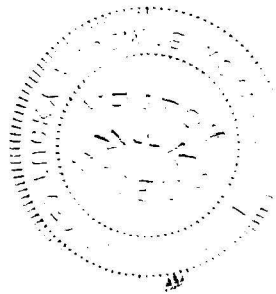
(Seal)

Signed Joe Bench
(Signature of Any Credible Person)

Saul Ky
(Street Address, City, State)

FORM DPH 55. 155

L 8-23-57 1 copy paid



432-203
042-295

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

Form V. S. No. 11-C—10m-8-7-11

PLACE OF BIRTH

County of Twin Falls

City of Twin Falls

* No ____, ____ St.

Hospital ____

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

Registration District No 23 File No. 9719

Primary Registration District No. 285 Registered No. ____

FULL NAME OF CHILD MARCIA MAXINE Mc Kinney

Sex of Child: Female	Twin, Triplet or other? (To be answered only in event of plural births) and Number in order of birth	Legitimate? Yes	Date of birth: 11 (Month) 3 (Day) 1912 (Year)

FATHER	MOTHER
FULL NAME: L. L. M. S. Kinney	FULL MAIDEN NAME: Stella Binkerd
RESIDENCE: Twin Falls Ida	RESIDENCE: Twin Falls, Ida.
COLOR: White	COLOR: White
AGE AT LAST BIRTHDAY: 33 (Years)	AGE AT LAST BIRTHDAY: 30 (Years)
BIRTHPLACE: Iowa	BIRTHPLACE: Iowa
OCCUPATION: Carpenter	OCCUPATION: Housewife

Number of child of this mother, including present birth: 6

Number of children, of this mother, now living, including present birth: 5

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 12 M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) W. G. Pike

Physician (Physician or Midwife)

Address Twin Falls, Ida.

Given names added from a supplemental report

____, 19____

____ Registrar

Filed 11-10 1912 John P. Coughlan Registrar

SYMS - YORK CO., PTRS. & SDRS. 17326

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

File No. 6713

Registered No. 5

PLACE OF BIRTH

FULL NAME OF CHILD

Twin, Triplet or other?

Date of birth

(Year)

MOTHER

FATHER

AGE AT LAST BIRTHDAY

(Years)

Residence

Color

Occupation

Birthplace

Nativity

Number of this mother, now living, including present birth

Number of children of this mother born alive, including present birth

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was born alive at

M.

(Hour)

attending physician, midwife, consultant, coroner, etc., at above

A birth of this child is one that

other evidence of the

Given names added from a supplemental report

(Physician or Midwife)

Address

Filed

Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY. WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth, stated

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of Idaho
County of Twin Falls } ss.

Certificate No. 9719

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of Birth (Birth or Death)
for Marcia Maxine McKinney (Name on Original Certificate) who Born (Was Born or Died) on November 2, 1912 (Date of Event)
in Twin Falls, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts are shown by Personal Knowledge (Bible Record, Insurance Policy, Etc.) prepared on (Give Date), are:

FACTS TO BE CORRECTED ("Name", "Birth Date", "Cause of Death", Etc.)	FROM (As on Original)	TO (The Correct Facts)
Name	Unnamed	Marcia Maxine McKinney

Subscribed and sworn to before me this 28th day of October, 1942.

P. W. Black
Notary Public, residing at Twin Falls, Ida.
My commission expires Jan. 16-1944
(Seal)

Signed Mrs. Howard W. Miller (sister)
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)
Twin Falls, Idaho
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Idaho
County of Twin Falls } ss.

[This Affidivat **MUST** Also be Executed.
(See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 28th day of October, 1942.

R. B. Sweet
Notary Public, residing at Twin Falls Idaho
My commission expires July 8-1946
(Seal)

Signed Estella Witt
(Signature of Any Credible Person Other Than Previous Year)
Twin Falls Idaho.
(Street Address, City, State)

OCT 30 1942

381-222-042-691

MARGIN RESERVED FOR BINDING

WRITE PLAINLY. WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Form V. S. No. 11-C—Rev. 2-15-12

PLACE OF BIRTH

County of Twin Falls

City of Twin Falls

No. 6 Ave N.

Hospital

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 23 File No. 9720

Primary Registration District No. 2085 Registered No.

FULL NAME OF CHILD Emily Chapin

Sex of Child	Twin, Triplet or other?	Number in order of birth	Legitimate?	Date of Birth
F	other	1	Yes	Nov 22 (Month) (Day) 1912 (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	Charles H. Chapin	FULL MAIDEN NAME	Dorothy Fraill
RESIDENCE	Twin Falls Ida	RESIDENCE	Twin Falls Ida
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY	27 (Years)	AGE AT LAST BIRTHDAY	18 (Years)
BIRTHPLACE	Rochester N.Y.	BIRTHPLACE	Chicago Ill.
OCCUPATION	Banker	OCCUPATION	Hswf.

Number of child of this mother, including present birth

Number of children of this mother now living, including present birth

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born Alive (Born alive or stillborn), at 8:50a M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Duncan L. Alexander

Physician (Physician or midwife)

Address Twin Falls

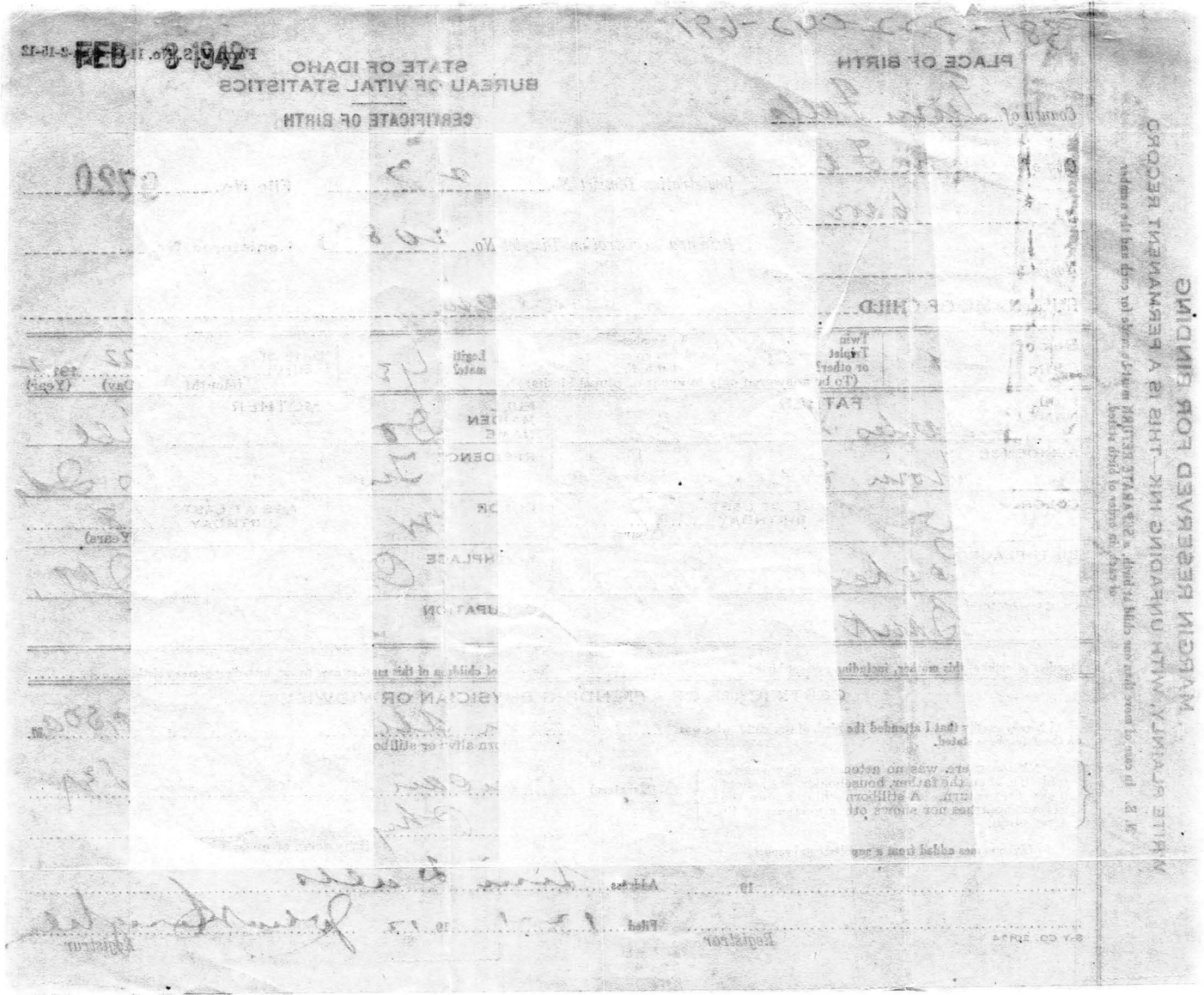
Given names added from a supplemental report

.....19.....

Filed 12-1 19 12 John W. Coughlan Registrar

.....Registrar

S-Y CO. 20174



238-223-042-453

PLACE OF BIRTH

Twin Falls

Twin Falls

349 2nd Ave West

Hospital

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

Form V. S. No. 11-C—20m-2-15-12

CERTIFICATE OF BIRTH

Registration District No. 23 File No. 9721

Primary Registration District No. 205 Registered No.

FULL NAME OF CHILD Doris Caroline Schlichting

Sex of Child	Twin, Triplet or other?	Number in order of birth	Legitimate?	Date of Birth
F			Yes	Nov 23 1912 (Month) (Day) (Year)

(To be answered only in event of plural births)

FATHER	MOTHER
John A. Schlichting	FULL MAIDEN NAME: Emma E. Melcher
RESIDENCE: Twin Falls Ida	RESIDENCE: Twin Falls Ida
COLOR: W	COLOR: W
AGE AT LAST BIRTHDAY: 27 (Years)	AGE AT LAST BIRTHDAY: 26 (Years)
BIRTHPLACE: Minnesota Lake City	BIRTHPLACE: Random Lake Wis
OCCUPATION: Minister	OCCUPATION: At Hm

Number of child of this mother, including present birth: 2

Number of children of this mother now living, including present birth: 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born Alive (Born alive or stillborn), at 7.30a M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Duncan L Alexander

Physician (Physician or midwife)

Address Twin Falls

Given names added from a supplemental report

.....19.....

.....
Registrar

Filed 12-1 1912

Johnnie Engleman
Registrar

R-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN of each, in order of birth must be made.

APR 1 1949

AUG 2 2 1975

245 - 214-042-813

PLACE OF BIRTH

Form V. S. No. 11-C—15m-6-20-11

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

County of Twin Falls

City of ____

Registration District No. 23 File No. 9722

No. ____, ____ St.

Primary Registration District No. 2065 Registered No. ____

Hospital ____

FULL NAME OF CHILD Josephine Brellis

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Girl		2	yes	Nov. 14, 191[illegible]

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	Chas. Brellis	Florence Hatch
RESIDENCE	T. Falls	T. Falls
COLOR	White	White
AGE AT LAST BIRTHDAY (Years)	30	24
BIRTHPLACE	Iowa	Colorado
OCCUPATION	Dry Goods Business	Housewife

Number of child of this mother, including present birth 2

Number of children, of this mother, now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Children (Born alive or stillborn) on the date above stated. at 1:30 A. M.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. R. Morgan

(Physician or ~~Midwife~~)

Address Twin Falls

Given names added from a supplemental report

....., 19.....

Filed 12-1 19 12 John A. Bingham

Registrar

S-Y CO., 16670

Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

Dup. of 1912-2784168

AMENDED JULY 2, 1951

PLACE OF BIRTH

265-212-042-655

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Twin Falls

City of Twin Falls

No. ..... St.

Hospital .....

Registration District No. 23 File No. 9723

Primary Registration District No. 2085 Registered No. .....

FULL NAME OF CHILD EDITH LUCILLE BOEHM
(Certificate of no value without full name of child.)

Sex of Child	Twin / Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Female			Yes	Nov. 12 1912

What bacterioidal solution was used in eyes? .....

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

FATHER	MOTHER
FULL NAME: Charles Boehm	FULL MAIDEN NAME: Katherine I. Wenn
RESIDENCE: Twin Falls, Idaho	RESIDENCE: Twin Falls, Idaho
COLOR: White	COLOR: White
AGE AT LAST BIRTHDAY: 24 (Years)	AGE AT LAST BIRTHDAY: 23 (Years)
BIRTHPLACE: Missouri	BIRTHPLACE: Nebraska
OCCUPATION: Farmer	OCCUPATION: Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 1:30 A. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Give names added from a supplemental report.

..... , 192.....

..... Registrar.

(Signature) J. R. Morgan

..... (Physician or ~~Midwife~~)

Address Twin Falls, Idaho

Filed 12-1 1912 John H. Coughlin Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

K

MOTHER'S NAME CHANGED: INFORMATION TAKEN FROM MARRIAGE CERTIFICATE.

DECEASED

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

Form V. S. No. 11-C—15m-6-20-11

PLACE OF BIRTH

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

County of Twin Falls

City of ____

No. ____, ____ St.

Hospital ____

Registration District No. 23 File No. 9723

Primary Registration District No. 2085 Registered No. ____

FULL NAME OF CHILD Edith Lucille Bachm

Sex of Child	Twin, Triplet, or other?	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
girl		2	yes	Nov 12, 191 2

(To be answered only in event of plural births)

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	Chas. Bachm	Minnie Stevens
RESIDENCE	T. Falls	T. Falls
COLOR	white	white
AGE AT LAST BIRTHDAY (Years)	24	21
BIRTHPLACE	Missouri	Oklahoma.
OCCUPATION	Farmer	Housewife

Number of child of this mother, including present birth 2

Number of children, of this mother, now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Stillborn (Born alive or stillborn), at 1:30 A. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. R. Morgan

(Physician or ~~Midwife~~)

Address Twin Falls

Given names added from a supplemental report

....., 19.....

.....
Registrar

Filed 12-1 19 12 John H. Gaglin
Registrar

S-Y CO., 16670

DECEASED

458-204-042-419

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

Form V. S. No. 11-C—15m-6-20-11

PLACE OF BIRTH

County of Twin Falls

City of 2

No. ____, ____ St.

Hospital ____

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

Registration District No. 2 ★

Primary Registration District No. 2 & 5

File No. 9724

Registered No. ____

FULL NAME OF CHILD Clara Marie Dehn

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
girl		7	Yes	Nov. 4, 191[illegible]

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	Louis Dehn	Susan Marks
RESIDENCE	T. Falls	T. Falls
COLOR	white	white
AGE AT LAST BIRTHDAY (Years)	47	42
BIRTHPLACE	Minn.	Minn.
OCCUPATION	Farmer	Housewife

Number of child of this mother, including present birth 7

Number of children, of this mother, now living, including present birth 5

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Stillborn (Born alive or stillborn), at 1.30 A. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. R. Morgan

(Physician or Midwife)

Address Twin Falls

Given names added from a supplemental report

....., 19.....

Filed 11/28 19 12 Robert Bugbee

Registrar

S-Y CO., 16670

Registrar

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

PLACE OF BIRTH

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

RESIDENCE

COLOR

ADE AT LAST BIRTHDAY

COLOR

OCCUPATION

IDAHO DEPARTMENT OF HEALTH

BUREAU OF VITAL STATISTICS

Affidavit to Correct or Amend An Original Certificate of Birth or Death

State of Minnesota } ss.
County of Anoka }

RECEIVED JAN 10 1972 Bureau of Vital Statistics

Certificate No. 9724

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of birth (Birth or Death)
for Unnamed Dehn (Female) (Name on Original Certificate) who was born (Was Born or Died) on Nov 4, 1912 (Date of Event)
in Twin Falls, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts are shown by (Bible Record, Insurance Policy, Etc.) prepared on (Give Date), are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
Child's name	Unnamed	Clara Marie Dehn

Subscribed and sworn to before me this 13th day of December, 19 71

Mildred H. Vick

Notary Public, residing at Anoka, Minn.

My commission expires Notary Public, Anoka County, Minn. My Commission Expires Nov. 1, 1974

(Seal)

Signed Alex Dehn

(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

Alex Dehn, Brother

1702 Second AVenue South, Anoka, Minn.

(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Minnesota } ss.
County of Anoka }

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 13th day of December, 19 71

Mildred H. Vick

Notary Public, residing at Anoka, Minn.

My commission expires Notary Public, Anoka County, Minn. My Commission Expires Nov. 1, 1974

(Seal)

Signed Theodore Dehn

(Signature of Any Credible Person)

Theodore Dehn, Brother

Route #6, Anoka, Minnesota 55303

(Street Address, City, State)

FORM DH 60-155

CL 12/8/71nm

The Holy Secrament of Baptism from The Roman Catholic Church gives name as Clara Marie Dehn daughter of Lewis Dehn and Susanna Marks. Born Nov. 4, 1912. Baptized Nov. 8, 1912. Viewed by V. S. .

FEB 4 1972

Social Security card (XXX 471-32-4496) gives nameas Clara Marie O'Donnell. Route @2 Anoka, Minnesota. Appears to be quite old. Viewed by V . S.

253-209-042-168

Form V. S. No. 11-C—20m-2-15-12

PLACE OF BIRTH

County of Twin Falls

City of Kimberly

No. ____ St.

Hospital ____

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 23 File No. 9726

Primary Registration District No. 2084 Registered No. ____

FULL NAME OF CHILD Peterson

Sex of Child	Twin Triplet or other?	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
F	✓	7	Yes	Nov. 9 1912

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	William Peterson	FULL MAIDEN NAME	Alma Johnson
RESIDENCE	Kimberly	RESIDENCE	Kimberly
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY	37 (Years)	AGE AT LAST BIRTHDAY	38 (Years)
BIRTHPLACE	Massachusetts	BIRTHPLACE	Massachusetts
OCCUPATION	Farmer	OCCUPATION	1st Wife

Number of child of this mother, including present birth 7 Number of children of this mother now living, including present birth 7

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was ~~10:30~~ born alive (Born alive or stillborn), at 10 30 P. M. on the date above stated.

(Signature) John J. White

(Physician or ~~midwife~~)

Address Kimberly, Idaho

Filed 11-15 19 12 Johnnie Engle Registrar

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report

....., 19.....

..... Registrar

S-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Form V. S. No. 11-C—20m-2-15-12

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

PLACE OF BIRTH

Certificate of

MARGIN RESERVED FOR BINDING

WRITE PLAINLY. WITH UNFADING INK—THIS IS A PERMANENT RECORD

RESIDENCE

COLOR

AGE AT LAST BIRTHDAY (Years)

BIRTHPLACE

RESIDENCE

AGE AT LAST BIRTHDAY (Years)

BIRTHPLACE

Address

Filed

Registrar

Deputy

BIV CO. 20174

796 - 218-042-693

(Be sure the information is complete and accurate)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 9727
Local Reg. No.
Reg. Dist. No. 23

Amended 1/24/75

1. PLACE OF BIRTH
a. COUNTY: Twin Falls
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN: Kimberly
c. FULL NAME OF (If NOT in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION:

2. USUAL RESIDENCE OF MOTHER (Where does mother live?)
a. STATE: Idaho
b. COUNTY: Twin Falls
c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN: Kimberly
d. STREET ADDRESS (If rural, give location):

3. CHILD'S NAME (Type or print)
a. (First): Marion
b. (Middle):
c. (Last): Prothero

4. SEX	5a. THIS BIRTH	5b. IF TWIN OR TRIPLET (This child born)	6. DATE OF BIRTH (Month) (Day) (Year)
F	SINGLE ____ TWIN ____ TRIPLET ____	1st ____ 2nd ____ 3rd ____	Nov. 18, 1912

FATHER OF CHILD

7. FULL NAME
a. (First): Herbert
b. (Middle): E.
c. (Last): Prothero

8. AGE (At time of this birth)	9. BIRTHPLACE (State or foreign country) (City or Town)	10. USUAL OCCUPATION	11. KIND OF BUSINESS OR INDUSTRY
29 YEARS	Michigan	Farmer	

MOTHER OF CHILD

12. FULL MAIDEN NAME
a. (First): Minerva
b. (Middle):
c. (Last): Willis

13. AGE (At time of this birth)	14. BIRTHPLACE (State or foreign country) (City or Town)	15. CHILDREN PREVIOUSLY BORN TO THIS MOTHER (Do NOT include this child)		
		a. How many OTHER children are now living?	b. How many OTHER children were born alive but are now dead?	c. How many children were stillborn (born dead after 20 wks. pregnancy?)
26 YEARS	Utah	1		

16. INFORMANT'S SIGNATURE OR NAME (Relationship):

I hereby certify that this child was born alive on the date stated above.

17. SIGNATURE: John J. Whyte

18. ATTENDANT AT BIRTH: M.D. X MIDWIFE ____ OTHER (Specify) ____

19. ADDRESS: Kimberly, Idaho

20. DATE SIGNED:

21. DATE REC'D BY LOCAL REG.: 11-20-12

22. REGISTRAR'S SIGNATURE: John H. Coughlin

23. DATE ON WHICH GIVEN NAME ADDED BY ____ Registrar

FOR MEDICAL AND HEALTH USE ONLY

Was a test for phenylketonuria performed? YES ____ NO ____ DATE ____

Was a standard serological test for syphilis performed? YES ____ NO ____ APPROXIMATE DATE ____

TIME 2:30 AM

R in the district where the birth occurred WITHIN 10 days after the date of birth of the child. Address
IVISION OF VITAL STATISTICS, BOISE, IDAHO.

Form V. S. No. 11-C—20m-2-15-12

PLACE OF BIRTH

County of Twin Falls

City of Kimberly

No. ..... St.

Hospital

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

Registration District No. 23 File No. 9727

Primary Registration District No. 2084 Registered No. .....

FULL NAME OF CHILD Minerva Brotherso

Sex of Child	Twin Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
F	✓	2	Yes	Nov. 18 1912

FATHER		MOTHER	
FULL NAME	Herbert E. Brotherso	FULL MAIDEN NAME	Minerva Willis
RESIDENCE	Kimberly	RESIDENCE	Kimberly
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY (Years)	29	AGE AT LAST BIRTHDAY (Years)	26
BIRTHPLACE	Michigan	BIRTHPLACE	Utah
OCCUPATION	Farmer	OCCUPATION	At Wife

Number of child of this mother, including present birth ✓ Number of children of this mother now living, including present birth ✓

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 2:30 a M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) John J. Whyte

(Physician or ~~midwife~~)

Address Kimberly, Idaho

Given names added from a supplemental report

....., 19.....

Filed 11-20 1912 John W. Coughlen Registrar

..... Registrar

S-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

JAN 24 1975

2

IDAHO DEPARTMENT OF HEALTH

BUREAU OF VITAL STATISTICS

RECEIVED
BUREAU OF
VITAL STATISTICS

Affidavit to Correct or Amend An Original Certificate of Birth or Death

State of California
County of Los Angeles } ss. JAN 14 9 02 AM '75

Certificate No. 9727

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of birth (Birth or Death)
for Minena Prothero (Name on Original Certificate) who was born (Was Born or Died) on Nov. 18, 1912 (Date of Event)
in Kimberly, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts are shown by (Bible Record, Insurance Policy, Etc.) prepared on (Give Date), are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
child's name	Minena Prothero	Marion Elizabeth Prothero

Subscribed and sworn to before me this 23rd day of March, 1974

Notary Public, residing at 5441 Orange Ave.
My commission expires May 17 - 1976
(Seal)

Signed Edith D. Carter
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

454 Cedar St., Long Beach Calif.
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of
County of } ss.

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this day of , 19

Notary Public, residing at
My commission expires
(Seal)

Signed
(Signature of Any Credible Person)

(Street Address, City, State)

FORM DH 60-155 CL 2/25/74 ret'd $1

Family record of Aunt gives name as Marion Prothero born in 1912. appears to be old. viewed by V. S.

Letter from St. Alphonsus Hosp, Boise, Idaho gives name as Mrs. Marion Summers was a Patien in March 1955 and july of 1955. she was 42 years old. viewed by V. S.

693-212-048-793

Form V. S. No. 11-C—20m-3-15-12

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Twin Falls

City of Filer

Registration District No. 73

File No. 9728

No. ..... St.

Primary Registration District No. 7086

Registered No. .....

Hospital .....

FULL NAME OF CHILD Esther Anna Williams

Sex of Child	Twin / Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
F.			Yes	Nov. 12 1912

FATHER		MOTHER	
FULL NAME	Byron Williams	FULL MAIDEN NAME	Mary Elizabeth Puckett
RESIDENCE	Filer Ida	RESIDENCE	Filer Ida
COLOR	W.	COLOR	W.
AGE AT LAST BIRTHDAY (Years)	36	AGE AT LAST BIRTHDAY (Years)	23
BIRTHPLACE	Minnesota	BIRTHPLACE	Ohio
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 2

Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was ..... (Born alive or stillborn) at 5:40 A. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Dr. A. A. Newberry

(Physician or midwife)

Address Filer

Given names added from a supplemental report

..... 19.....

Filed Nov 20 1912 A. A. Newberry

..... Registrar

Registrar

S-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

OCT 2 4 1969

DECEASED

213-121-045-8

[redacted]

Form V. S. No. 11-C—20m-3-15-12

PLACE OF BIRTH

ATE OF IDAHO
OF VITAL STATISTICS

County of Twin Fall

TIFICATE OF BIRTH

City of Filer

Registration District No. 23

File No. 9729

No. ..... St.

Primary Registration District No. 2086

Registered No. .....

Hospital .....

FULL NAME OF CHILD. Melvin Rayford Bare

Sex of Child	Twin Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
M.		1st	yes	Nov 1 1912

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	Oscar Bare	Myrtle Haddix
RESIDENCE	Filer Ida.	Filer Ida
COLOR	W.	W.
AGE AT LAST BIRTHDAY (Years)	31	21
BIRTHPLACE	Chase Co Kas.	Boonville Mo ~~Post Va~~ Kansas
OCCUPATION	Labr.	Housewife

Number of child of this mother, including present birth 2. Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was ..... at 5 P M. on the date above stated.

(Born alive or ~~stillborn~~)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Dr. A. A. Newberry

(Physician or ~~mid-wife~~)

Given names added from a supplemental report

..... 19.....

Address Twin Falls

Filed 11-1 19 12 A. A. Newberry

..... Registrar

S-Y CO. 20174

Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

PLACE OF BIRTH

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK. THIS IS A PERMANENT RECORD

238.203-042-238

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

PLACE OF BIRTH

Form V. S. No. 11-C—10m-8-7-11

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

County of ~~Twin Falls~~ Castleford

City of

No ....., ... St.

Registration District No 2087 File No. 9731

Primary Registration District No 23 Registered No.

Hospital

FULL NAME OF CHILD Dorothy A. Schwarz

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
F			yes	Nov. 3 2 ..., 191...

FATHER	MOTHER
FULL NAME: Dr. T. E. Schwarz	FULL MAIDEN NAME: Fredrika Schmitz
RESIDENCE: 2s. 1w. Castleford	RESIDENCE: same
COLOR: white AGE AT LAST BIRTHDAY: 34 (Years)	COLOR: white AGE AT LAST BIRTHDAY: 33 (Years)
BIRTHPLACE: Cincinnatti O.	BIRTHPLACE: Cincinnatti O.
OCCUPATION: farmer	OCCUPATION: housewife

Number of child of this mother, including present birth: 4

Number of children, of this mother, now living, including present birth: 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive at 5.15 p.m. M. on the date above stated.

(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. T. Murphy M.D.

(Physician or Midwife)

Given names added from a supplemental report

Buhl Ida.

Address

....., 19.....

Filed 11-4 1912 J. T. Murphy

SYMS - YORK CO., PTRS. & BDRS. 17326 Registrar

Registrar

JAN 9 1973

962-105-042-693

Form V. S. No. 11-C—1 1-8-11

PLACE OF BIRTH

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

County of Twin Falls

City of 6m.S. Buhl

No ....., ... St.

Hospital .....

Registration District No 2087 File No. 9732

Primary Registration District No. 23 Registered No. .....

FULL NAME OF CHILD Walter Woodrow Robertson

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births) and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
male		yes	Nov. 5 2

FATHER	MOTHER
FULL NAME: Walter Robertson	FULL MAIDEN NAME: Dora Williams
RESIDENCE: 6m.S.Buhl	RESIDENCE: same
COLOR: white	AGE AT LAST BIRTHDAY (Years): 31
COLOR: white	AGE AT LAST BIRTHDAY (Years): 21
BIRTHPLACE: Ind.	BIRTHPLACE: Mo.
OCCUPATION: Farmer	OCCUPATION: Housewife

Number of child of this mother, including present birth 2

Number of children, of this mother, now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 11.45 pm M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. W. Murphy M.D.

(Physician or Midwife)

Buhl Ida.

Address .....

Given names added from a supplemental report

....., 19.....

Filed 11-7 1911 J. W. Murphy Registrar

.....

Registrar

SYMS - YORK CO., PTRS. & BDRS. 17826

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

If a case of more than one child, RETURN must be made for each and the number of each is to be stated

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

Certificate No. 24607

State of Idaho } ss.
County of Twin Falls }

FEB 13 1942 Date Filed

The undersigned does solemnly swear that certain facts on the certificate of Birth (Birth or death)
for Walter Woodrow Robertson (Name on original certificate) who was born (Was born or died) on Nov 5 1912 (Date of event)
in Buhl Idaho (Place of event) are erroneous or were omitted; and that, to the best of his knowledge, the true facts as shown by (Bible record, insurance policy, etc.) prepared on (Give date), are:

FACTS TO BE CORRECTED ("Name", "birth date", "cause of death", etc.)	FROM (As on original)	TO (The correct facts)
Name	Unnamed Robertson	Walter Woodrow Robertson

Subscribed and sworn to before me this
day of , 19

Notary Public, residing at
My commission expires
[SEAL]

Signed
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Idaho } ss.
County of Twin Falls }

[This affidavit MUST also be executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 12th
day of February, 1942

H. C. Green

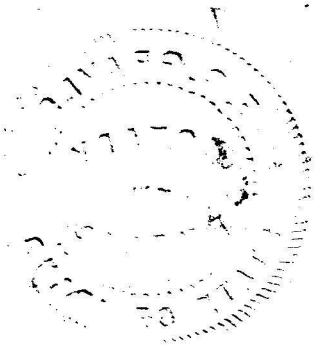
Notary Public, residing at Twin Falls Idaho
My commission expires April 30 1942
[SEAL]

Signed H. Robertson
(Signature of any credible person other than the previous affiant.)

R2. Twin Falls Idaho
(Street Address, City, State)

Received for filing on FEB 13 1942 By
(Registrar's signature)

FEB 21 1942



412-114-042-412

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

Form V. S. No. 11-C—10m-8-7-11

PLACE OF BIRTH

Twin Falls

County of Buhl

City of _____

No _____, _____ *St.*

Hospital _____

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

Registration District No. 2087 **File No.** 9733

Primary Registration District No. 23 **Registered No.** _____

FULL NAME OF CHILD ~~Baby~~ Masu, Buhl U.

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Male			Yes	Nov. 14, 1912

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	Key Masu	Josie Masu
RESIDENCE	Buhl	Buhl
COLOR	Jap	Jap
AGE AT LAST BIRTHDAY (Years)	24	19
BIRTHPLACE	Japan	Japan
OCCUPATION	Cook	Housewife

Number of child of this mother, including present birth... I... Number of children, of this mother, now living, including present birth... I...

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 2pm M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report

6/1/16 19..16

Registrar

(Signature) J. H. Murphy M.D.

(Physician or Midwife)

Address Buhl Ida.

Filed 11-15- 1912 J. H. Murphy Registrar

SYMS - YORK CO., PTRS. & BDRS. DENVER

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

STATE OF IDAHO

PLACE OF BIRTH

Twin Falls

NAME

MAIDEN NAME

RESIDENCE

COLOR

AGE AT LAST BIRTHDAY

64

314-130-042-553

Form V. S. No. 11-C—20m-2-15-12

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Twin Falls

City of Buhl

No. ..... *St.*

Hospital .....

Registration District No. 2081 **File No.** 9734

Primary Registration District No. 23 **Registered No.** .....

FULL NAME OF CHILD Donald Nelson Commack

Sex of Child	Twin / Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Male			yes	Nov. 30 1912

FATHER		MOTHER	
FULL NAME	H.O. Commack	**FULL MAIDEN NAME**	Edna Nelson
RESIDENCE	Buhl	**RESIDENCE**	same
COLOR	white	**COLOR**	white
AGE AT LAST BIRTHDAY (Years)	28	**AGE AT LAST BIRTHDAY** (Years)	31
BIRTHPLACE	Ind.	**BIRTHPLACE**	Kans.
OCCUPATION	Lawyer	**OCCUPATION**	housewife

Number of child of this mother, including present birth one **Number of children of this mother now living, including present birth** one

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 4 p.m. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. T. Murphy.

J. T. Murphy M.D. (Physician or midwife)

Address Buhl Ida.

Given names added from a supplemental report

..... 19.....

Filed 11-30 1912

..... Registrar

J. T. Murphy. Registrar

S-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Form V. S. No. 11—20m-8-16-12

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH No. 5

PLACE OF BIRTH

County of Twin Falls

5

RESIDENCE

COLOR White AGE AT LAST BIRTHDAY (Years)

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK. THIS IS A PERMANENT RECORD

N. B. If space of more than one digit is required, as in ages, dates, etc., a zero must be made for each and the number

STATE OF IDAHO

DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of _____ }
County of _____ } ss.

Certificate No. 9734

Date Filed _____

The undersigned does solemnly swear that certain facts on the certificate of Birth (Birth or Death)
for Marine Nelson Cammack (Name on Original Certificate) who Born (Was Born or Died) on Nov. 30, 1912 (Date of Event)
in Buhl, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts are shown by Insurance Policy (Bible Record, Insurance Policy, Etc.) prepared on _____ (Give Date), are:

FACTS TO BE CORRECTED ("Name", "Birth Date", "Cause of Death", Etc.)	FROM (As on Original)	TO (The Correct Facts)
	Marine Nelson Cammack	Donald Nelson Cammack

Subscribed and sworn to before me this 19th day of June, 1942

Florence A. Campbell
Notary Public, residing at Milwaukee, Wis.

My commission expires _____ (Seal)
My Commission Expires April 22, 1945

Signed H. O. Cammack
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

2038 S. 91st West Allis Wis
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Wisconsin }
County of Milwaukee } ss.

[This Affidivat **MUST** Also be Executed.
(See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 19th day of June, 1942

Florence A. Campbell
Notary Public, residing at Milwaukee, Wis.

My commission expires _____ (Seal)
My Commission Expires April 22, 1945

Signed Edna Nelson Cammack
(Signature of Any Credible Person Other Than Previous Year)

2038 So. 91st St. West Allis, Wis.
(Street Address, City, State)

JUL 3 1942

284-104 635

PLACE OF [redacted]

Name Cord. Form V. S. 27A mailed

Form V. S. No. 11-C—15m-6-20-11

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

9735

County of Canyon

City of Payette R 7 D #1 Registration District No. 22 File No.

No. , St. Primary Registration District No. 2008 Registered No. 152

Hospital

FULL NAME OF CHILD Kenneth Byrne

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Male			yes	Nov. 4 1912

FATHER		MOTHER	
FULL NAME	Creighton Byrne	FULL MAIDEN NAME	Johanna Otteson
RESIDENCE	Payette R 7 D #1	RESIDENCE	Payette R 7 D #1
COLOR	White	AGE AT LAST BIRTHDAY (Years)	50
BIRTHPLACE	Scotland	COLOR	White
OCCUPATION	Farmer	AGE AT LAST BIRTHDAY (Years)	40
		BIRTHPLACE	Utah
		OCCUPATION	Housewife

Number of child of this mother, including present birth 7 Number of children, of this mother, now living, including present birth 7

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 7 30 P.M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J R Woodward MD

(Physician or Midwife)

Address Payette Idaho

Given names added from a supplemental report

....., 19.....

Filed Nov 4 1912 J R Woodward Reg. Registrar

S-Y CO., 16670 Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

SYMS

Dep of 1912 - 331587

819-116-014-666

PLACE OF BIRTH

Form V. S. No. 11-C—15m-6-20-11

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

County of Canyon

City of Payette

Registration District No. 22

File No. 9737

No. ....., ... St.

Primary Registration District No. 2008

Registered No. 154

Hospital .....

FULL NAME OF CHILD Marcus Wood Haraden

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Male			yes	Nov 16, 1912

FATHER		MOTHER	
FULL NAME	John A Haraden	FULL MAIDEN NAME	Edith M Wood
RESIDENCE	Payette, Ida.	RESIDENCE	With husband
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY (Years)	34	AGE AT LAST BIRTHDAY (Years)	27
BIRTHPLACE	Iowa.	BIRTHPLACE	North Dak.
OCCUPATION	Real Estate Broker	OCCUPATION	Housewife.

Number of child of this mother, including present birth 2

Number of children, of this mother, now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 4.35 a. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J R Woodward

Phys.

(Physician or Midwife)

Address Payette Idaho.

Given names added from a supplemental report

....., 19.....

Filed Nov 16 1912 J R Woodward Dep. Registrar

S-Y CO., 16670 Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

Duplicate DE77-262 has been voided

369 - 203-814-437

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Form V. S. No. 11-C—20m-2-15-12

PLACE OF BIRTH

County of Canyon

City of Fruitland, Ida.

No. ..... St.

Hospital .....

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 22 File No. 9738

Primary Registration District No. 2009 Registered No. 155

FULL NAME OF CHILD Baumier Elmer Corey

Sex of Child	Twin / Triplet or other?	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Female	— (To be answered only in event of plural births)	—	yes	Nov 30 1912

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	Emer Nelson Corey	Ela Belle McGee
RESIDENCE	Fruitland, Ida.	Fruitland, Ida.
COLOR	White	White
AGE AT LAST BIRTHDAY (Years)	26	21
BIRTHPLACE	Bismark, N. Dak.	Van Wick, Ida.
OCCUPATION	Carpenter	Housewife

Number of child of this mother, including present birth 2

Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 6:30 A. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Crispin Wright M. D.

Fruitland, Ida.
(Physician or midwife)

Given names added from a supplemental report

..... 19.....

Address .....

Filed Nov 30 1912 S Rheingrund Dep. Registrar

S-Y CO. 20174 Registrar

OCT 6 1970

963-128-004-433

PLACE OF BIRTH Amended Aug. 29, 1951

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Canyon

City of Apple Valley ½ east

No. ____ St. Registration District No. 22 File No. 9739

Hospital ____ Primary Registration District No. 2009 Registered No. 156

FULL NAME OF CHILD CLOYD ELMER ROBISON
(Certificate of no value without full name of child.)

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
MALE			YES	Oct. 28 1912

What bactericidal solution was used in eyes? ____

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

FATHER	MOTHER
FULL NAME: Cloyd Leslie Robison	FULL MAIDEN NAME: Maude McKinley
RESIDENCE: ½ mile east Apple Valley	RESIDENCE: same
COLOR: white	COLOR: white
AGE AT LAST BIRTHDAY: 28 (Years)	AGE AT LAST BIRTHDAY: 23 (Years)
BIRTHPLACE: Illinois	BIRTHPLACE: Kansas
OCCUPATION: school teacher	OCCUPATION: Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 3 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. J. Sarazin MD
(Physician or midwife)

Address Nyssa, Ore.

Give names added from a supplemental report.

....., 192.....
Registrar.

Filed Nov. 20 1912 Woodward
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

PLACE OF BIRTH

Form V. S. No. 11-C—10m-8-7-11

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

County of Canyon

City of Apply Valley 1/2 east

No ____, ____ St.

Registration District No ____ File No. 9739

Primary Registration District No. 2014 Registered No. 156

Hospital ____

FULL NAME OF CHILD Baby Robinson

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Male				yes	Oct. 27 1912

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	Chas. L. Robinson	Maude M. McKinley
RESIDENCE	1/2 Mile east Apple valley	Same
COLOR	White	White
AGE AT LAST BIRTHDAY (Years)	28	23
BIRTHPLACE	Illinois	Kansas
OCCUPATION	School teacher	Housewife

Number of child of this mother, including present birth 2

Number of children, of this mother, now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Alive (Born alive or stillborn), at 3 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. J. Sarazin M.D.

(Physician or Midwife)

Address Nyssa Ore

Given names added from a supplemental report

....., 19....

Filed Nov 20 1912 J. R. Wood Registrar

SYMS - YORK CO., PTRS. & SDRS. 17826

Registrar

AUG 30 1957

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

Affidavit to Correct or Amend An Original Certificate of Birth or Death

State of Washington } ss.
County of King }

Certificate No. 9739

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of Birth (Birth or Death)
for Baby Robinson (Name on Original Certificate) who Born (Was Born or Died) on Oct. 27-1912 (Date of Event)
in Issaquah Valley, Wash. (Place of Event) are erroneous ~~or were omitted~~; and that, to the best of his knowledge, the
true facts are shown by Bible Record (Bible Record, Insurance Policy, Etc.) prepared on May 21-1913 (Give Date), are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
Date of birth	Oct. 27, 1912	Oct. 28, 1912
Child's name	Baby Robinson	Cloyd Elmer Robison
Father's name	Chas. L. Robinson	Cloyd Leslie Robison

Subscribed and sworn to before me this 25th day of August, 1951

John C. Ryan
Notary Public, residing at Seattle, Wash.
My commission expires Aug 9, 1954
(Seal)

Signed Maude McKinley Robison
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)
5305-6th N.E. Seattle Wash
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Washington } ss.
County of King }

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

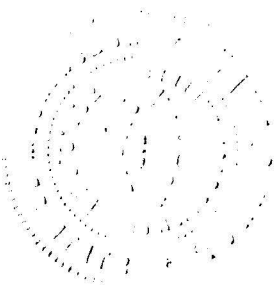
The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

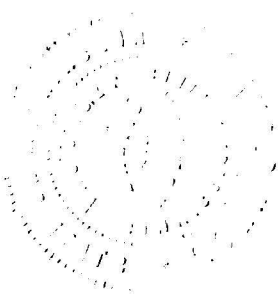
Subscribed and sworn to before me this 25th day of August, 1951

John C. Ryan
Notary Public, residing at Seattle, Wash.
My commission expires Aug 9, 1954
(Seal)

Signed Cloyd Leslie Robison
(Signature of Any Credible Person)
5305-6th N.E. Seattle Wash
(Street Address, City, State)

FORM DPH - 51117





249 - 220 - 014 - 5-15

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Form V. S. No. 11-C—20m-2-15-12

PLACE OF BIRTH

County of Canyon

City of Fruitland

No. ..... St.

Hospital .....

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 22 File No. 9740

Primary Registration District No. 2209 Registered No. 157

FULL NAME OF CHILD Elisabeth Marie Smith

Sex of Child	Twin / Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Female			Yes	Nov. 20th 1912

FATHER		MOTHER	
FULL NAME	Nicholas Smit	FULL MAIDEN NAME	Johanna van Zelf
RESIDENCE	Fruitland, Ida.	RESIDENCE	Fruitland, Ida
COLOR	White	AGE AT LAST BIRTHDAY (Years)	27
BIRTHPLACE	Velsen, Holland	COLOR	White
OCCUPATION	Farmer	AGE AT LAST BIRTHDAY (Years)	31
		BIRTHPLACE	Velsen, Holland
		OCCUPATION	House Wife

Number of child of this mother, including present birth 3

Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 2 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Crispin Wright, M.D.

Fruitland, Ida.
(Physician or midwife)

Given names added from a supplemental report

..... 19.....

..... Registrar

Address .....

Filed Nov 26 1912 J. R. Woodward Registrar

Dep.

8-Y CO. 20174

NOV 9 1971

219-117-014-268

PLACE OF BIRTH

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

County of Bannock

City of Payette

No. ____, ____ St.

Hospital ____

Registration District No. 2

File No. 9741

Primary Registration District No. ____

Registered No. 155

FULL NAME OF CHILD PADDY DANIEL ~~xxx~~ Barry

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
male			Yes	Nov. 17, 1912

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	P. J. Barry	Lelilah Boyer
RESIDENCE	Payette, Ida.	Payette, Ida.
COLOR	White	White
AGE AT LAST BIRTHDAY (Years)	50	36
BIRTHPLACE	New York.	Nebraska
OCCUPATION	Farmer	Housewife

Number of child of this mother, including present birth 4

Number of children, of this mother, now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 9.30 A.M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Gordon [illegible]

Physician

(Physician or Midwife)

Address Payette, Ida.

Given names added from a supplemental report

....., 19.....

Registrar

Filed Dec 1, 19 12 S. R. Woodward

Dep. Registrar

S-Y CO., 16670

PLACE OF BIRTH

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of Oregon } ss.
County of Marion }

Certificate No. 9741

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of Birth (BIRTH OR DEATH)
for Unnamed (NAME ON ORIGINAL CERTIFICATE) who was born (WAS BORN OR DIED) on Nov. 17th, 1912 (DATE OF EVENT)
in Payette, Idaho (PLACE OF EVENT) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts as shown by Army Discharge (BIBLE RECORD, INSURANCE POLICY, ETC.) prepared ~~on~~ in 1932 (GIVE DATE), are:

FACTS TO BE CORRECTED ("NAME", "BIRTH DATE", "CAUSE OF DEATH", ETC.)	FROM (AS ON ORIGINAL)	TO (THE CORRECT FACTS)
Name	Unnamed	Paddy Daniel Barry

Subscribed and sworn to before me this 1st
day of May, 1942

Signed Graham Isaac Barry
(SIGNATURE OF PARENT OR ATTENDANT IF CORRECTING A BIRTH RECORD; OF ATTENDANT, FUNERAL DIRECTOR, INFORMANT IF CORRECTING A DEATH RECORD; OR OTHER CREDIBLE PERSON.)

Notary Public, residing at Salem, Oregon

My commission expires Oct. 30, 1942
(SEAL)

120 S.E. 22nd - Portland, Ore.
(STREET ADDRESS, CITY, STATE)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Oregon } ss.
County of Marion }

[THIS AFFIDAVIT MUST ALSO BE EXECUTED. (SEE CHAPTER 139, 1937 IDAHO SESSION LAWS.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 1st
day of May, 1942

Signed Mrs. Mildred Radcliff
(SIGNATURE OF ANY CREDIBLE PERSON OTHER THAN PREVIOUS AFFIANT.)

Notary Public, residing at Salem, Ore.

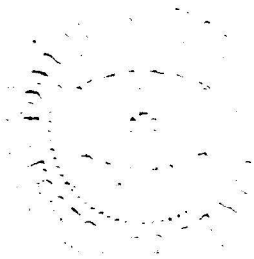
My commission expires Oct. 30, 1942
(SEAL)

1770 So. Capital St. Elder, Sister
(STREET ADDRESS, CITY, STATE)
Salem Oregon.

Received for filing on MAY 4 1942 By
(REGISTRAR'S SIGNATURE)

MAY 6 1942

MAY 5 1942



693-126-014-249

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

Form V. S. No. 11-C—15m-6-20-11

PLACE OF BIRTH

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

County of Canyon

City of Payette

Registration District No. 2

File No. 9742

No. ____, ____ St.

Primary Registration District No. 32

Registered No. 51

Hospital ____

FULL NAME OF CHILD Donald Henry Williams

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Male			yes	Nov 26, 1912

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	William R Williams	Margueret Smith
RESIDENCE	Payette Ida	Payette Idaho
COLOR	White	White
AGE AT LAST BIRTHDAY (Years)	40	30
BIRTHPLACE	Ohio	Iowa
OCCUPATION	Nurseryman.	Housewife

Number of child of this mother, including present birth 7

Number of children, of this mother, now living, including present birth 5

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born Alive (Born alive or stillborn) at 10:30 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. E. Crouch M D

(Physician or Midwife)

Address Payette Idaho

Given names added from a supplemental report

....., 19.....

Filed Dec 1, 19 12

S-Y CO., 16670 Registrar

Registrar

MAY 7 1942

618-328-014-845

Form V. S. No. 11—10m-2-15-12

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH

County of Canyon

near City of Payette

No. ✓ St.

Hospital no

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 2

File No. 9743

Primary Registration District No. 2209

Registered No. 160

FULL NAME OF CHILD

Sex of Child	Twin / Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Fem.			yes	Nov. 28 1912

FATHER

FULL NAME Herbert Claude Waynes

RESIDENCE Near Payette

COLOR White AGE AT LAST BIRTHDAY 36 (Years)

BIRTHPLACE Wisconsin

OCCUPATION Farmer

MOTHER

FULL MAIDEN NAME Lou Hurlburt

RESIDENCE Near Payette

COLOR White AGE AT LAST BIRTHDAY 30 (Years)

BIRTHPLACE California

OCCUPATION Housewife

Number of child of this mother, including present birth Fifth

Number of children of this mother now living, including present birth Five

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 9 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Thomas A. Snook

Physician (Physician or midwife)

Address Payette, Ida.

Given names added from a supplemental report

.....19.....

.....
Registrar

Filed Dec 7 19 12 E. R. Woodward
Registrar

8-Y CO. 20175

Form V. S. No. 11—10m-8-15-12

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

PLACE OF BIRTH

County of .....

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

RESIDENCE	RESIDENCE
COLOR — AGE AT LAST BIRTHDAY (Years)	COLOR — AGE AT LAST BIRTHDAY (Years)
BIRTHPLACE	BIRTHPLACE

Given names added from a supplemental report

19.....

Address.....

Filed..... 19.....

Registrar

Registrar

613-225
034-635
PLACE OF BIRTH [redacted]
amended 2/28/11

Form V. S. No. 11-C—20m-2-15-12

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Minidoka

City of Heyburn

No. ____ St.

Hospital ____

Registration District No. 29 File No. 9744

Primary Registration District No. 2102 Registered No. 89

FULL NAME OF CHILD Alice Elizabeth Watson

Sex of Child Female | Twin, Triplet or other? | and Number in order of birth (To be answered only in event of plural births) | Legitimate? Yes. | Date of Birth Nov. 25 (Month) (Day) 1912 (Year)

FATHER		MOTHER	
FULL NAME	M. E. Watson	FULL MAIDEN NAME	Lida Hasker
RESIDENCE	Heyburn Ida	RESIDENCE	Heyburn Ida
COLOR	White	AGE AT LAST BIRTHDAY (Years)	31
BIRTHPLACE	~~Xxxxx~~ North Carolina	COLOR	White
OCCUPATION	Farmer	AGE AT LAST BIRTHDAY (Years)	24
		BIRTHPLACE	~~Xxxxxxxxxxxxx~~ Pennsylvania
		OCCUPATION	Housewife

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born Alive (Born alive or stillborn), at 4 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) W. R. Killen M.D.

(Physician or ~~midwife~~)

Address Heyburn, Idaho.

Given names added from a supplemental report

....., 19.....

Filed Dec 10 1912 W. R. Killen

Registrar

S-Y CO. 20174

Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Form V. S. No. 11-C Rev-2-15-12

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

PLACE OF BIRTH

IDAHO DEPARTMENT OF HEALTH

BUREAU OF VITAL STATISTICS

Affidavit to Correct or Amend An Original Certificate of Birth or Death

State of Ada
County of Boise } ss.

Certificate No. 9744

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of birth (Birth or Death)
for Alice Elizabeth Watson (Name on Original Certificate) who was born (Was Born or Died) on November 25, 1912 (Date of Event)
in not stated (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts are shown by (Bible Record, Insurance Policy, Etc.) prepared on (Give Date), are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
place of birth - county	not given	Minidoka
place of birth - city	not given	Heyburn

Subscribed and sworn to before me this 28th day of February, 1977

Glenda M. Hanson

Notary Public, residing at Boise, Idaho

My commission expires Lifetime

(Seal)

†Signed Glen R. Latimer

(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

4298 Catalpa Dr Boise Id

(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of
County of } ss.

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this day of , 19

Notary Public, residing at

My commission expires

(Seal)

Signed

(Signature of Any Credible Person)

(Street Address, City, State)

FORM DH 60-155

U.S. Passport #27633 issued April 4, 1957 gives Alice Elizabeth Watson Leitner born November 25, 1912 in Heyburn, Idaho -- viewed by VS.

Own child's birth certificate for son born July 7, 1942 in Boise gives mother as Alice Elizabeth Watson age: 29 born in Heyburn, Idaho -- viewed by V.S.

FEB 2 8 1977

289-122-0364699

PLACE OF BIRTH

County of Minidoka

City of Rupert

No. ..... St.

Hospital .....

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 29 File No. 9745

Primary Registration District No. 2015 Registered No. 88

FULL NAME OF CHILD Roland Andrew Shillington

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Male			Yes	Nov 24 1912

FATHER		MOTHER	
FULL NAME	Harry Shillington	FULL MAIDEN NAME	Hazel Wright
RESIDENCE	Rupert Ida	RESIDENCE	Rupert Ida
COLOR	White	AGE AT LAST BIRTHDAY (Years)	23
BIRTHPLACE	Wash	COLOR	White
OCCUPATION	Farming	BIRTHPLACE	Neb
		OCCUPATION	Housewife

Number of child of this mother, including present birth 2nd

Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was ..... (Born alive ~~or stillborn~~) at 11 P M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) C. L. Scott M.D.

Rupert Ida

(Physician ~~or midwife~~)

Given names added from a supplemental report

..... 19.....

Address .....

Filed Dec. 10 1912 V. P. Pellan

S-Y CO. 20174 Registrar

Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

FEB 20 1948

937-183-034-613

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of _____

City of Rupert

Registration District No. 29 File No. 9746

No. _____ St.

Primary Registration District No. 2015 Registered No. 87

Hospital _____

FULL NAME OF CHILD Grover J. McPeek

Sex of Child	Twin / Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Male			Yes	Nov 22 1912

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	Grover C McPeek	Emma M Walsh
RESIDENCE	Rupert Idaho	Rupert Idaho
COLOR	White	White
AGE AT LAST BIRTHDAY (Years)	27	24
BIRTHPLACE	Texas	Wash.
OCCUPATION	R R Agent	Housewife

Number of child of this mother, including present birth 2nd

Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was _____ (Born alive ~~or stillborn~~), at 5 A M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) P L Scott M D

Rupert Idaho

(Physician ~~or midwife~~)

Given names added from a supplemental report

_____ 19____

_____ Registrar

Address _____

Filed Dec. 10 1912 V. P. Tillman Registrar

S-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Form V. S. No. 11-C—20m-2-15-12

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

PLACE OF BIRTH

NOV 18 1943

RESIDENCE

BIRTHPLACE

BIRTHDAY (Years)

RESIDENCE

BIRTHPLACE

BIRTHDAY (Years)

M. ... BORN UNDERSIGNED FOR BINDING
WRITE PLAINLY, WITH UNFADING INK. THIS IS A PERMANENT RECORD

149-223-04-[redacted]

PLACE OF BIRTH

Form V. S. No. 11-C—15m-6-20-11

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

County of Canyon

City of Nampa

Registration District No. 5

File No. 9747

No. 312 - 18th Ave. S.

Primary Registration District No. 1006

Registered No. 356

Hospital

FULL NAME OF CHILD Thelma Erma Amick

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
female			yes	1/23/1912

FATHER		MOTHER	
FULL NAME	A. D. Amick	FULL MAIDEN NAME	Zelma Leisure
RESIDENCE	Nampa, Ida	RESIDENCE	Nampa, Ida.
COLOR	white	AGE AT LAST BIRTHDAY (Years)	32.
COLOR	white	AGE AT LAST BIRTHDAY (Years)	29.
BIRTHPLACE	Ind.	BIRTHPLACE	Missouri
OCCUPATION	Electrician	OCCUPATION	House-wife

Number of child of this mother, including present birth 1

Number of children, of this mother, now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 3 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Geo. A. Kellogg

Physician (Physician or Midwife)

Address Nampa Ida.

Given names added from a supplemental report

....., 19.....

Registrar

Filed Nov 2 19 12 O. B. Bellew MD

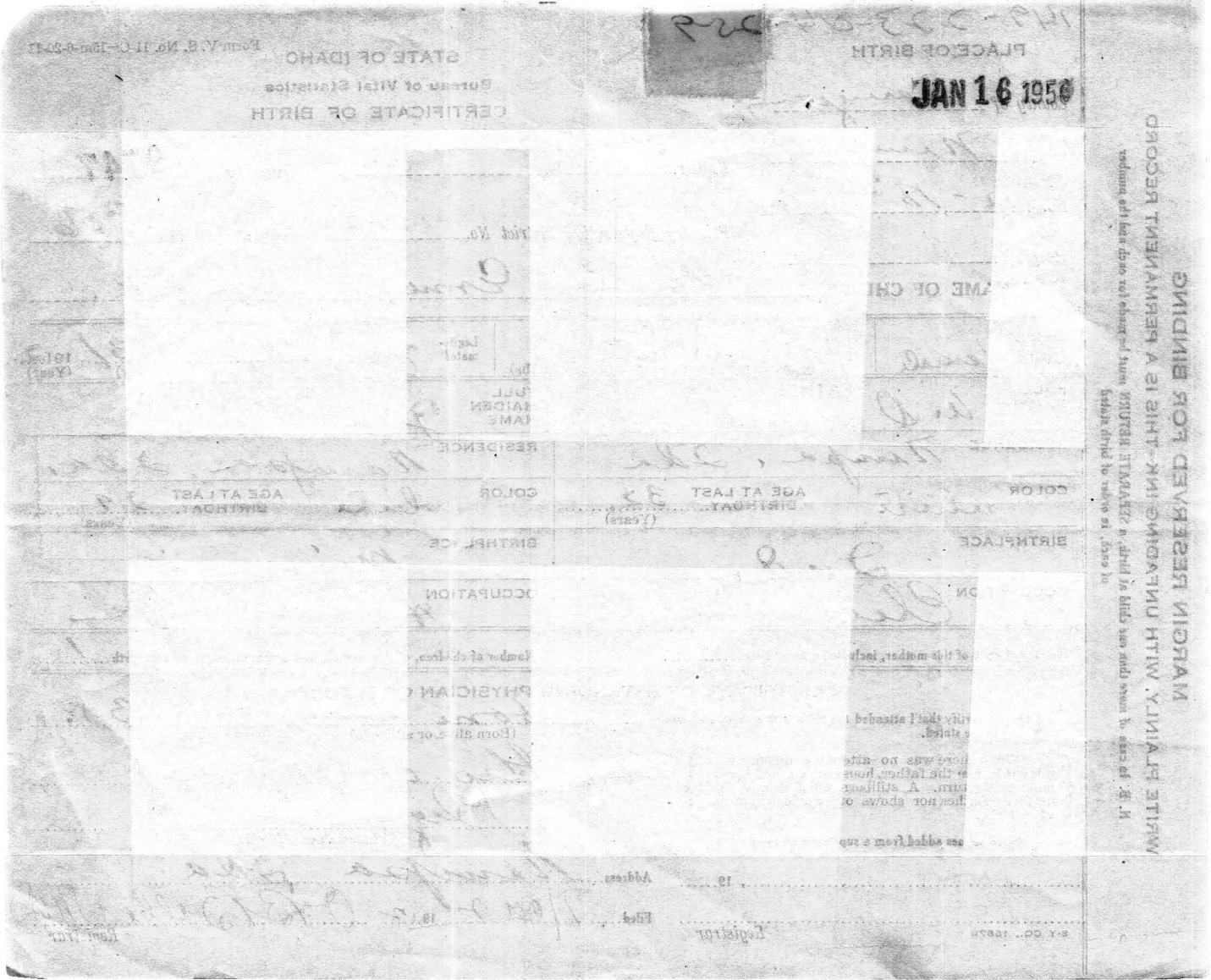
Registrar

S-Y CO., 16670

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated



664-106-014-713

PLACE OF BIRTH

County of Canyon

City of Parma

No. ..... St.

Hospital Home

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

Form V. S. No. 11—10m-6-20-11

Registration District No. 3 File No. 9748

Primary Registration District No. 2007 Registered No. 358

FULL NAME OF CHILD .....

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
M			Yes	11 6 1912

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	Wm Womacke	Nellie Tacke
RESIDENCE	Parma	Parma
COLOR	W	W
AGE AT LAST BIRTHDAY (Years)	28	23
BIRTHPLACE	Oregon	W. Va.
OCCUPATION	Rancher	Housework

Number of child of this mother, including present birth 1

Number of children, of this mother, now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 11:45 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) R. J. Green M.D.

(Physician or Midwife)

Address Parma Idaho

Given name added from a supplemental report

....., 19.....

Filed 11/7 1912 R. J. Green

S-Y CO., 16669 Registrar Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY. WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at a birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

PLACE OF BIRTH

(Usually of)

COLOR	AGE AT LAST BIRTHDAY	COLOR	AGE AT LAST BIRTHDAY
BIRTHPLACE		BIRTHPLACE	

762-206-014-263

PLACE OF BIRTH

Form V. S. No. 11—10m-2-15-12

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Canyon

City of Caldwell

No. 15 + Arthur St.

Hospital

Registration District No. 3

Primary Registration District No. 1005

File No. 9749

Registered No. 359

FULL NAME OF CHILD Dorothy Eunice Post

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth
F			yes	Nov. (Month) 6 (Day) 1912 (Year)

FATHER		MOTHER	
FULL NAME	Brunnie Wm Post	FULL MAIDEN NAME	Bera Arlene Bollman
RESIDENCE	Caldwell	RESIDENCE	Caldwell
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY	29 (Years)	AGE AT LAST BIRTHDAY	17 (Years)
BIRTHPLACE	Ky	BIRTHPLACE	Iowa
OCCUPATION	Laborer	OCCUPATION	Housewife

Number of child of this mother, including present birth First

Number of children of this mother now living, including present birth

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 12:20 A.M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. P. Smith D.O.

Caldwell Idaho (Physician or midwife)

Given names added from a supplemental report

..... 19.....

Address .....

Filed 11/13 1912

J. H. Meyer Registrar

..... Registrar

S-Y CO. 20175

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

APR 1 1942

495-110-014-249

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

Form V. S. No. 11-C—10m-8-7-11

PLACE OF BIRTH

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

County of Canyon

City of Caldwell

No ——, ——St.

Hospital No

Registration District No. 3

Primary Registration District No. 2005

File No. 9750

Registered No. 360

FULL NAME OF CHILD Chas Drew Jr.

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
male	——	——	yes	Nov 10 - 1912

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	C. W. Drew	Era Smith
RESIDENCE	Caldwell	Caldwell
COLOR	white	white
AGE AT LAST BIRTHDAY (Years)	41	40
BIRTHPLACE	Mich.	Iowa
OCCUPATION	Ranches	House wife

Number of child of this mother, including present birth 4

Number of children, of this mother, now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn), at 1.25 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report

....., 19.....

.....
Registrar

(Signature) S. J. Miller (M D)

(Physician or Midwife)

Address Caldwell Ida

Filed Nov. 19th 1912 John S. Meyer
Registrar

SYMS - YORK CO., PTRS. & BORS. 17326

393-210-014-449

PLACE OF BIRTH

Form V. S. No. 11-C—10m-8-7-11

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

County of Canyon

City of Caldwell

Registration District No 3 File No. 9751

No —, —— St.

Primary Registration District No. 1005 Registered No. 361

Hospital no

FULL NAME OF CHILD GRACE ANNE LILLY

Sex of Child	Twin, Triplet or other?	and Number in order of birth	Legitimate?	Date of birth
female	—	—	yes	Nov 10 — 1912 (Month) (Day) (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	Fred Lilly	FULL MAIDEN NAME	Amelia Hedrick
RESIDENCE	Caldwell	RESIDENCE	Caldwell
COLOR	white	COLOR	white
AGE AT LAST BIRTHDAY	28 (Years)	AGE AT LAST BIRTHDAY	24 (Years)
BIRTHPLACE	Virginia	BIRTHPLACE	Penn
OCCUPATION	Miller	OCCUPATION	Housewife

Number of child of this mother, including present birth 2

Number of children, of this mother, now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn) on the date above stated. 10, at 8. M.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) S. J. Miller

(Physician or Midwife)

Address Caldwell, Ida.

Given names added from a supplemental report

....., 19.....

Filed Nov. 19th 1912 John D. Meyer

Registrar

.....

Registrar

SYMS - YORK CO., PTRS. & BDRS. 17326

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of Idaho } ss.
County of Canyon }

Certificate No. 9751

Date Filed .....

The undersigned does solemnly swear that certain facts on the certificate of birth (BIRTH OR DEATH) for Unnamed Lilly (NAME ON ORIGINAL CERTIFICATE) who was born (WAS BORN OR DIED) on November 10, 1912 (DATE OF EVENT) in Caldwell, Idaho (PLACE OF EVENT) are erroneous or were omitted; and that, to the best of his knowledge, the true facts as shown by bible record (BIBLE RECORD, INSURANCE POLICY, ETC.) prepared on November 10, 1912 (GIVE DATE), are:

FACTS TO BE CORRECTED ("NAME", "BIRTH DATE", "CAUSE OF DEATH", ETC.)	FROM (AS ON ORIGINAL)	TO (THE CORRECT FACTS)
Name	Unnamed Lilly	Grace Anne Lilly

Subscribed and sworn to before me this 8th day of January, 1942.

Kathryn D. Hartkoff
Notary Public, residing at Caldwell, Ida.

My commission expires June 18, 1943.
(SEAL)

Signed Amelia Ulrick Lilly Mother
(SIGNATURE OF PARENT OR ATTENDANT IF CORRECTING A BIRTH RECORD; OF ATTENDANT, FUNERAL DIRECTOR, INFORMANT IF CORRECTING A DEATH RECORD; OR OTHER CREDIBLE PERSON.)

1123 Cleveland Blvd. Caldwell, Idaho
(STREET ADDRESS, CITY, STATE)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Idaho } ss.
County of Canyon }

[THIS AFFIDAVIT MUST ALSO BE EXECUTED. (SEE CHAPTER 139, 1937 IDAHO SESSION LAWS.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge, that I was the attending physician at said birth.

Subscribed and sworn to before me this 8th day of January, 1942.

Kathryn D. Hartkoff
Notary Public, residing at Caldwell, Idaho

My commission expires June 18, 1943
(SEAL)

Signed J. M. Bailey, M.D.
(SIGNATURE OF ANY CREDIBLE PERSON OTHER THAN PREVIOUS AFFIANT.)

Caldwell Idaho
(STREET ADDRESS, CITY, STATE)

Received for filing on ..... 19 42 By .....
(REGISTRAR'S SIGNATURE)

JAN 4 1942

917-116-014-954

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

Form V. S. No. 11-C—10m-8-7-11

PLACE OF BIRTH

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

County of Canyon

City of Caldwell

No —, *St.*

Hospital no

Registration District No 3 **File No.** 9752

Primary Registration District No. 2005 **Registered No.** 362

FULL NAME OF CHILD ~~———~~ Charles Everett Ragsdale

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
male	—	—	yes	Nov 16 — 1912

FATHER		MOTHER	
FULL NAME	J. W. Ragsdale	FULL MAIDEN NAME	Eliza Reed
RESIDENCE	Caldwell	RESIDENCE	Caldwell
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	48	AGE AT LAST BIRTHDAY (Years)	42
BIRTHPLACE	mo.	BIRTHPLACE	mo
OCCUPATION	Rancher	OCCUPATION	House wife

Number of child of this mother, including present birth 13.

Number of children, of this mother, now living, including present birth 13.

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn), at 10 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) S. J. Miller (M D)

(Physician or Midwife)

Address Caldwell, Ida

Given names added from a supplemental report

....., 19.....

Filed Nov. 18th 1912. John J. Meyer

Registrar

Registrar

SYMS - YORK CO., PTRS. & BDRS. 17326

PLACE OF BIRTH

STATE OF IDAHO

.965-219-014-65-9

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

Form V. S. No. 11-C—10m-8-7-11

PLACE OF BIRTH

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

County of Canyon

City of Caldwell

No ——, —— St.

Hospital No

Registration District No. 3 . File No. 9753

Primary Registration District No. 2005 Registered No. 363

FULL NAME OF CHILD Elise Laura Roedel

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
female	—	—	yes	Nov 19 — 1912

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	J. Roedel	Christena Weick
RESIDENCE	Caldwell	Caldwell
COLOR	white	white
AGE AT LAST BIRTHDAY (Years)	50	37
BIRTHPLACE	Germany	Germany
OCCUPATION	Rancher	Housewife

Number of child of this mother, including present birth 13

Number of children, of this mother, now living, including present birth 13

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn) at 4 9 M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report

....., 19.....

.....
Registrar

(Signature) S. J. Miller (mw)

(Physician or Midwife)

Address Caldwell Ida

Filed Nov. 19 - 1912 John D. Meyer
Registrar

SYMS - YORK CO., PTRS. & BDRS. 17826

APR 9 1992

213 - 111-014-466

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Form V. S. No. 11-C—20m-2-15-12

PLACE OF BIRTH

County of Canyon

City of Caldwell

No. ..... St.

Hospital Canyon

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 3

Primary Registration District No. 2005

File No. 9754

Registered No. 364

FULL NAME OF CHILD George Katey Bale

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and (Number in order of birth)	Legitimate?	Date of Birth (Month) (Day) (Year)
Male			yes	11 11 1912

FATHER

FULL NAME Roy H. Bale

RESIDENCE Twin Falls 2d

COLOR White AGE AT LAST BIRTHDAY 36 (Years)

BIRTHPLACE Michigan

OCCUPATION Farmer

MOTHER

FULL MAIDEN NAME Alice A. Downing

RESIDENCE Twin Falls 2d

COLOR White AGE AT LAST BIRTHDAY 34 (Years)

BIRTHPLACE Michigan

OCCUPATION Housewife

Number of child of this mother, including present birth 8

Number of children of this mother now living, including present birth 8

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn), at 1 4 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) C. M. Katey Physician

(Physician or midwife)

Address .....

Given names added from a supplemental report

..... 19.....

Filed Nov 20 1912 J. S. Meyer M.D. Registrar

..... Registrar

S-Y CO. 20174

Registration District No.

Primary Registration

Number in order of births

Date of Birth

(Years)

(Signature)

Address

Full

262-122-014-249

Form V. S. No. 11-C—20m-2-15-12

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Canyon

City of Parma

No. ____ St.

Hospital ____

Registration District No. 3 File No. 9755

Primary Registration District No. 2007 Registered No. 365

FULL NAME OF CHILD Roy Wilson Boston

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
male	— and —	—	yes	Nov. 22 1912

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	John Boston	Anna M. Smith
RESIDENCE	Parma	Parma
COLOR	White	White
AGE AT LAST BIRTHDAY (Years)	37	34
BIRTHPLACE	Ill.	Ill.
OCCUPATION	farmer	housewife

Number of child of this mother, including present birth 4

Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 4:30 a.m. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Chas. B. Allen, M.D.

(Physician or midwife)

Address ____

Given names added from a supplemental report

..... 19.....

Filed 12/2 1912

..... Registrar

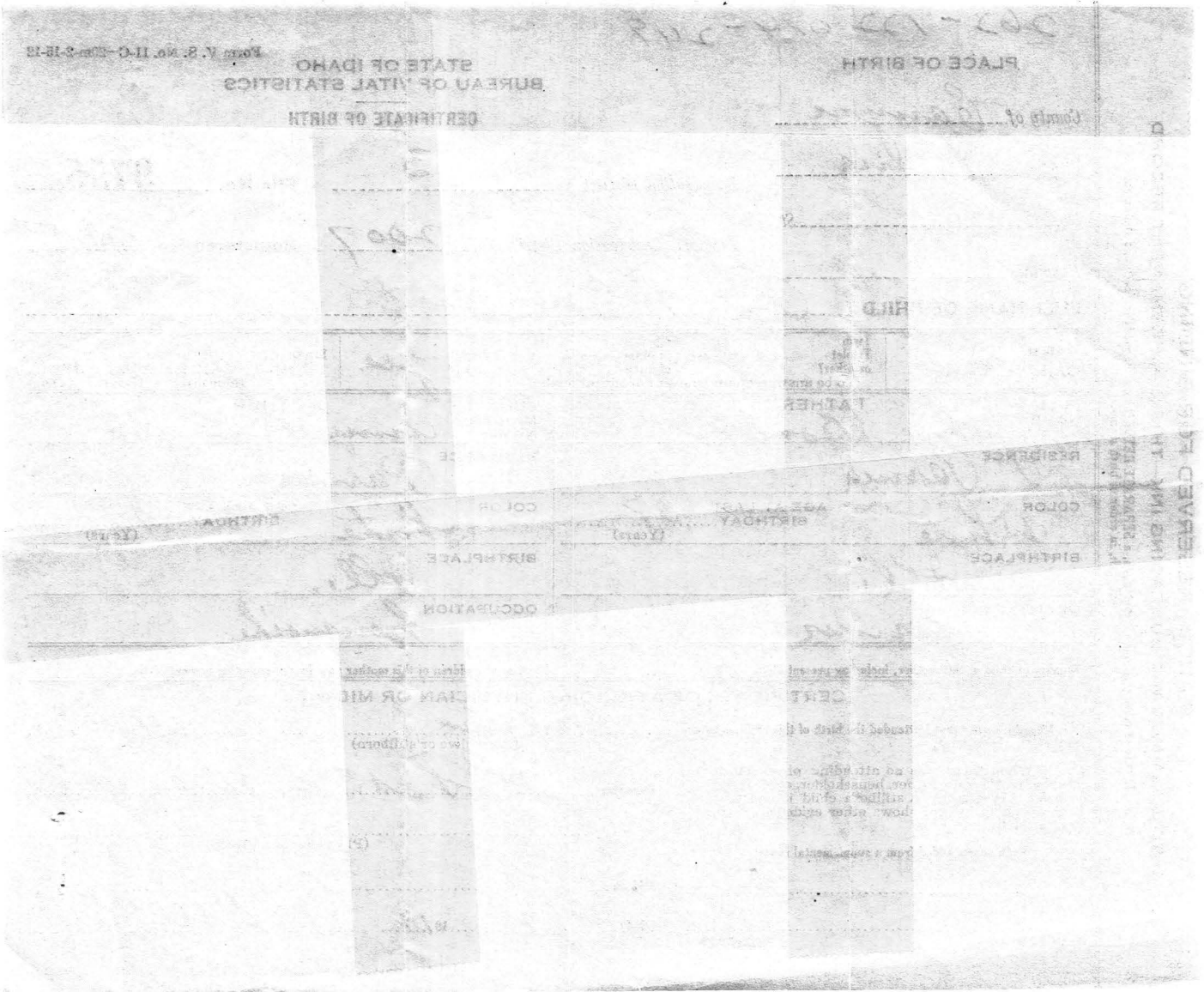
S-Y CO. 20174

..... Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.



243-122-014-000

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

Form V. S. No. 11-C—10m-8-7-11

PLACE OF BIRTH

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

County of Canyon

City of Caldwell

No ——, —— St.

Hospital no

Registration District No 3

Primary Registration District No 2005

File No. 9756

Registered No. 366

FULL NAME OF CHILD —

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
male	—	—	yes	Nov 22 — 191?

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	H. H. Butler	Pattie
RESIDENCE	Caldwell	Caldwell
COLOR	white	white
AGE AT LAST BIRTHDAY (Years)	32	31
BIRTHPLACE	Ill	mo
OCCUPATION	Rancher	House wife

Number of child of this mother, including present birth 5

Number of children, of this mother, now living, including present birth 5

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn), at 6.9 M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report

....., 19.....

.....
Registrar

(Signature) S. J. Miller (Physician or Midwife)

Address Caldwell Idaho

Filed 12/2 19 1? J. J. Meyer
Registrar

SYMS - YORK CO., PTRS. & BDRS. 17926

STATE OF IDAHO

PLACE OF BIRTH

271-101-014-553 [redacted]

MARGIN RESERVED FOR BINDING
WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

Form V. S. No. 11-C—10m-8-7-11

PLACE OF BIRTH

County of Canyon

City of Caldwell

No ——, —— St.

Hospital no

STATE OF IDAHO
Bureau of Vital Statistics
CERTIFICATE OF BIRTH

Registration District No 3 File No. 9757

Primary Registration District No. 2005 Registered No. 367

FULL NAME OF CHILD Harold Andrew Sparks

Sex of Child	Twin, Triplet or other?	and	Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
male	—	—	—	yes	Dec 1 1912

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	V. V. Sparks	FULL MAIDEN NAME	Daisy Nelson
RESIDENCE	Caldwell	RESIDENCE	Caldwell
COLOR	white	COLOR	white
AGE AT LAST BIRTHDAY	34 (Years)	AGE AT LAST BIRTHDAY	34 (Years)
BIRTHPLACE	Utah	BIRTHPLACE	Oregon
OCCUPATION	Rancher	OCCUPATION	Housewife

Number of child of this mother, including present birth 4

Number of children, of this mother, now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn) at 6 9 M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) S. J. Miller (M.D.)

(Physician or Midwife)

Address Caldwell, Ida.

Given names added from a supplemental report

....., 19.....

Filed 12/2 1913 J. A. Meyer

SYMS - YORK CO., PTRS. & BDRS. 17326 Registrar

Registrar

FEB 23 1967

FEB 24 1967

241

562 - 221-014-249

PLACE OF BIRTH

STATE OF IDAHO

Form V. S. No. 11-C—15m-6-20-11

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

County of Canyon

City of Nampa

No. ____, ____ St.

Hospital ____

Registration District No. 3 File No. 9758

Primary Registration District No. 1006 Registered No. 368

FULL NAME OF CHILD Iretta Elizabeth Nokleby

Sex of Child	Twin, Triplet, or other?	and	Number in order of birth	Legitimate?	Date of birth
female	—		—	yes	11 (Month) / 21 (Day) / 1912 (Year)

(To be answered only in event of plural births)

FATHER	MOTHER
FULL NAME: Lehi George ~~Nokleby~~ Nokleby	FULL MAIDEN NAME: Elizabeth May Smith
RESIDENCE: Nampa, Ida.	RESIDENCE:
COLOR: white	COLOR: white
AGE AT LAST BIRTHDAY: 24 (Years)	AGE AT LAST BIRTHDAY: 22 (Years)
BIRTHPLACE: Ogden, Utah	BIRTHPLACE: Elm Creek, Nebr.
OCCUPATION: Candy maker	OCCUPATION: House-wife

Number of child of this mother, including present birth: 1

Number of children, of this mother, now living, including present birth: 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 11 a. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Geo. A. Gillogly

Physician

(Physician or Midwife)

Address Nampa Idaho

Given names added from a supplemental report

12-5-12 1912

O. B. Beller

Registrar

Filed 11/22/1912 O. B. Beller M.D.

Registrar

S-Y CO., 16670 John S. Hayes

MARGIN RESERVED FOR BINDING

WRITE PLAINLY. WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

SEP 29 1970

7-5-68

IDAHO DEPARTMENT OF HEALTH

BUREAU OF VITAL STATISTICS

Affidavit to Correct or Amend An Original Certificate of Birth or Death

RECEIVED
SEP 29 1970
Bureau of Vital Statistics

State of ..... } ss.
County of ..... }

Certificate No. 9758

Date Filed .....

The undersigned does solemnly swear that certain facts on the certificate of Birth (Birth or Death)
for Not Named Nokelby (Name on Original Certificate) who was born (Was Born or Died) on Nov. 21 1912 (Date of Event)
in Nampa, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts are shown by ..... (Bible Record, Insurance Policy, Etc.) prepared on ..... (Give Date), are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
Childs name	Not Named	Iretta Elizabeth Nokleby

Subscribed and sworn to before me this 29th day of
Sept., 19 70
Florence Curtright
Notary Public, residing at Boise
My commission expires 4-20-74
(Seal)

X Signed Mary A. Lawson
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)
4222 Mtn View Dr.
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of ..... } ss.
County of ..... }

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this ..... day of
....., 19.....

Notary Public, residing at .....
My commission expires .....
(Seal)

Signed .....
(Signature of Any Credible Person)

.....
(Street Address, City, State)

K

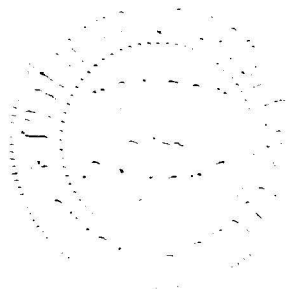
FORM DH 60-155

NOV 27 19??

Own childs birth certificate on file with state of Idaho, # 50-1063 gives name of mother as Iretta Elizabeth Nokleby. Child born Feb. 8, 1950 in Boise, Idaho. Viewed by V. S.

School Record gives name as Iretta Nokleby - Public School of Logan City, Utah May 25, 1923

Viewed by VS



234-314-014-314

PLACE OF BIRTH

Amended 3-3-60

County of Canyon

City of Nampa

No. ..... St.

Hospital .....

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 3 File No. 9759

Primary Registration District No. 1006 Registered No. 369

FULL NAME OF CHILD Ona Frances Slusser
(Certificate of no value without full name of child.)

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
female			yes	Nov. 11, 1912

What bactericidal solution was used in eyes? .....

Number of child of this mother, including present birth 5 Number of children of this mother now living, including present birth 4

FATHER	MOTHER
FULL NAME: H. I. Slusser	FULL MAIDEN NAME: Mollie Lamb
RESIDENCE: Nampa, Idaho	RESIDENCE: Nampa, Idaho
COLOR: White	COLOR: white
AGE AT LAST BIRTHDAY: 30 (Years)	AGE AT LAST BIRTHDAY: 29 (Years)
BIRTHPLACE: Virginia	BIRTHPLACE: Virginia
OCCUPATION: Teamster	OCCUPATION: Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 12:10 a.m. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Give names added from a supplemental report.

..... , 192.....

..... Registrar.

(Signature) George O.A. Kellogg

Physician
(Physician or midwife)

Address Nampa, Idaho

Filed 11-20-12 192 O.B. Beller, M.D.
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

Form V. S. No. 11-C—15m-6-20-11

PLACE OF BIRTH

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

County of Canyon

City of Nampa

No. ____, ____ St.

Hospital ____

Registration District No. 3 File No. 9759

Primary Registration District No. 1006 Registered No. 369

FULL NAME OF CHILD Not named.

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
female			yes.	11 / 12 / 1912

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	H. D. Slusser	Mollie Lamb.
RESIDENCE	Nampa, Ida.	Nampa, Ida.
COLOR	white	white
AGE AT LAST BIRTHDAY (Years)	30	29.
BIRTHPLACE	Virginia	Virginia
OCCUPATION	Teamster	Housewife.

Number of child of this mother, including present birth 5

Number of children, of this mother, now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 12 10 A.M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Geo. DeA. Kellogg.

Physician (Physician or Midwife)

Given names added from a supplemental report

12-5-14-20- 19.12 Address Nampa Ida

O. B. Beller M.D. Registrar

Filed 11 / 20 / 1912 O. B. Beller M.D. Registrar

John S. Hayes

S-Y CO., 16670

MAR 4 1980

Application for Social Security number, dated Dec. 3, 1936, gives name as Ona Frances Slusser, and birth date as November 11, 1912. Viewed by V.S. Statement from school (Nampa High School) dated when she entered as Ona Frances Slusser, and birthdate as November 11, 1912. Viewed by V.S.

IDAHO STATE BOARD OF HEALTH
DIVISION OF VITAL STATISTICS

Affidavit to Correct or Amend An Original Certificate of Birth or Death

State of ..... } ss.
County of ..... }

Certificate No. 9759

Date Filed .....

The undersigned does solemnly swear that certain facts on the certificate of birth (Birth or Death)
for not named Slusser (Name on Original Certificate) who was born (Was Born or Died) on November 12, 1912 (Date of Event)
in Nampa, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the true facts are shown by ..... (Bible Record, Insurance Policy, Etc.) prepared on ..... (Give Date) are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
Name of child	not named Slusser	Ona Frances Slusser
date of birth	November 12, 1912	November 11, 1912

Subscribed and sworn to before me this 24 day of August, 1939

Notary Public residing at Eagle, Idaho
My commission expires Sept 28, 1940
(Seal)

Signed H. L. Slusser
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

555 Sunset Ave Nampa
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of ..... } ss.
County of ..... }

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this ..... day of ....., 19.....

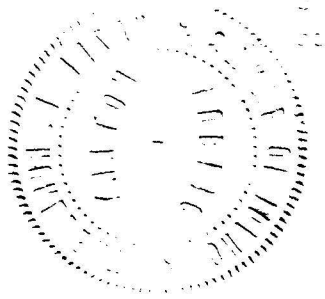
Notary Public, residing at .....
My commission expires .....
(Seal)

Signed .....
(Signature of Any Credible Person)

.....
(Street Address, City, State)

FORM DPH 55. 155

must have two documents which show her full maiden name and two which show her correct date of birth



359-102-014-229

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Form V. S. No. 11-C—20m-2-15-12

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

PLACE OF BIRTH

County of Canyon

City of Nampa

No. ____ St.

Hospital ____

Registration District No. 3 — File No. 9760

Primary Registration District No. 2006 — Registered No. 370

FULL NAME OF CHILD Terry

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Male	no	5	Yes	Nov 2 191 2

FATHER		MOTHER	
FULL NAME	Lee Terry	FULL MAIDEN NAME	Sarah Skinner
RESIDENCE	Nampa Ida	RESIDENCE	Nampa, Ida.
COLOR	White	AGE AT LAST BIRTHDAY (Years)	37
COLOR	White	AGE AT LAST BIRTHDAY (Years)	44
BIRTHPLACE	Ohio	BIRTHPLACE	Ohio
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth ____ Number of children of this mother now living, including present birth ____

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 2 P.M., on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) D. D. LaFollette M.D.

Physician (Physician or midwife)

Address Nampa Ida

Given names added from a supplemental report

12-5-12 O. D. Beller M.D. Registrar

Filed 11-10-1912 O. D. Beller M.D. Registrar

S-Y CO. 20174

John S. Myers

MARGIN RESERVE - FOR BINDING

WRITE PLAINLY. WITH UNFADING INK. THIS IS A PERMANENT RECORD

N. B. In case of more than one child at a birth, CERTIFICATE SHOULD must be made for each and the number of each in order of birth.

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Form V. S. No. 11-C—20m-8-12

PLACE OF BIRTH

County of

RESIDENCE

COLOR

AGE AT LAST BIRTHDAY (Years)

BIRTHPLACE

RESIDENCE

COLOR

AGE AT LAST BIRTHDAY (Years)

BIRTHPLACE

396 - 130 - 014 - 455

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

Form V. S. No. 11-C—15m-6-20-11

PLACE OF BIRTH

County of Canyon

City of Nampa

No. 2½ Mile north St.

Hospital X

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

Registration District No. 3 File No. 9761

Primary Registration District No. 2006 Registered No. 371

FULL NAME OF CHILD X HOWARD RAYMOND CROMWELL

Sex of Child Boy

Twin, Triplet, or other? X and Number in order of birth X

(To be answered only in event of plural births)

Legitimate? yes

Date of birth Nov. (Month) 30 (Day) 1912 (Year)

FATHER

FULL NAME W. D. Cromwell

RESIDENCE Nampa Idaho

COLOR white AGE AT LAST BIRTHDAY 39 (Years)

BIRTHPLACE Ill.

OCCUPATION Blacksmith

MOTHER

FULL MAIDEN NAME Mary L Dennis

RESIDENCE Nampa Idaho

COLOR white AGE AT LAST BIRTHDAY 38 (Years)

BIRTHPLACE Iowa.

OCCUPATION Housewife

Number of child of this mother, including present birth 7

Number of children, of this mother, now living, including present birth 6

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 6 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. H. Murray

Physician

(Physician or Midwife)

Address Nampa Idaho

Given names added from a supplemental report

12-5-~~11~~ 10 19 12

~~O. B. Bellew M.D.~~

Registrar

Filed 11-30- 1912 O. B. Bellew M.D.

Registrar

Jas. L. Myers

S-Y CO., 16670

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of Idaho }
County of Canyon } ss.

Certificate No. 9761

Date Filed MAY 27 1942

The undersigned does solemnly swear that certain facts on the certificate of Howard Raymond Cromwell (Birth or Death) for certificate (Name on Original Certificate) who was born (Was Born or Died) on Jan 30, 1942 (Date of Event) in Nampa Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the true facts are shown by Bible record (Bible Record, Insurance Policy, Etc.) prepared on ____ (Give Date), are:

FACTS TO BE CORRECTED ("Name", "Birth Date", "Cause of Death", Etc.)	FROM (As on Original)	TO (The Correct Facts)
Name	Unnamed	Howard Raymond Cromwell

Subscribed and sworn to before me this 21 day of May, 1942.

Clerk of District Court
Notary Public residing at Cascade, Idaho

My commission expires
(Seal)

Signed Ella Cromwell, Mother
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

Cascade, Idaho
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Idaho }
County of Valley } ss.

[This Affidivat **MUST** Also be Executed.
(See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 21 day of May, 1942.

Clerk of District Court
Notary Public residing at Cascade, Idaho

My commission expires
(Seal)

Signed
(Signature of Any Credible Person Other Than Previous Year)
Father

Cascade, Idaho
(Street Address, City, State)

MAY 27 1942

MAY 29 1942

FEB 10 1953

319-11-017-512

(Be sure the information is complete and accurate)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 9762
Local Reg. No.
Reg. Dist. No. 1003

Amended 12/23/77

1. PLACE OF BIRTH
a. COUNTY: Canyon
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN: Near Nampa
c. FULL NAME OF (If NOT in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION:

2. USUAL RESIDENCE OF MOTHER (Where does mother live?)
a. STATE: Idaho
b. COUNTY: Canyon
c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN: Near Nampa
d. STREET ADDRESS (If rural, give location):

3. CHILD'S NAME (Type or print)
a. (First): Oren
b. (Middle): Lee
c. (Last): Carter

4. SEX: Male
5a. THIS BIRTH: SINGLE ____ TWIN ____ TRIPLET ____
5b. IF TWIN OR TRIPLET (This child born): 1st ____ 2nd ____ 3rd ____
6. DATE OF BIRTH: (Month) Nov (Day) 11, (Year) 1912

FATHER OF CHILD

7. FULL NAME
a. (First): Homer
b. (Middle):
c. (Last): Carter

8. AGE (At time of this birth): 21 YEARS
9. BIRTHPLACE (State or foreign country) (City or Town): Missouri
10. USUAL OCCUPATION: Farmer
11. KIND OF BUSINESS OR INDUSTRY:

MOTHER OF CHILD

12. FULL MAIDEN NAME
a. (First): Evelyn
b. (Middle):
c. (Last): Hash

13. AGE (At time of this birth): 21 YEARS
14. BIRTHPLACE (State or foreign country) (City or Town): Missouri
15. CHILDREN PREVIOUSLY BORN TO THIS MOTHER (Do NOT include this child)
a. How many OTHER children are now living?
b. How many OTHER children were born alive but are now dead?
c. How many children were stillborn (born dead after 20 wks. pregnancy?)
16. INFORMANT'S SIGNATURE OR NAME (Relationship):

I hereby certify that this child was born alive on the date stated above.

17. SIGNATURE: H. P. Ross, M. D.
18. ATTENDANT AT BIRTH: M.D. X MIDWIFE ____ OTHER (Specify) ____
19. ADDRESS: Nampa, Idaho
20. DATE SIGNED:
21. DATE REC'D BY LOCAL REG.: Nov. 20, 1912
22. REGISTRAR'S SIGNATURE: O. B. Beller, M.D.
23. DATE ON WHICH GIVEN NAME ADDED BY ____ Registrar

FOR MEDICAL AND HEALTH USE ONLY

Time 6 PM

Was a test for phenylketonuria performed? YES ____ NO ____ DATE ____

Was a standard serological test for syphilis performed? YES ____ NO ____ APPROXIMATE DATE ____

or BLACK Record typewriter ribbon in completing this certificate. This certificate MUST be filed with the
in the district where the birth occurred WITHIN 10 days after the date of birth of the child. Address
ISION OF VITAL STATISTICS, BOISE, IDAHO.

IDAHO DEPARTMENT OF HEALTH

BUREAU OF VITAL STATISTICS

RECEIVED
BUREAU OF
VITAL STATISTICS
NOV 25 8 13 AM '77

Affidavit to Correct or Amend An Original Certificate of Birth or Death

State of ..... } ss.
County of ..... }

Certificate No. 9762

Date Filed .....

The undersigned does solemnly swear that certain facts on the certificate of birth (Birth or Death)
for Warren Carter (Name on Original Certificate) who was born (Was Born or Died) on Nov 11, 1912 (Date of Event)
in Nampa, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts are shown by ..... (Bible Record, Insurance Policy, Etc.) prepared on ..... (Give Date), are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
child's name	Warren Carter	Oren Lee Carter
mother's name	Evelyn Ash	Evelyn Hash

Subscribed and sworn to before me this ..... day of
....., 19.....

Notary Public, residing at .....
My commission expires .....
(Seal)

Signed .....
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

.....
(Street Address, City, State)

OFFICIAL SEAL
MARGARET C. LOPP
NOTARY PUBLIC - CALIFORNIA
PRINCIPAL OFFICE IN
LOS ANGELES COUNTY
My Commission Expires June 22, 1978

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of California } ss.
County of Los Angeles }

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 28th day of June, 19 77

Margaret C. Lopp
Notary Public residing at Bell, Calif.
My commission expires June 22, 1978
(Seal)

Signed Vivian A. Endicott
(Signature of Any Credible Person)

3806 E. 61st St Huntington Park, Ca
(Street Address, City, State)

50 BM - DH 60-155

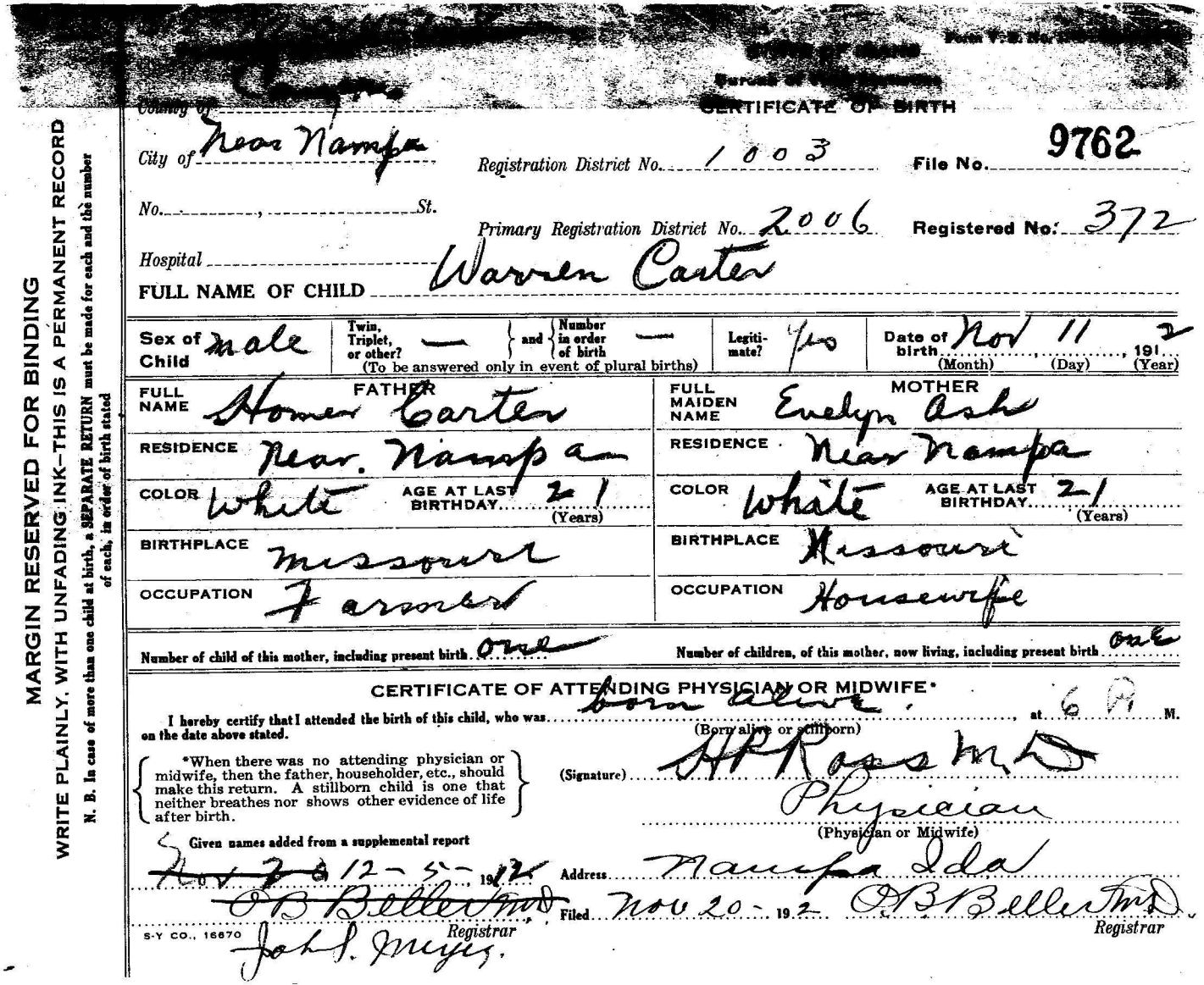
CL 4/20/77 1 bc pc. rec. # 8895

Family record obviously old ~~da~~ dated in 1915 gives name as Oren Lee Carter: viewed by V. S.

Honorable Dischareg from the US Army gives name as Oren L. Carter dated Nov 15, 1945. born Nov 11, 1912. viewed by V. S.

Family record dated Oct 28, 1911 gives name as Evelyn Hash. viewed by V. S.

Marriage certif from Missouri gives names as Homer Carter and Eflin Hash dated Nov 11, 1911. viewed by V. S.



MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

Form V. S. No. [illegible]

[illegible]

Bureau of [illegible]

CERTIFICATE OF BIRTH

County of [illegible]

City of Near Nampa

Registration District No. 1003 File No. 9762

No. ____, ____ St.

Primary Registration District No. 2006 Registered No. 372

Hospital ____

FULL NAME OF CHILD Warren Carter

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Male	—	—	Yes	Nov 11 192

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	Homer Carter	Evelyn Ash
RESIDENCE	Near. Nampa	Near Nampa
COLOR	White	White
AGE AT LAST BIRTHDAY (Years)	21	21
BIRTHPLACE	Missouri	Missouri
OCCUPATION	Farmer	Housewife

Number of child of this mother, including present birth One

Number of children, of this mother, now living, including present birth One

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 6 A M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) A R Ross M D

Physician

(Physician or Midwife)

Given names added from a supplemental report

~~Nov 7~~ 12-5-, 192~~2~~ Address Nampa Ida

~~O B Bellet M D~~ Registrar

Filed Nov 20- 192- O B Bellet M D Registrar

S-Y CO., 16670

John L. Meyer.

DEC 23 1976

DEC 30 1977

162-125-014-293

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

Form V. S. No. 11-C—15m-6-20-11

PLACE OF BIRTH

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

County of Canyon

City of Nampa

No. Cor 1st + 18th S St.

Hospital X

Registration District No. 3 File No. 9763

Primary Registration District No. 1006 Registered No. 373

FULL NAME OF CHILD X Alvin Wilfred Joslyn

Sex of Child	Twin, Triplet, or other?	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Male	X (To be answered only in event of plural births)	X	Yes	Nov 25, 1912

FATHER		MOTHER	
FULL NAME	H W Joslyn	FULL MAIDEN NAME	Mattie Sitton
RESIDENCE	Nampa Idaho	RESIDENCE	Nampa Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	43 (Years)	AGE AT LAST BIRTHDAY	38 (Years)
BIRTHPLACE	Mass.	BIRTHPLACE	Mo.
OCCUPATION	R R Supt.	OCCUPATION	Housewife

Number of child of this mother, including present birth 5

Number of children, of this mother, now living, including present birth 5

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 5:30 a. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. T. Murray

Physician

(Physician or Midwife)

Address Nampa Idaho

Given names added from a supplemental report

12th 5th + ~~30~~ 1912

~~O. B. Beller M.D.~~

John. Myers. Registrar

Filed 11-30-1912 O. B. Beller M.D. Registrar

S-Y CO., 16670

FEB 1 - 1954

269-216-014-36

PLACE OF BIRTH Amended 2-16-78

STATE OF IDAHO

Form V. S. No. 11-C—15m-6-20-11

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

County of Canyon

City of Nampa

No. 42 Lawyers But 2 St.

Registration District No. 1003

File No. 9765

Primary Registration District No. 1006

Registered No. 375

Hospital —

FULL NAME OF CHILD Agnes Ethel Susan Baillie

Sex of Child	Twin, Triplet, or other?	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Girl	× (To be answered only in event of plural births)	×	Yes	Nov 16, 1912

FATHER		MOTHER	
FULL NAME	Wm Baillie	FULL MAIDEN NAME	Arta Orr
RESIDENCE	Nampa Idaho	RESIDENCE	Nampa Idaho
COLOR	White	AGE AT LAST BIRTHDAY (Years)	39
COLOR	White	AGE AT LAST BIRTHDAY (Years)	32
BIRTHPLACE	Wisconsin	BIRTHPLACE	Nebraska
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 3

Number of children, of this mother, now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 1 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Jot Murray

Physician

(Physician or Midwife)

Address Nampa Ida

Given names added from a supplemental report

~~Nampa Ida 12-5~~, 19~~12~~

~~O. T. Beller M.D.~~, Registrar

Filed 11-20-1912 O. T. Beller M.D. Registrar

John L. Myers.

S-Y CO., 16670

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

NOV 2 8 1972

IDAHO DEPARTMENT OF HEALTH
BUREAU OF VITAL STATISTICS

RECEIVED
BUREAU OF
VITAL STATISTICS

Affidavit to Correct or Amend An Original Certificate of Birth or Death

State of OREGON
County of MULTNOMAH } ss.

JAN 30 10 02 AM '78

Certificate No. 9765
Date Filed

The undersigned does solemnly swear that certain facts on the certificate of birth (Birth or Death)
for Agnes Violet Baillie (Name on Original Certificate) who was born (Was Born or Died) on Nov 16, 1912 (Date of Event)
in Nampa, IDAHO (Canyon) (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts are shown by (Bible Record, Insurance Policy, Etc.) prepared on (Give Date), are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
child's middle name	Violet	Ethel Susan

Subscribed and sworn to before me this 27th day of January, 19 78

Notary Public, residing at Portland, Oregon
My commission expires 5-22-79
(Seal)

X Signed Pearl M. Hurley
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

6220 SE Woodstock Blvd. Portland, Oregon
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of
County of } ss.

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this day of , 19

Notary Public, residing at
My commission expires
(Seal)

Signed
(Signature of Any Credible Person)

(Street Address, City, State)

FORM DH 60-155

CL 12/9/77 nm

Page from family record gives name as Agnes Ethel Susan Baillie, name from her father's three sisters. Arta May (Nelson) Married Baillie after Mr. Nelson's death. Family page dated November 1965, at Wilson, Idaho.
Viewed by V.S.

Bible Record gives name as Agnes Ethel Susan Baillie, Nampa, Idaho, November 17, 1912, to William and Arta Baillie. Original record obviously old.
Viewed by V.S.

815-122-014-235

Form V, S. No. 11-C—20m-2-15-12

PLACE OF BIRTH

County of Canyon

City of Nampa

No. ____ St.

Hospital ____

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 3 File No. 9766

Primary Registration District No. 1006 Registered No. 376

FULL NAME OF CHILD William C. Hanover

Sex of Child	Twin / Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Male	—	—	yes	11 — 22 — 1912

	FATHER	MOTHER
FULL NAME	Samuel Austin Hanover	PULL MAIDEN NAME Emma Sterling
RESIDENCE	Nampa Ida	Nampa Ida
COLOR	White	White
AGE AT LAST BIRTHDAY (Years)	21	20
BIRTHPLACE	Ohio	Iowa
OCCUPATION	Laborer	Housewife

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Alive (Born alive or stillborn), at 4 a. M., on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) O B Beller M.D.

Physician (Physician or midwife)

Address Nampa Ida

Given names added from a supplemental report

12 — 5 — 14 — 30 — 1912

O B Beller M.D.

Registrar

Filed 11 — 30 — 1912 O. B. Beller M.D.

Registrar

S-Y CO. 20174

John S. Meyers.

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

RESIDENCE	
COLOR	AGE AT LAST BIRTHDAY ..... (Years)
BIRTHPLACE	

RESIDENCE	
COLOR	AGE AT LAST BIRTHDAY ..... (Years)
BIRTHPLACE	

-799-219-014-719

Amended 7-19-68

(Be sure the information is complete and accurate)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 9767
Local Reg. No. 377
Reg. Dist. No. 3

1. PLACE OF BIRTH
a. COUNTY: Canyon
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN: Nampa
c. FULL NAME OF (If NOT in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION: Country

2. USUAL RESIDENCE OF MOTHER (Where does mother live?)
a. STATE: Idaho
b. COUNTY: Canyon
c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN: Nampa
d. STREET ADDRESS (If rural, give location):

3. CHILD'S NAME (Type or print)
a. (First): Eva
b. (Middle): Marie
c. (Last): Grigg

4. SEX: Female

5a. THIS BIRTH: SINGLE X TWIN ____ TRIPLET ____

5b. IF TWIN OR TRIPLET (This child born) 1st ____ 2nd ____ 3rd ____

6. DATE OF BIRTH (Month) (Day) (Year): 11 - 19 - 1912

FATHER OF CHILD

7. FULL NAME
a. (First): Ammon
b. (Middle): A.
c. (Last): Grigg

8. AGE (At time of this birth): 32 YEARS

9. BIRTHPLACE (State or foreign country) (City or Town): Utah

10. USUAL OCCUPATION: Farmer

11. KIND OF BUSINESS OR INDUSTRY:

MOTHER OF CHILD

12. FULL MAIDEN NAME
a. (First): Mary
b. (Middle): Pratt
c. (Last): Gardner

13. AGE (At time of this birth): 26 YEARS

14. BIRTHPLACE (State or foreign country) (City or Town): Utah

15. CHILDREN PREVIOUSLY BORN TO THIS MOTHER (Do NOT include this child)
a. How many OTHER children are now living? 3
b. How many OTHER children were born alive but are now dead? 0
c. How many children were stillborn (born dead after 20 wks. pregnancy?) 0

16. INFORMANT'S SIGNATURE OR NAME (Relationship):

I hereby certify that this child was born alive on the date stated above.

17. SIGNATURE: O. B. Beller, M.D.

18. ATTENDANT AT BIRTH: M.D. X MIDWIFE ____ OTHER (Specify) ____

19. ADDRESS: Nampa, Idaho

20. DATE SIGNED:

21. DATE REC'D BY LOCAL REG.: 11-30-1912

22. REGISTRAR'S SIGNATURE: O. B. Beller, M.D.

23. DATE ON WHICH GIVEN NAME ADDED BY ____ Registrar

FOR MEDICAL AND HEALTH USE ONLY

Was a test for phenylketonuria performed? YES ____ NO ____ DATE ____

Was a standard serological test for syphilis performed? YES ____ NO ____ APPROXIMATE DATE ____

Use BLACK Record typewriter ribbon in completing this certificate. This certificate MUST be filed with the ... in the district where the birth occurred WITHIN 10 days after the date of birth of the child. Address ... DIVISION OF VITAL STATISTICS, BOISE, IDAHO.

799-218-014-719

Form V. S. No. 11-C—20m-2-15-12

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH

County of Canyon

City of Nampa.

No. Country St.

Hospital

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. ~~1003~~ File No. 9767

Primary Registration District No. 2006 Registered No. 377

FULL NAME OF CHILD Griggs

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Female	—	—	Yes	11 18 1912

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	Ammon A. Griggs	Mary Pratt Gardner
RESIDENCE	Nampa Ida	Nampa Ida
COLOR	White	White
AGE AT LAST BIRTHDAY (Years)	32	26
BIRTHPLACE	Utah	Utah.
OCCUPATION	Farmer	Housewife

Number of child of this mother, including present birth 4th. Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Alive (Born alive or stillborn), at 8 a. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) O B Beller M.D.

Physician (Physician or midwife)

Address Nampa Ida

Given names added from a supplemental report

Dec. 5 1912

John J. Meyer Registrar

Filed 11/30 1912 O B Beller M.D. Registrar

8-Y CO. 20/74

JUN 27 1968

JUL 19 1968

6-25-68

IDAHO DEPARTMENT OF HEALTH

BUREAU OF VITAL STATISTICS

Affidavit to Correct or Amend An Original Certificate of Birth or Death

State of ..... } ss.
County of ..... }

Certificate No. 9767

Date Filed .....

The undersigned does solemnly swear that certain facts on the certificate of birth (Birth or Death)
for Unnamed Griggs (Name on Original Certificate) who was born (Was Born or Died) on Nov. 18, 1912 (Date of Event)
in Nampa, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts are shown by ..... (Bible Record, Insurance Policy, Etc.) prepared on ..... (Give Date) are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
Full Name of child	Unnamed Griggs	Eva Marie Grigg
last name of father	Griggs	Grigg
mother's maiden name	Mary Pralt Gardner	Mary Pratt Gardner
date of birth -child's	Nov. 18, 1912	November 19, 1912

Subscribed and sworn to before me this 27 day of June, 19 68

Notary Public, residing at Eagle Idaho

My commission expires Sept 28, 1968

(Seal)

Signed .....
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

1638 NE 102nd Ave, Portland, Oregon
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of ..... } ss.
County of ..... }

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this ..... day of
....., 19.....

Notary Public, residing at .....

My commission expires .....

(Seal)

Signed .....
(Signature of Any Credible Person)

.....
(Street Address, City, State)

FORM DH 60-155

A sister's certificate on file with state of Idaho, certificate # 25643 gives name of father as Ammon A. Grigg. Sister born Nov. 5, 1914. Viewed by V. S.

Family Record, gives full name of father as Ammon Anderson Grigg, gives full name of one daughter as Eva Marie Grigg, born Nov. 19, 1912 at Nampa, Idaho, married to Stewart Corey Lee Aug. 20, 1934, Eva Marie was baptized Aug. 27, 1921 - viewed by VS. Father's birthdate August 2, 1880 at Payson, Utah.

Oregon Driver's License, gives full name as Eva Marie Grigg Lee, issued 10-26-66, expires 11-19-68 - viewed by VS. gives birth date as 11-19-12.

Social Security Card, #523-03=3689, gives name as Eva Marie G. Lee - viewed by VS.

Brother's Birth Certificate on file (Idaho File) #138143, gives mother's maiden name as Mary Pratt Gardner - viewed by VS.

LDS Church Cert. of Blessing, February 12, 1913, gives name as Eva Marie Grigg, daughter of Ammon A. Grigg and Mary P. Gardner, born November 19, 1912 at Nampa, Idaho - viewed by VS.

469 - 218-014-359

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH

County of Canyon

City of Nampa Ida

No. 9th Ave S St.

Hospital

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

Registration District No. 5 File No. 9768

Primary Registration District No. 1006 Registered No. 378

FULL NAME OF CHILD Dorothy Morse

Sex of Child	Twin / Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Fem	—	—	Yes	11 18 1912

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	Asa T. Morse	Elma Ferrell
RESIDENCE	Nampa Ida	Nampa Ida
COLOR	White	White
AGE AT LAST BIRTHDAY (Years)	30	30
BIRTHPLACE	Jackport Ill.	Marysville Tenn.
OCCUPATION	Solicitor	Housewife

Number of child of this mother, including present birth 5

Number of children of this mother now living, including present birth 5

CERTIFICATE OF ATTENDING PHYSICIAN, OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Alive (Born alive or stillborn), at 6 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) O. B. Beller M.D.

Physician (Physician or midwife)

Address Nampa Ida

Given names added from a supplemental report

Dec. 5 1912

John D. Meyers Registrar

Filed 11-18-1912 O. B. Beller M.D. Registrar

S-Y CO 20174

Form V.S. No. 16-S—20m-9-15-12

STATE OF IDAHO

BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

PLACE OF BIRTH

(County of)

RESIDENCE

COLOR

AGE AT LAST BIRTHDAY (Years)

BIRTHPLACE

COLOR

AGE AT LAST BIRTHDAY (Years)

BIRTHPLACE

Baby Book, gives name as Dorothy Morse, born Nov. 18, 1912, viewed by V.S.
Statement from Mrs. Roberta Showalter, Registrar, Nampa Senior High School; Nampa, Idaho written April 3, 1964 states " This is to certify that the records of the Nampa Senior High School show that Dorothy Morse was born November 18, 1912. Parents name A. C. Morse residence Nampa, Idaho, Rt. #1. Graduated May 27, 1932 from our school." - viewed by V.S.

IDAHO STATE BOARD OF HEALTH
DIVISION OF VITAL STATISTICS

Affidavit to Correct or Amend An Original Certificate of Birth or Death

State of Oregon
County of Yamhill } ss.

RECEIVED
APR 2 1964
Bureau of Vital Statistics

Certificate No. 9768
Date Filed

The undersigned does solemnly swear that certain facts on the certificate of Birth (Birth or Death)
for Unnamed Morse (Name on Original Certificate) who born (Was Born or Died) on Nov. 18, 1912 (Date of Event)
in Nampa, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the true facts are shown by (Bible Record, Insurance Policy, Etc.) prepared on (Give Date), are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
Full Name of Child	Unnamed	Dorothy Morse

Subscribed and sworn to before me this 27 day of March, 1964

J. Hazel L. Hurlbert
Notary Public, residing at Eagle, Idaho
My commission expires Sept 28, 1968
(Seal)

Signed Curtis Morse
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)
Green Leaf Idaho
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Oregon
County of Yamhill } ss.

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

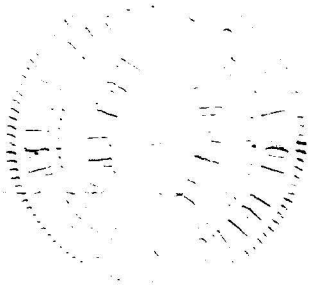
Subscribed and sworn to before me this 18th day of March, 1963

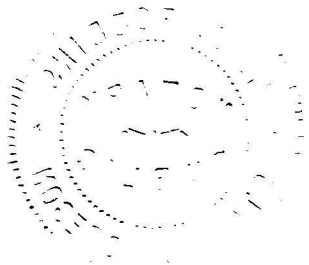
Notary Public, residing at Newberg, Oregon.
My commission expires October 1, 1966
(Seal)

Signed Mattie Morse Cook
(Signature of Any Credible Person)
Friendsview Manor Member of Oregon
(Street Address, City, State)

FORM DPH 55.155 NNCL 3-24-59. nm

APR 8 1964





363-111-014-295

PLACE OF BIRTH

County of Canyon

City of Nampa Ida

No. N-16th St.

Hospital —

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

Form V. S. No. 13-C—20m-2-15-12

CERTIFICATE OF BIRTH

Registration District No. 3 File No. 9769

Primary Registration District No. 1006 Registered No. 379

FULL NAME OF CHILD Walter Oliver Collins

Sex of Child Male | Twin, Triplet or other? — and Number in order of birth — (To be answered only in event of plural births) | Legitimate? yes | Date of Birth .. (Month) .. (Day) 191 2 (Year)

FATHER		MOTHER	
FULL NAME	Fred Collins	FULL MAIDEN NAME	Lizzie Bierd
RESIDENCE	Murphy Ida	RESIDENCE	Murphy Ida
COLOR	White	AGE AT LAST BIRTHDAY	24 (Years)
COLOR	White	AGE AT LAST BIRTHDAY	19 (Years)
BIRTHPLACE	Missouri	BIRTHPLACE	Missouri
OCCUPATION	Teamster	OCCUPATION	Housewife

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Alive (Born alive or stillborn), at 11 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) O B Beller M.D.

Physician (Physician or midwife)

Address Nampa Ida

Given names added from a supplemental report

Dec. 5th 1912

John S. Meyer Registrar

Filed 11-11-1912 O B Beller M.D. Registrar

8-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Form V. S. No. 11-C—2m-2-10-12

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

PLACE OF BIRTH

County of

MARGIN RESERVED FOR BINDING

WRITE PLAINLY. WITH UNFADING INK—THIS IS A PERMANENT RECORD

P. S.—In case of more than one child at birth, a separate CERTIFICATION must be made for each and the number of each in order of birth stated.

COLOR	AGE AT LAST BIRTHDAY (Years)	COLOR	AGE AT LAST BIRTHDAY (Years)
BIRTHPLACE		BIRTHPLACE	

IDAHO STATE BOARD OF HEALTH
DIVISION OF VITAL STATISTICS

Affidavit to Correct or Amend An Original Certificate of Birth or Death

State of Idaho
County of Ada } ss.

Certificate No. 9769

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of birth (Birth or Death)
for Unnamed Collins (Name on Original Certificate) who was born (Was Born or Died) on 11-11-12 (Date of Event)
in Nampa (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts are shown by Social Security Card (Bible Record, Insurance Policy, Etc.) prepared on 6-28-37 (Give Date), are:
Own Child's Birth Cert. Washington State viewed by vital stat.

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
Child's Name	Unnaed	Walter Oliver Collins
Birthdate	11-11-12	birthdate O.K 11-12-12

Subscribed and sworn to before me this 12th day of July, 1957
Vera M. Powers
Notary Public, residing at Boise
My commission expires 6/4/60
(Seal)

Signed Elizabeth Biers Collins-Bradshaw (Mother)
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)
1516 Thurston ave Olympia Wn
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of
County of } ss.

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 17th day of July, 1957
Vera M. Powers
Notary Public, residing at Boise
My commission expires 6/4/60
(Seal)

Signed Ellen Foster
(Signature of Any Credible Person)
4413 Kendall
(Street Address, City, State)
Boise, Idaho

FORM DPH 55. 155

JUL 18 1957

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK. THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

299 - [redacted] -968

PLACE OF BIRTH

[redacted]

No. 21-C Rev. 9-7-11

County of Calhoun

City of Albion

No. ....., ... St.

Hospital .....

CERTIFICATE OF BIRTH

Registration District No. 31 File No. 9770

Primary Registration District No. 2125 Registered No. 194

FULL NAME OF CHILD Margaret Elizabeth Braxton

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Female	X	X	yes	Nov 26 1912

	FATHER	MOTHER
FULL NAME	John Russell Braxton	Ethel Mary Doyle
RESIDENCE	Albion Ida	Albion Ida
COLOR	White	White
AGE AT LAST BIRTHDAY (Years)	30	23
BIRTHPLACE	Michigan	Wisconsin
OCCUPATION	Printer	Housewife

Number of child of this mother, including present birth 2

Number of children, of this mother, now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn), at 8.05 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) L. B. Stockslager M.D.

(Physician or Midwife)

Given names added from a supplemental report

....., 19.....

Registrar

Address .....

Filed Nov 30 1912 L. B. Stockslager Registrar

SYMS - YORK CO., PTRS. & BDRS. 17326

PLACE OF BIRTH

Form V. S. No. U-C—Mm-8-7-11

STATE OF IDAHO.

Bureau of Vital Statistics

MARGIN PRESERVED FOR BINDING

WHITE PLAINLY WITH UNFADING INK. DO NOT USE A LEAD PENCIL

N. B. In case of twins or triplets, a separate certificate must be filled out for each child.

24 [redacted] [redacted] IDAHO

Form V. S. No. 11-C—16m-8-7-11

Coun[redacted] Bureau of Vital Statistics

CERTIFICATE OF BIRTH

City of Albion

Registration District No. 31 File No. 9771

No. ____, ____ St.

Primary Registration District No. 2135 Registered No. 1981

Hospital ____

FULL NAME OF CHILD Bert Smith

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Male	X		X	yes	Nov 22 1912

FATHER	MOTHER
FULL NAME L. B. Smith	FULL MAIDEN NAME Kate Glover
RESIDENCE Albion	RESIDENCE Albion Idaho
COLOR white	AGE AT LAST BIRTHDAY 30 (Years)
BIRTHPLACE Kansas	COLOR white
OCCUPATION Barber	AGE AT LAST BIRTHDAY 28 (Years)
	BIRTHPLACE Kansas
	OCCUPATION Housewife

Number of child of this mother, including present birth 3.

Number of children of this mother, now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn) on the date above stated, at 7:30 A M.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) L. B. Stockdale M.D.

(Physician or Midwife)

Given names added from a supplemental report

....., 19.....

Registrar

Address ____

Filed Nov 30 1912 L. B. Stockdale

Registrar

SYMS - YORK CO., PTRS. & BDRS. 17326

MARGIN RESERVED. FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

MAY 3 1948

238- 103-016-255

[redacted]

Form V. S. No. 11-C—10m-8-7-11

PLACE OF BIRTH

County of Boone

City of Albion

No ____, ____ St.

Hospital ____

CERTIFICATE OF BIRTH

Registration District No 31 File No 9772

Primary Registration District No 315 Registered No. 196

FULL NAME OF CHILD Schmidt

Sex of Child	Twin, Triplet or other?	and	Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Male	X (To be answered only in event of plural births)		X	Yes	Dec 3 1912

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	Edward Schmidt	Effie Bowers
RESIDENCE	Albion Idaho	Albion Idaho
COLOR	White	White
AGE AT LAST BIRTHDAY (Years)	45	33
BIRTHPLACE	Missouri	Missouri
OCCUPATION	Farmer	Housewife

Number of child of this mother, including present birth 7

Number of children, of this mother, now living, including present birth 5

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn), at 9:10 a M. on the date above stated.

(Signature) L. B. Stockbridge MD

(Physician or Midwife)

Address ____

Filed Dec 7 1912 L. B. Stockbridge Registrar

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report

____, 19____

____ Registrar

SYMS - YORK CO., PTRS. & BDRS. 17326

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

MARGIN RESERVED FOR BINDING

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

766 - 215-016-249

Form U. S. No. 11-C-20m-2-15-12

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Cassia

City of Malta

Registration District No. 31 File No. 9773

No. ..... St.

Primary Registration District No. 2135 Registered No. 197

Hospital PEARL MYRTLE

FULL NAME OF CHILD ~~Myrtle Eva~~ Powers

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Female	-	-	yes	Nov 13 1912

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	Andrew Robert Powers	Pearl Smith
RESIDENCE	Sublett Idaho	Sublett Idaho
COLOR	W	White
AGE AT LAST BIRTHDAY (Years)	21	20
BIRTHPLACE	Sublett Idaho	Paradise Utah
OCCUPATION	Farmer	Housewife

Number of child of this mother, including present birth 1

Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) on the date above stated., at 12 30 P. M.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) C J Eaton MD

(Physician or midwife)

Address Malta Idaho

Given names added from a supplemental report

..... 19.....

Filed Dec 6 1912 P B Stuckenberg

Registrar

S-Y CO-20174

Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

DECEASED

STATE OF IDAHO

DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of Idaho } ss.
County of Cassia }

Certificate No. 9773

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of birth (BIRTH OR DEATH)
for (Baby) Myrtle Eva Powers (NAME ON ORIGINAL CERTIFICATE) who was born (WAS BORN OR DIED) on Nov-13-1912 (DATE OF EVENT)
in Malta, Idaho (PLACE OF EVENT) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts as shown by Church record (BIBLE RECORD, INSURANCE POLICY, ETC.) prepared on about 1916. (GIVE DATE), are:

FACTS TO BE CORRECTED ("NAME", "BIRTH DATE", "CAUSE OF DEATH", ETC.)	FROM (AS ON ORIGINAL)	TO (THE CORRECT FACTS)
Name	Myrtle Eva	Pearl Myrtle Powers

Subscribed and sworn to before me this 9th
day of January, 19 42

Notary Public, residing at Malta, Idaho

My commission expires Jan-25-1945.
(SEAL)

Signed Pearl Hutchison
(SIGNATURE OF PARENT OR ATTENDANT IF CORRECTING A BIRTH RECORD; OF ATTENDANT, FUNERAL DIRECTOR, INFORMANT IF CORRECTING A DEATH RECORD; OR OTHER CREDIBLE PERSON.)

Malta, Idaho. Box-53.
(STREET ADDRESS, CITY, STATE)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Idaho } ss.
County of Cassia }

[THIS AFFIDAVIT MUST ALSO BE EXECUTED. (SEE CHAPTER 139, 1937 IDAHO SESSION LAWS.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 9th.
day of January, 19 42

Notary Public, residing at Malta, Idaho

My commission expires Jan-25-1945.
(SEAL)

Signed x Mrs. John O Smith
(SIGNATURE OF ANY CREDIBLE PERSON OTHER THAN PREVIOUS AFFIANT.)

Malta, Idaho
(STREET ADDRESS, CITY, STATE)

Received for filing on By
(REGISTRAR'S SIGNATURE)

JAN 12 1943

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

537-2 Amended 12/2/12 6-469

Form V. S. [illegible] m-2-15-12

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Cassia

City of Malta

No. ..... St.

Hospital .....

Registration District No. 31 File No. 9774

Primary Registration District No. 2131 Registered No. 198

FULL NAME OF CHILD Olive Mae Ellis

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
F	—	—	Yes	Nov 14 1912

FATHER		MOTHER	
FULL NAME	William Ellis	FULL MAIDEN NAME	Ida Mae Morgan
RESIDENCE	Bridge Ida	RESIDENCE	Bridge Ida
COLOR	W	COLOR	W.
AGE AT LAST BIRTHDAY (Years)	29	AGE AT LAST BIRTHDAY (Years)	20
BIRTHPLACE	Logan Utah	BIRTHPLACE	Shelton Ida
OCCUPATION	Farmer	OCCUPATION	House wife

Number of child of this mother, including present birth .....

Number of children of this mother now living, including present birth .....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) on the date above stated., at 10:30 A.M.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) C. J. Satre M.D.

(Physician or midwife)

Address Malta Idaho

Given names added from a supplemental report

..... 19.....

Filed Dec 7 1912 L B Stockslager

Registrar

..... Registrar

S-Y CO. 20174

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

PLACE OF BIRTH

County of Cassia

IDAHO DEPARTMENT OF HEALTH

BUREAU OF VITAL STATISTICS

RECEIVED DEC 1 - 1913 Bureau of Vital Statistics

Affidavit to Correct or Amend An Original Certificate of Birth or Death

State of ..... } ss.
County of ..... }

Certificate No. 9774

Date Filed .....

The undersigned does solemnly swear that certain facts on the certificate of Birth (Birth or Death)

for Unnamed Ellis (female child) (Name on Original Certificate) who was born (Was Born or Died) on Nov. 14, 1912. (Date of Event)

in Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the true facts are shown by ..... (Bible Record, Insurance Policy, Etc.) prepared on ..... (Give Date), are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
Full Name of Child	Unnamed	Olive Mae Ellis
Child's Birthplace	Not Given	Malta, Idaho - Cassia Co.
Mother's Full Maiden Name	Ida May Morgan	Ida Mae Morgan

Subscribed and sworn to before me this 30 day of NOVEMBER, 19 61

Notary Public, residing at Klamath Falls, Ore.

My commission expires 9-21-65

(Seal)

Signed O. D. Ellis Grandson

(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

1764 Pleasant Ave. Klamath Falls Ore.

(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of ..... } ss.
County of ..... }

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this ..... day of ....., 19.....

Notary Public, residing at .....

My commission expires .....

(Seal)

Signed .....

(Signature of Any Credible Person)

.....

(Street Address, City, State)

FORM DH 60-155 CL 1-31-64. one copy pd. rec. #15100.

Marriage certif. for William Ellis and Ida Mae Morgan. Dated January 2, 1912 at Idaho Falls, Idaho. Viewed by V. S.

DEC 2 1971

Certif. from Health Dept for Klamath Falls Public Schools, Klamath Falls, Oregon gives name as Olive M. Ellis. Dated Nov. 17, 1927. Viewed by V. S.

Family Bible Record for the children of William Ellis and Ida M. Morgan gives child's name as Olive Mae Ellis. Born Nov. 14, 1912 at Malta, Idaho. Viewed by V. S.

842 = 118-016 = 243

PLACE OF BIRTH

Form V. S. No. 11-C—20m-2-[redacted]

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of .....

City of .....

No. ..... St.

Hospital .....

Registration District No. 31 File No. 9775

Primary Registration District No. 2134 Registered No. 199

FULL NAME OF CHILD .....

Sex of Child	Twin, Triplet or other?	and	Number in order of birth	Legitimate?	Date of Birth
M	—	—	—	Yes	Nov 15 1912 (Month) (Day) (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	Isaac Leroy Hubbard	FULL MAIDEN NAME	Sarah Estella Bucken
RESIDENCE	Malta Ida	RESIDENCE	Malta Ida
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY	27 (Years)	AGE AT LAST BIRTHDAY	24 (Years)
BIRTHPLACE	Willard Utah	BIRTHPLACE	Elba Ida
OCCUPATION	Merchant	OCCUPATION	Home wife

Number of child of this mother, including present birth .....

Number of children of this mother now living, including present birth .....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 7:30 A.M. on the date above stated.

(Signature) C. J. Yates M.D.

(Physician or midwife)

Address Malta Ida

Filed Dec 7 1912 L B Stockdale Registrar

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report

..... 19.....

..... Registrar

8-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Form V. S. No. 11-C—20m-8-15-42

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

PLACE OF BIRTH

County of .....

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. ... case of twins the one first born is to be numbered 1, and the one next born 2.

MARGIN RESERVED FOR BINDING

243-129-016-719

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH

County of Cassia

City of _____

No. _____ St.

Hospital _____

Form V. S. No. 11-C—20m-2-15-12

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 31 File No. 9776

Primary Registration District No. 2151 Registered No. 200

FULL NAME OF CHILD _____

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
M	c	c	yes	Nov 29 1912

FATHER	MOTHER
FULL NAME Frank Buchanan	FULL MAIDEN NAME Hattie Pierson
RESIDENCE Elba Idaho	RESIDENCE Elba Idaho
COLOR W AGE AT LAST BIRTHDAY 27 (Years)	COLOR W AGE AT LAST BIRTHDAY 23 (Years)
BIRTHPLACE Elba Idaho	BIRTHPLACE Wyland Indiana
OCCUPATION Farmer	OCCUPATION Home maker

Number of child of this mother, including present birth _____ Number of children of this mother now living, including present birth _____

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive at 3:30 A. M. on the date above stated.

(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) C. L. Slater M.D.

(Physician or midwife)

Address Malta Idaho

Given names added from a supplemental report

_____ 19____

_____ Registrar

Filed Dec 7 1912 L. B. Stuckenberg Registrar

S-Y CO. 20174

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Form V. S. No. U-C--20m-8-15-12

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

418-206-016-366

Form V. S. No. 11-C—20m-2-15-12

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Cassia

City of Burley

No. ..... St.

Hospital .....

Registration District No. 31 File No. 9778

Primary Registration District No. 2124 Registered No. 202

FULL NAME OF CHILD Sarah E. Hayley

Sex of Child	Twin Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Female			Yes	Nov. 6 1912

FATHER		MOTHER	
FULL NAME	C. C. Hayley	FULL MAIDEN NAME	Myrtle Cook
RESIDENCE	Burley, Idaho	RESIDENCE	Burley Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	24	AGE AT LAST BIRTHDAY (Years)	23
BIRTHPLACE	Idaho.	BIRTHPLACE	Idaho.
OCCUPATION	Laborer	OCCUPATION	

Number of child of this mother, including present birth 2

Number of children of this mother now living, including present birth 0

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 7.30 a. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Dr. J. C. Patterson M. D. (Physician or midwife)

Address Burley, Idaho

Given names added from a supplemental report

..... 19.....

..... Registrar

Filed Dec 6 19 12 L. B. Stockdale Registrar

S-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

692-106-016-469 Amended Child's Name 5-15-03 LME

Form V. S. No. 11-C—20m-2-15-12

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD MARGIN RESERVED FOR BINDING

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH

County of Cassia

City of Burley

No. ____ St.

Hospital ____

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 31 File No. 9779

Primary Registration District No. 2176 Registered No. 203

FULL NAME OF CHILD Floyd Morgan Fisher

Sex of Child	Twin / Triplet or other? (To be answered only in event of plural births) and Number in order of birth	Legitimate	Date of Birth (Month) (Day) (Year)
Male		yes	Nov. 6 1912

FATHER		MOTHER	
FULL NAME	Frank M. Fisher	FULL MAIDEN NAME	Lily E. Morgan
RESIDENCE	Burley, Idaho.	RESIDENCE	Burley, Idaho.
COLOR	white	COLOR	white
AGE AT LAST BIRTHDAY (Years)	32	AGE AT LAST BIRTHDAY (Years)	23
BIRTHPLACE	Utah	BIRTHPLACE	Wyo.
OCCUPATION	Farmer	OCCUPATION	

Number of child of this mother, including present birth 3

Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 7 a.m. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Dr. J. C. Patterson M.D.
(Physician or midwife)

Address Burley, Idaho

Given names added from a supplemental report

....., 19.....

Registrar

Filed Dec 4 1912 L. B. Stinchfield
Registrar

S-Y CO. 0174

RESIDENCE	Burley Idaho
COLOR	White
AGE AT LAST BIRTHDAY	23 (Years)
BIRTHPLACE	

RESIDENCE	Burley Idaho
COLOR	White
AGE AT LAST BIRTHDAY	23 (Years)
BIRTHPLACE	

VITAL STATISTICS
03 APR -9 PM 2:08

IDAHO DEPARTMENT OF HEALTH AND WELFARE
BUREAU OF HEALTH POLICY AND VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE

State of _____ } SS
County of _____

Certificate No. 1912-9779
Date Filed 12/5/1912

The undersigned does solemnly swear that certain facts on the certificate of birth (Birth, Death, Marriage, etc.)
for Baby Boy Fisher (Name on Original Certificate) who was born (Was Born, Died, etc.) on November 6, 1912 (Date of Event)
in Burley, Idaho (Cassia) (Place of Event) are erroneous or were omitted.

ITEMS TO BE CORRECTED	FROM	TO
Child's name	Fisher	Floyd Morgan Fisher

Subscribed and sworn to before me this 1st day of April, 2003

Notary Public, Rhonda C Russell

Residing at Baytown, TX

My commission expires _____ (Seal)

RHONDA C. RUSSELL
Notary Public, State of Texas
Commission Expires 2/25/06

x Charlotte Carter
Signature of Applicant

x 710 E Acme Baytown Tx 77520
Street Address, City, State and Zip

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of _____ } SS
County of _____

(Must be completed ☐)
(Is not necessary ☒)

The undersigned does solemnly swear that he has knowledge of the facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this _____ day of _____, _____

Notary Public, _____

Residing at _____

My commission expires _____ (Seal)

_____
Signature of Applicant

_____
Street Address, City, State and Zip

3/24/03

Revised 03.10.03

Rites of Matrimony for Floyd M. Fisher and Miss Vira Richardson dated June 20, 1945 in Austin Texas. Viewed by VS

U.S. Social Security Act Application for Account # for Floyd Morgan Fisher born on Nov. 6, 1912 in Declo, Idaho Parents Frank James Fisher and Emma Morgan dated 12-3-1936. Viewed by VS

692-106-016-246

Form V. S. No. 11-C—20m-2-15-12

PLACE OF BIRTH

County of Cassia

City of Burley

No. ..... St.

Hospital .....

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 31 File No. 9780

Primary Registration District No. 31 Registered No. 204

FULL NAME OF CHILD Fisher

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Male			yes	Nov. 6th 191.2

FATHER

FULL NAME: William Fisher

RESIDENCE: Burley, Idaho

COLOR: white AGE AT LAST BIRTHDAY: 38 (Years)

BIRTHPLACE: Utah

OCCUPATION: Farmer

MOTHER

FULL MAIDEN NAME: Sarah J. Smoot

RESIDENCE: Burley, Idaho.

COLOR: white AGE AT LAST BIRTHDAY: 35 (Years)

BIRTHPLACE: Utah

OCCUPATION:

Number of child of this mother, including present birth: 3

Number of children of this mother now living, including present birth: 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born Alive (Born alive or stillborn), at 8 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Dr. J. C. Patterson M.D.

(Physician or midwife)

Address Burley Idaho

Given names added from a supplemental report

..... 19.....

..... Registrar

Filed Dec 5 19.12 L. B. Stockbarger Registrar

S-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH

County of

RESIDENCE

COLOR

AGE AT LAST BIRTHDAY

(Years)

BIRTHPLACE

Amended 3-3-61

PLACE OF BIRTH

395-112-016-163

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Cassia

City of Burley

No. ..... St.

Hospital .....

Registration District No. 31 File No. 9781

Primary Registration District No. 2124 Registered No. 205

FULL NAME OF CHILD William Ronald Tinsley
(Certificate of no value without full name of child.)

Sex of Child	Twin / Triplet / or other? (To be answered only in event of plural births)	and (Number in order of birth)	Legitimate?	Date of birth (Month) (Day) (Year)
Male			Yes	Nov. 12, 1912

What bactericidal solution was used in eyes? .....

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

FATHER	MOTHER
FULL NAME: W. E. Tinsley	FULL MAIDEN NAME: Almeda Jolley
RESIDENCE: Burley, Idaho	RESIDENCE: Burley, Idaho
COLOR: White	COLOR: White
AGE AT LAST BIRTHDAY: 25 (Years)	AGE AT LAST BIRTHDAY: 23 (Years)
BIRTHPLACE: Utah	BIRTHPLACE: Arizona
OCCUPATION: Farmer	OCCUPATION:

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born Alive (Born alive or stillborn), at 10 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Give names added from a supplemental report.

..... , 192.....

..... Registrar.

(Signature) Dr. J.C. Patterson

M.D.
(Physician or midwife)

Address Burley, Idaho

Filed Dec. 5, 1912 L. B. Stockslager
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Form V. S. No. 11-C-20m-3-19-12

PLACE OF BIRTH

County of Cassia

City of Burley

No. ..... St.

Hospital .....

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 31 File No. 9781

Primary Registration District No. 21st Registered No. 205

FULL NAME OF CHILD William R. Tinsley

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Male			yes	Nov. 12th 191 2

FATHER		MOTHER	
FULL NAME	W. E. Tinsley	FULL MAIDEN NAME	Almeda Jolley
RESIDENCE	Burley, Idaho	RESIDENCE	Burley, Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	25	AGE AT LAST BIRTHDAY (Years)	23
BIRTHPLACE	Utah	BIRTHPLACE	Arizona
OCCUPATION	Farmer	OCCUPATION	

Number of child of this mother, including present birth 1

Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born Alive (Born alive or stillborn) at 10 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Dr. J. C. Patterson M. D.

(Physician or midwife)

Address Burley, Idaho

Given names added from a supplemental report

..... 19.....

Filed Dec 5 19 12 L B Stockberger

Registrar

..... Registrar

8-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH

MAR 3 1961

County of

Documents listed on back -

IDAHO DEPARTMENT OF HEALTH

BUREAU OF VITAL STATISTICS

Affidavit to Correct or Amend An Original Certificate of [redacted] Death

State of Idaho } ss.
County of Cassia }

No. 9781

The undersigned does solemnly swear that certain facts on the certificate of [redacted] Death)

for William R. Tinsley (Name on Original Certificate) who was born (Was Born or Died) [redacted], 1912 (Date of Event)

in Burley, Idaho (Place of Event) are erroneous or were omitted; and that [redacted] his knowledge, the true facts are shown by Insurance Policy (Bible Record, Insurance Policy, Etc.) prepared on January 1943 (Date), are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (Correct Facts)
Full Name of Child	William R. Tinsley	William Ronald Tinsley

Subscribed and sworn to before me this 24th day of February, 19 61

Notary Public, residing at Burley, Cassia Co. Idaho

My commission expires June 1st 1963

(Seal)

Signed Mrs. Dolley Tinsley
(Signature of parent or child if correcting a birth record; of attendant, funeral director or informant if correcting a death record; or other credible person.)

1243 Almo Ave Burley Idaho
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of ..... } ss.
County of ..... }

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this ..... day of ....., 19.....

Notary Public, residing at .....

My commission expires .....

(Seal)

Signed .....
(Signature of Any Credible Person)

.....
(Street Address, City, State)

FORM DH 60-155

CL 2-23-61. one copy pd. receipt #12537.

Social Security Card, #518-24-5468 gives full name as William Ronald Tinsley - viewed by V.S.

Notice of Classification, Selective Service, Sept. 28, 1945, order no. 300, Class4-A, gives full name as William Ronald Tinsley - viewed by V.S.

Selective Service Registration Certificate, appears to have been made in the 1940's gives full name as William Ronald Tinsley - viewed by V.S.

314-214-016-319

Form V. S. No. 11-C—20m-2-15-12

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Cassia

City of Burley

No. ____ St.

Hospital ____

Registration District No. 31 File No. 9782

Primary Registration District No. 214 Registered No. 206

FULL NAME OF CHILD Campbell

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Female			yes	Nov. 14th 1912

FATHER		MOTHER	
FULL NAME	A. E. Campbell	FULL MAIDEN NAME	Amelia Larsen
RESIDENCE	Burley, Idaho	RESIDENCE	Burley, Idaho
COLOR	white	COLOR	white
AGE AT LAST BIRTHDAY	21 (Years)	AGE AT LAST BIRTHDAY	19 (Years)
BIRTHPLACE	Idaho	BIRTHPLACE	Utah
OCCUPATION	Laborer	OCCUPATION	

Number of child of this mother, including present birth 1

Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 10 a. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Dr. J. C. Patterson M. D.

(Physician or midwife)

Address Burley, Idaho

Given names added from a supplemental report

....., 19.....

.....
Registrar

Filed Dec 5 1912 L B Stockberger
Registrar

S-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

RESIDENCE	Burley Idaho
COLOR	AGE AT LAST BIRTHDAY 21 (Years)
BIRTHPLACE	

RESIDENCE	Burley Idaho
COLOR	AGE AT LAST BIRTHDAY 1 (Years)
BIRTHPLACE	

713 - 226-016-363

PLACE OF BIRTH

Form V. S. No. 11-C—20m-2-15-12

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Cassia

City of Burley

No. ..... St.

Hospital .....

Registration District No. 31

Primary Registration District No. 2131

File No. 9783

Registered No. 209

FULL NAME OF CHILD Patterson

Sex of Child	Twin / Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Female			yes	Nov. 26th 1912

FATHER

FULL NAME: A. B. Patterson

RESIDENCE: Burley, Idaho

COLOR: white — AGE AT LAST BIRTHDAY: 28 (Years)

BIRTHPLACE: Utah

OCCUPATION: Farmer

MOTHER

FULL MAIDEN NAME: Myra Folman

RESIDENCE: Burley, Idaho

COLOR: white — AGE AT LAST BIRTHDAY: 28 (Years)

BIRTHPLACE: Utah

OCCUPATION:

Number of child of this mother, including present birth: 6

Number of children of this mother now living, including present birth: 5

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 2 a. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Dr. J. C. Patterson

Physician (Physician or midwife)

Address Burley, Idaho

Filed Dec 5 19 12 P B Stockdale Registrar

Given names added from a supplemental report

..... 19.....

..... Registrar

8-Y CO. 20174

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

MARGIN RESERVED FOR BINDING

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of twin, triplet, etc., the name of each child at birth must be made for each and the number of each, in order of birth, stated.

PLACE OF BIRTH

County of

City of

RESIDENCE	Burley Idaho
COLOR	White
AGE AT LAST BIRTHDAY (Years)	27
BIRTHPLACE	

RESIDENCE	Burley Idaho
COLOR	White
AGE AT LAST BIRTHDAY (Years)	27
BIRTHPLACE	

144-230-016-B5

Form V. S. No. 11-C—20m-2-15-12

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Cassia

City of Burley

No. ____ St.

Hospital ____

Registration District No. 31 File No. 9784

Primary Registration District No. 2124 Registered No. 208

FULL NAME OF CHILD Judd

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Female			Yes	Nov. 30th 1912

FATHER		MOTHER	
FULL NAME	R. L. Judd	FULL MAIDEN NAME	Maud Alexander
RESIDENCE	Burley Idaho	RESIDENCE	Burley Idaho.
COLOR	white	COLOR	white
AGE AT LAST BIRTHDAY (Years)	28	AGE AT LAST BIRTHDAY (Years)	27
BIRTHPLACE	Utah	BIRTHPLACE	[redacted]
OCCUPATION	Farmer	OCCUPATION	

Number of child of this mother, including present birth 1st

Number of children of this mother now living, including present birth 1st

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 7 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Dr. J. C. Patterson M. D.

(Physician or midwife)

Address Burley, Idaho

Given names added from a supplemental report

....., 19.....

Filed Dec. 5 1912 C. B. Stockdale Registrar

....., Registrar

S-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

OCT 1 9 1972

897-102-016-897

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

Form V. S. No. 11-C—10m-8-7-11

PLACE OF BIRTH

County of Cassia

City of Burley

No ____, Main St.

Hospital ____

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

Registration District No 31 File No. 9785

Primary Registration District No. 214 Registered No. 209

FULL NAME OF CHILD Higuchi (Mamori)

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
M.			Yes	Nov. 2, 1912

FATHER	MOTHER
FULL NAME Masutaro Higuchi	FULL MAIDEN NAME Ayame Higuchi
RESIDENCE Burley Idaho	RESIDENCE Burley Idaho
COLOR Cre. AGE AT LAST BIRTHDAY 28 (Years)	COLOR Cre AGE AT LAST BIRTHDAY 24 (Years)
BIRTHPLACE Japan	BIRTHPLACE Japan
OCCUPATION Cook	OCCUPATION House wife

Number of child of this mother, including present birth 1

Number of children, of this mother, now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Alive (Born alive or stillborn), at 6 a.m. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Mary Loughlin Brubaker

J. Physician (Physician or Midwife)

Address Burley Idaho

Given names added from a supplemental report
1 copy made 4/24/42.

....., 19.....

Filed Dec 5 1912 D.S. Stockdale Registrar

Registrar

SYMS - YORK CO., PTRS. & BDRS. 17326

APR 2 1 1942

APR 2 9 1942

367-118-016-367

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

PLACE OF BIRTH

County of Cassia

City of Burley

No ....., ... St.

Hospital .....

Form V. S. No. 11-C—10m-8-7-11

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

Registration District No 31 File No 9786

Primary Registration District No 2124 Registered No. 210

FULL NAME OF CHILD Wm. Copley

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
M.			Yes	Nov. 18, 1911

FATHER		MOTHER	
FULL NAME	Walter Copley	FULL MAIDEN NAME	Lottie Foster Copley
RESIDENCE	Burley	RESIDENCE	Burley
COLOR	W.	COLOR	W.
AGE AT LAST BIRTHDAY	33 (Years)	AGE AT LAST BIRTHDAY	34 (Years)
BIRTHPLACE	Michegan	BIRTHPLACE	Michegan
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 5

Number of children, of this mother, now living, including present birth 5

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn) on the date above stated., at 10 P. M.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Mary Loughlin Burbaker

Physician

(Physician or Midwife)

Given names added from a supplemental report

....., 19.....

Address Burley

Filed Dec 5 19 12 L B Stockberger

Registrar

.....

Registrar

SYMS - YORK CO., PTRS. & SDRS. 17326

Certified Copy issued Feb. 28, 1941. E.W.

FATHER		MOTHER	
FULL NAME		FULL NAME MAIDEN	
RESIDENCE		RESIDENCE	
AGE AT LAST BIRTHDAY		AGE AT LAST BIRTHDAY	
COLOR		COLOR	

PLACE OF BIRTH

STATE OF IDAHO

GROOM'S NAME AND PERMANENT RECORD

MARGIN RESERVED FOR BINDING

449-123-06-613

Form V. S. No. H-C—15m-6-20-11

PLACE OF BIRTH

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

County of Cassia

City of Burley

No. ____, ____ St.

Hospital ____

Registration District No. 31 File No. 9787

Primary Registration District No. 21st Registered No. 211

FULL NAME OF CHILD ROBERT R. DURFEE

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Boy			no	Nov. 23rd, 191 2

FATHER		MOTHER	
FULL NAME	Geo. Durfee	FULL MAIDEN NAME	Bertha Walker
RESIDENCE	Burley	RESIDENCE	Burley
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	38 (Years)	AGE AT LAST BIRTHDAY	28 (Years)
BIRTHPLACE	America	BIRTHPLACE	America
OCCUPATION	Farmer	OCCUPATION	

Number of child of this mother, including present birth .....

Number of children, of this mother, now living, including present birth .....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born Alive (Born alive or stillborn), at 8. A. M. on the date above stated.

(Signature) Hilda M. Shallman

Midwife (Physician or Midwife)

Address Burley Ida

Filed Dec 5 19 12 L B Stockdale Registrar

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report

..... 19.....

..... Registrar

S-Y CO., 16870

MARGIN RESERVED FOR BINDING

WRITE PLAINLY. WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

PLACE OF BIRTH

(County of)

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK. IF A PERMANENT RECORD

RESIDENCE

COLOR

BIRTHPLACE

BIRTHDAY

AGE AT LAST BIRTHDAY

(Years)

(Signature)

Address

Filed

Registrar

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of Wisconsin } ss. JAN 30 1942
County of Dane }

Certificate No. 9787
Date Filed

The undersigned does solemnly swear that certain facts on the certificate of birth (BIRTH OR DEATH)
for Robert R Durfee (NAME ON ORIGINAL CERTIFICATE) who born (WAS BORN OR DIED) on Nov 25-1912 (DATE OF EVENT)
in Sunday Idaho (PLACE OF EVENT) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts as shown by ..... (BIBLE RECORD, INSURANCE POLICY, ETC.) prepared on ..... (GIVE DATE), are:

FACTS TO BE CORRECTED ("NAME", "BIRTH DATE", "CAUSE OF DEATH", ETC.)	FROM (AS ON ORIGINAL)	TO (THE CORRECT FACTS)
Name	Unnamed Durfee	Robert R. Durfee

Subscribed and sworn to before me this 26
day of January, 1942
Bertha Hausler
Notary Public, residing at Madison, Wis.
My commission expires Sept 24- 1944
(SEAL)

Signed Geo G Durfee
(SIGNATURE OF PARENT OR ATTENDANT IF CORRECTING A BIRTH RECORD; OF ATTENDANT, FUNERAL DIRECTOR, INFORMANT IF CORRECTING A DEATH RECORD; OR OTHER CREDIBLE PERSON.)
(STREET ADDRESS, CITY, STATE)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of ..... } ss.
County of ..... }

[THIS AFFIDAVIT MUST ALSO BE EXECUTED. (SEE CHAPTER 139, 1937 IDAHO SESSION LAWS.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this .....
day of ....., 19 .....

Notary Public, residing at .....
My commission expires .....
(SEAL)

Signed .....
(SIGNATURE OF ANY CREDIBLE PERSON OTHER THAN PREVIOUS AFFIANT.)
(STREET ADDRESS, CITY, STATE)

Received for filing on JAN 30 1942 By .....
(REGISTRAR'S SIGNATURE)

65-9-105-016-843

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Form V. S. No. 11-C—10m-8-7-11

PLACE OF BIRTH

County of Cassia

City of Burley

No ____, ____ St.

Hospital ____

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

Registration District No. 31 File No. 9788

Primary Registration District No. 212 Registered No. 212

FULL NAME OF CHILD Henry Clinton Ferguson

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Male			Yes	11 - 5 - 1912

FATHER	MOTHER
FULL NAME James Floyd Ferguson	FULL MAIDEN NAME Amy Belle Hutchins
RESIDENCE Burley Idaho	RESIDENCE Burley Idaho
COLOR W	COLOR
AGE AT LAST BIRTHDAY 30 (Years)	AGE AT LAST BIRTHDAY 24 (Years)
BIRTHPLACE Idaho	BIRTHPLACE Missouri
OCCUPATION Laborer	OCCUPATION Housewife
Number of child of this mother, including present birth 2nd	Number of children, of this mother, now living, including present birth 2nd

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born Alive (Born alive or stillborn) at 6 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) R. P. Story M.D.

(Physician or Midwife)

Address Burley Idaho

Given names added from a supplemental report

....., 19.....

Registrar

Filed Dec 5 1912 J. B. Stockdale

Registrar

SYMS - YORK CO., PTRS. & BDRS. 17326

FEB 11 1942

SEP 16 1964

[redacted]-016-231

[redacted] TH

Form V. S. No. 11-C—10m-8-7-11

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

County of Cassia

City of Burley

No. [redacted] FLORA St.

Registration District No. 31 File No. 9789

Primary Registration District No. 2131 Registered No. 213

Hospital

FULL NAME OF CHILD [redacted] ELDRED FEWKES

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Male			Yes	11—21—1912

FATHER		MOTHER	
FULL NAME	Ivan Fewkes	FULL MAIDEN NAME	Ossie D Starkings
RESIDENCE	Burley Ida R F D 2	RESIDENCE	Burley Ida R F D 2
COLOR	W	AGE AT LAST BIRTHDAY (Years)	33
BIRTHPLACE	Utah	COLOR	W
OCCUPATION	Farmer	AGE AT LAST BIRTHDAY (Years)	28
		BIRTHPLACE	Mich.
		OCCUPATION	Housework

Number of child of this mother, including present birth 7" Number of children, of this mother, now living, including present birth 7"

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at [redacted] P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) C. H. Storey M.D.

(Physician or Midwife)

Address Burley Ida

Given names added from a supplemental report

....., 19.....

Filed Dec 7 1912 L B Stockwell

Registrar

SYMS - YORK CO., PTRS. & BDRS. 17826

Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

STATE OF IDAHO

PLACE OF BIRTH

FULL NAME

FATHER

RESIDENCE

COLOR

AGE AT LAST BIRTHDAY

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of Idaho } ss.
County of Cassia }

OCT 7 1941

Certificate No. 9789

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of birth (Birth or death)
for ~~Eldred Fewkes~~ No Name given (Name on original certificate) who born (Was born or died) on November 21, 1912 (Date of event)
in View, Idaho (Place of event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts as shown by ~~Eldred Fewkes~~ Bible (Bible record, insurance policy, etc.) prepared on November 21, 1912 (Give date), are:

FACTS TO BE CORRECTED ("Name", "birth date", "cause of death", etc.)	FROM (As on original)	TO (The correct facts)
Name	no name given	Eldred Fewkes
~~Eldred Fewkes~~		

Subscribed and sworn to before me this 6th
day of October, 1941

L E Barnhill
Notary Public, residing at Burley Idaho
My commission expires June 3rd 1942
[SEAL]

Signed Essie Dot Stallings Fewkes
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of California } ss.
County of Los Angeles }

[This affidavit MUST also be executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this First
day of October, 1941

Ed V Clayton
Notary Public, residing at Los Angeles
My commission expires August 30, 1944.
[SEAL]

Signed I D Fewkes Brother
(Signature of any credible person other than the previous affiant.)

9926 Cerritos Long Beach Calif
(Street Address, City, State)

Received for filing on By
(Registrar's signature)

OCT 9 1941

792 - 222003-945

Form V. S. No. 11-C—20m-2-15-12

PLACE OF BIRTH

[redacted] TE OF IDAHO
[redacted] OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Bannock

City of McCammon

No. ____ St.

Registration District No. 11 File No. 9790

Primary Registration District No. 2047 Registered No. 345

Hospital ____

FULL NAME OF CHILD Mary Elizabeth Gibbs

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Female			Yes	Nov 22 1912

FATHER

FULL NAME: William Henry Gibbs

RESIDENCE: McCammon

COLOR: White AGE AT LAST BIRTHDAY: 31 (Years)

BIRTHPLACE: West Portage Utah

OCCUPATION: Farmer

MOTHER

FULL MAIDEN NAME: Elizabeth Sarah Zundel

RESIDENCE: McCammon

COLOR: White AGE AT LAST BIRTHDAY: 30 (Years)

BIRTHPLACE: Willard Utah

OCCUPATION: Farmers Wife

Number of child of this mother, including present birth: 7

Number of children of this mother now living, including present birth: 7

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 9 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Mrs W W Ferris

Midwife (Physician or midwife)

Address McCammon Bannock Co. Idaho

Given names added from a supplemental report

....19....

Ellis Rackley Registrar

Filed 12-10-1912 Ellis Rackley Registrar

S-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF IDAHO

BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Form V. S. No. 11-C—Rev-2-15-12

PLACE OF BIRTH

(County of)

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

RESIDENCE

COLOR

BIRTHDAY

BIRTHPLACE

AGE AT LAST BIRTHDAY

(Years)

(Color)

(Years)

(Color)

Address

Filed

Registrar

362 - 114-003-666

PLACE OF BIRTH

Form V. S. No. 11-C—20m-2-15-12

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Bannock

City of McCammon

No. ..... St.

Registration District No. 11 File No. 9791

Primary Registration District No. 2047 Registered No. 342

Hospital .....

FULL NAME OF CHILD Laurence Leoburn

Sex of Child	Twin / Triplet / or other? (To be answered only in event of plural births)	and	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Male				Yes	Nov. 14 1912

FATHER		MOTHER	
FULL NAME	Laurence Leburn	FULL MAIDEN NAME	Margret Woodland
RESIDENCE	McCammon	RESIDENCE	McCammon
COLOR	White	AGE AT LAST BIRTHDAY (Years)	29
COLOR	White	AGE AT LAST BIRTHDAY (Years)	23
BIRTHPLACE	Weston Idaho	BIRTHPLACE	Willard Utah
OCCUPATION	Farmer	OCCUPATION	Farmers Wife

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 3 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report

..... 19.....

Ellis Rackley Registrar

(Signature) Mrs W W Lewis

Midwife (Physician or midwife)

Address McCammon Idaho

Filed 12-10-1912 Ellis Rackley Registrar

S-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

MAY 1 1967

Amended 7/16/1969
685-206
003-842

(Be sure the information is complete and accurate)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 9792
Local Reg. No.
Reg. Dist. No. 11

1. PLACE OF BIRTH

a. COUNTY: Bannock

b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN: Bench

c. FULL NAME OF (If NOT in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION:

2. USUAL RESIDENCE OF MOTHER (Where does mother live?)

a. STATE: Idaho b. COUNTY: Bannock

c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN: Bench

d. STREET ADDRESS (If rural, give location):

3. CHILD'S NAME (Type or print)

a. (First): Edith b. (Middle): Afton c. (Last): Whitehead

4. SEX: Female

5a. THIS BIRTH: SINGLE X TWIN ____ TRIPLET ____

5b. IF TWIN OR TRIPLET (This child born) 1st ____ 2nd ____ 3rd ____

6. DATE OF BIRTH: (Month) Nov. (Day) 6, (Year) 1912

FATHER OF CHILD

7. FULL NAME

a. (First): John b. (Middle): c. (Last): Whitehead

8. AGE (At time of this birth): 28 YEARS

9. BIRTHPLACE (State or foreign country) (City or Town): Utah

10. USUAL OCCUPATION: Farmer

11. KIND OF BUSINESS OR INDUSTRY:

MOTHER OF CHILD

12. FULL MAIDEN NAME

a. (First): Edith b. (Middle): c. (Last): Hubbard

13. AGE (At time of this birth): 27 YEARS

14. BIRTHPLACE (State or foreign country) (City or Town): Utah

15. CHILDREN PREVIOUSLY BORN TO THIS MOTHER (Do NOT include this child)

a. How many OTHER children are now living? 2

b. How many OTHER children were born alive but are now dead?

c. How many children were stillborn (born dead after 20 wks. pregnancy?)

16. INFORMANT'S SIGNATURE OR NAME (Relationship):

I hereby certify that this child was born alive on the date stated above.

17. SIGNATURE: John H. Hubbard, M. D.

18. ATTENDANT AT BIRTH: M.D. X MIDWIFE ____ OTHER (Specify) ____

19. ADDRESS: Grace, Idaho

20. DATE SIGNED:

21. DATE REC'D BY LOCAL REG.: 12-10-12

22. REGISTRAR'S SIGNATURE: Ellis Keckley

23. DATE ON WHICH GIVEN NAME ADDED BY ____ Registrar

Record typewriter ribbon in completing this certificate. This certificate MUST be filed with the ...rict where the birth occurred WITHIN 10 days after the date of birth of the child. Address ...ITAL STATISTICS, BOISE, IDAHO.

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

Form F. S. No. 11-C Rev. 1918

CERTIFICATE OF BIRTH

County of Bannock

City of Bench

Registration District No. 11

File No. 9792

No. ____ St.

Primary Registration District No. 2048

Registered No. 347

Hospital ____

FULL NAME OF CHILD Baby Whitehead

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Female	—	—	Yes.	Nov. 8. 1912

FATHER	MOTHER
FULL NAME John Whitehead	FULL MAIDEN NAME Edith Hubbard
RESIDENCE Bench - Idaho	RESIDENCE Bench - Idaho
COLOR White. AGE AT LAST BIRTHDAY 28 (Years)	COLOR White. AGE AT LAST BIRTHDAY 27 (Years)
BIRTHPLACE Utah.	BIRTHPLACE Utah.
OCCUPATION Farmer.	OCCUPATION Housekeeper.

Number of child of this mother, including present birth 3rd

Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 1:15 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) John D. Hubbard M.D.

(Physician or midwife)

Address Grace Idaho

Given names added from a supplemental report

....., 19....

Ellis Hankley Registrar

Filed Nov 10 1912 Ellis Hankley Registrar

S-Y CO. 20174

JUL 16 1969

IDAHO DEPARTMENT OF HEALTH

BUREAU OF VITAL STATISTICS

Affidavit to Correct or Amend an Original Certificate of Birth or Death

RECEIVED
JUN 25 1969
Bureau of Vital Statistics

State of Utah } ss.
County of Cache

Certificate No. 9792

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of Birth (Birth or Death)
for Unnamed Whitehead (Name on Original Certificate) who born (Was Born or Died) on Nov. 8, 1912 (Date of Event)
in Bench, Idaho (Place of Event) are erroneous ~~or were omitted~~; and that, to the best of his knowledge, the
true facts are shown by (Bible Record, Insurance Policy, Etc.) prepared on (Give Date), are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
Full Name of Child	Unnamed	Edith Afton Whitehead
Child's Date of Birth	Nov. 8, 1912	Nov. 6, 1912

Subscribed and sworn to before me this 28th day of February, 1964
Notary Public, residing at Logan Utah
My commission expires 5/19/67
(Seal)

Signed Edith H Whitehead (mother)
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)
125 E 4N Logan Utah
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Utah } ss.
County of Cache

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

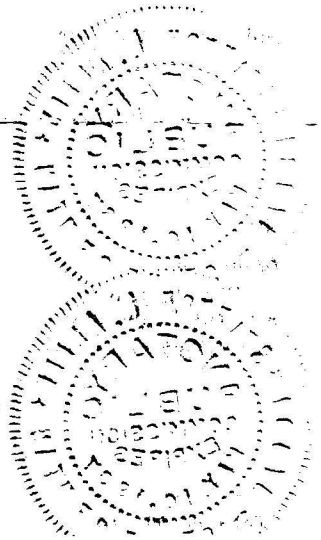
Subscribed and sworn to before me this 28th day of February, 1964
Notary Public, residing at Logan, Utah
My commission expires 5/19/67
(Seal)

Signed Burley W Whitehead (father)
(Signature of Any Credible Person)
125 E 4 North
(Street Address, City, State)
Logan, Utah

Form DH-60-15a CL 7-7-60. nm

Patriarchal Blessing given by Benjamin Williams Henderson, Patriarch to Edith Afton Whitehead daughter of John William Whitehead and Edith Marie Hubbard Whitehead Born Nov. 6, 1912 in Bench, Idaho. Viewed by V. S.

Statement by Church of Jesus Christ of Latter-Day Saints give name as Edith Afton Whitehead Gibbs. Daughter of John William Whitehead and Edith Maria Hubbard Whitehead Born Nov. 6, 1912 at Bench, Idaho. Viewed by V. S.



Amended 3/30/13
313-206-003-465

PLACE OF BIRTH

Form V. S. No. 11-C-20m-8-15-12

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Bannock

City of Grace

No. ____ St.

Registration District No. 11

File No. 9793

Primary Registration District No. 2048

Registered No. 348

Hospital ____

FULL NAME OF CHILD Alice Geneal Calkins

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Female	—	—	Yes	Nov 6 1912

FATHER		MOTHER	
FULL NAME	Elmo Calkins	FULL MAIDEN NAME	Stenna Mann
RESIDENCE	Grace - Idaho	RESIDENCE	Grace - Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	23 (Years)	AGE AT LAST BIRTHDAY	18 (Years)
BIRTHPLACE	Utah	BIRTHPLACE	Utah
OCCUPATION	Blacksmith	OCCUPATION	Housekeeper

Number of child of this mother, including present birth 1st

Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 6 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) John H. Lambkin

Physician (Physician or midwife)

Address Grace, Idaho.

Given names added from a supplemental report

....., 19.....

Ellis Kackley
Registrar

Filed 12-10- 1912 Ellis Kackley
Registrar

S-Y CO. 80174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the name of each in order of birth stated.

COLOR	AGE AT LAST BIRTHDAY (Years)
BIRTHPLACE	
OCCUPATION	

12 20 72

IDAHO DEPARTMENT OF HEALTH

BUREAU OF VITAL STATISTICS

RECEIVED
MAR 1 12 29 PM '73
VITAL STATISTICS BUREAU

Affidavit to Correct or Amend An Original Certificate of Birth or Death

State of Idaho
County of Bannock } ss.

Certificate No. 9793

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of birth (Birth or Death)
for Baby Calkins (Name on Original Certificate) who was born (Was Born or Died) on Nov. 8, 1912 (Date of Event)
in Grace, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts are shown by (Bible Record, Insurance Policy, Etc.) prepared on (Give Date), are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
Name	Baby Calkins	Alice Geneal Calkins
Date of birth	Nov. 8, 1912	Nov. 6, 1912

Subscribed and sworn to before me this 21st day of February, 1973

Notary Public, residing at Burley, Idaho
My commission expires 2-1-75
(Seal)

Signed Mary C. Allen
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

Rte #3 Rupert Idaho
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Idaho
County of Cassia } ss.

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 27 day of Feb, 1973

Notary Public, residing at Burley Idaho
My commission expires 2-1-75
(Seal)

Signed Retta S. Payne
(Signature of Any Credible Person)

221 West Main Burley Ida.
(Street Address, City, State)

FORM DH 60-155

Application for Social Security Card (518-36-8941) gives name as Alice Geneal Patterson, Maiden name given as Calkins. Born Nov. 6, 1912. ~~8~~ dated 1-23-52. Vieewed by V. S.

APR 2 1973

Birth certificate from LDS Church gives name as Allice General Calkins. born Nov. 6, 1912. Father's name given as James E. Calkins and mother's name given as Allice Stenna Mann. Entered on record March 2, 1913. Viewed by V. S.

From Idaho Dept of Law Enforcement Certificate certifing that Alice Geneal Calkins is authorized to ~~pxxx~~ practice as a Registered Cosmetician. Dated Sept.30, 1933 Viewed by V. S.

168-203-003-362

Form V. S. No. 1 C—15m-6-20-11

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

PLACE OF BIRTH

County of Bannock

City of Bancroft

No. ____, ____ St.

Hospital ____

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

Registration District No. 11 File No. 9794

Primary Registration District No. 2048 Registered No. 346

FULL NAME OF CHILD EVA MYRLE Lorraine Johnson

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
F			Yes	Dec 3, 1912

FATHER		MOTHER	
FULL NAME	Hans Johnson	FULL MAIDEN NAME	Millie Corbett
RESIDENCE	Bancroft	RESIDENCE	Bancroft
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY	27 (Years)	AGE AT LAST BIRTHDAY	27 (Years)
BIRTHPLACE	Logan Utah	BIRTHPLACE	Salt Lake Co
OCCUPATION	Furniture dealer	OCCUPATION	Housewife

Number of child of this mother, including present birth 1

Number of children, of this mother, now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 2.45 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) D. R. J. Smith

(Physician or Midwife)

Address Bancroft, Ida.

Given names added from a supplemental report

..... 19.....

Ellis Kackley

S-Y CO., 16670 Registrar

Filed 12-10 1912 Ellis Kackley

Registrar

PLACE OF BIRTH

(County of)

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

RESIDENCE

COLOR

AGE AT LAST BIRTHDAY

(Years)

BIRTHPLACE

Address

Filed

Registrar

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of Utah } ss.
County of Cache }

Certificate No. 9794

Date Filed 9/26th 1942

The undersigned does solemnly swear that certain facts on the certificate of Birth (Birth or Death)
for Eva Myrle Johnson (Name on Original Certificate) who born (Was Born or Died) on Dec 31 1912 (Date of Event)
in Bafferio Hammond Co Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts are shown by Church Record and Life Policy (Bible Record, Insurance Policy, Etc.) prepared on (Give Date), are:

FACTS TO BE CORRECTED ("Name", "Birth Date", "Cause of Death", Etc.)	FROM (As on Original)	TO (The Correct Facts)
name	Lorraine Johnson	Eva Myrle Johnson

Subscribed and sworn to before me this 28
day of September, 1942
Joseph E. Carden
Notary Public, residing at Logan Utah
My commission expires 5/10/45
(Seal)

Signed Hans C. Johnson (father)
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Utah } ss.
County of Cache }

[This Affidivat **MUST** Also be Executed.
(See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 28
day of September, 1942
Joseph E. Carden
Notary Public, residing at Logan Utah
My commission expires 5/10/45
(Seal)

Signed Chas. D. Tate
(Signature of Any Credible Person Other Than Previous Year)

395 N. 1 W. Logan Utah
(Street Address, City, State)

JUN 12 1942 SEP 28 1942

OCT 1 1942

SEP 30 1942

AUG 30 1963

863-219-003-386

PLACE OF BIRTH

STATE OF IDAHO

Form V. S. No. 11-C—15m-6-20-11

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

County of Bannock

City of Bancroft

No. ____, ____ St.

Registration District No. 11 File No. 9795

Primary Registration District No. 2048 Registered No. 344

Hospital ____

FULL NAME OF CHILD Anne Margaret Holland

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
F			Yes	Nov 19, 191.2

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	William Holland	Annie Thorne
RESIDENCE	Bancroft	Bancroft
COLOR	W	W
AGE AT LAST BIRTHDAY (Years)	38	40
BIRTHPLACE	Michigan	England
OCCUPATION	Farmer	Housewife

Number of child of this mother, including present birth 2

Number of children, of this mother, now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 7 a. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report

(Signature) Dr. R. J. Smith

(Physician or Midwife)

Address Bancroft, Ida.

____, 19____

Ellis Kackley Registrar

Filed 12-10-1912 Ellis Kackley Registrar

S-Y CO., 16670

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

DEC 3 1968

841-221-003-453

PLACE OF BIRTH

Form V. S. No. 11-C—15m-6-20-11

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

County of Bannock

City of Central

Registration District No. 11 File No. 9796

No. ____, ____ St.

Primary Registration District No. 2048 Registered No. 343

Hospital ____

FULL NAME OF CHILD Lulu May Gualman

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births) and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
F		Yes	Oct 21, 1912

FATHER		MOTHER	
FULL NAME	John Gualman	FULL MAIDEN NAME	Della Buckley
RESIDENCE	Central	RESIDENCE	Central
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY (Years)	33	AGE AT LAST BIRTHDAY (Years)	23
BIRTHPLACE	Germany	BIRTHPLACE	Texas
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 2

Number of children, of this mother, now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 5:30 a. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Dr. R. J. Smith

(Physician or Midwife)

Address Lava St. Ida

Given names added from a supplemental report

..... 19.....

Ellis Kackley Registrar

Filed 12-10- 1912 Ellis Kackley Registrar

S-Y CO., 16670

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

OCT 27 1942

AUG 15 1973

JUL 15 1974

132 - 105-003-416

PLACE OF BIRTH

Form V. S. No. 11-C—20m-8-15-12

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Bannock

City of Treasureton

No. ____ St.

Hospital ____

Registration District No. 11 File No. 9797

Primary Registration District No. 2048 Registered No. 351

FULL NAME OF CHILD Alvin Dawson Atkinson

Sex of Child	Twin / Triplet or other? (To be answered only in event of plural births) and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Boy		yes	Dec 5 1912

FATHER		MOTHER	
FULL NAME	Henry Atkinson	FULL MAIDEN NAME	Charlote Dawson
RESIDENCE	Treasureton	RESIDENCE	Treasureton
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	30 (Years)	AGE AT LAST BIRTHDAY	30 (Years)
BIRTHPLACE	Cove Utah	BIRTHPLACE	Weston Idaho
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 5

Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn), at 11:15 a. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Mary Landgreen

Physician or midwife (Physician or midwife)

Address Treasureton Idaho

Given names added from a supplemental report

19 ____

Ellis Kashley Registrar

Filed 12-10 19 12 Ellis Kashley Registrar

8-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

RESIDENCE	
COLOR	AGE AT LAST BIRTHDAY ..... (Years)
BIRTHPLACE	

613-229-003-145

Form V. S. No. 11-C—20m-2-15-12

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Bannock

City of Cleveland

No. _____ St.

Hospital _____

Registration District No. 11 File No. 9798

Primary Registration District No. 2048 Registered No. 350

FULL NAME OF CHILD Irene Walton

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births) and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Girl		yes	Nov 23 1912

FATHER		MOTHER	
FULL NAME	John Walton	FULL MAIDEN NAME	Charity Jones
RESIDENCE	Cleveland	RESIDENCE	Cleveland
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	42 (Years)	AGE AT LAST BIRTHDAY	40 (Years)
BIRTHPLACE	Utica Utah	BIRTHPLACE	Wellsville Utah
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 10

Number of children of this mother now living, including present birth 8

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn) at 10:15 A. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Mary Lundgreen

Midwife (Physician or midwife)

Address Treasureton Idaho

Given names added from a supplemental report

_____ 19____

Ellis Kunkler Registrar

Filed 12-10 1912 Ellis Kunkler Registrar

S-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

K

NAME	RESIDENCE
AGE AT LAST BIRTHDAY	COLOR
RESIDENCE	
COLOR	

759-214-003-165

PLACE OF BIRTH

Form U. S. No. 11-C—20m-2-15-12

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Lemhi

City of Alexander

Registration District No. 11

File No. 9799

No. ..... St.

Primary Registration District No. 2046

Registered No. 347

Hospital

FULL NAME OF CHILD CLARA IRIS Perkins

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Female			Yes	Nov 14 — 1913

FATHER		MOTHER	
FULL NAME	Ira W. Perkins	FULL MAIDEN NAME	Ella Jones
RESIDENCE	Sterrett Idaho	RESIDENCE	Downey, Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	27 (Years)	AGE AT LAST BIRTHDAY	21 (Years)
BIRTHPLACE	Cresco, Iowa	BIRTHPLACE	Downey, Idaho.
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 1

Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 4:15 P M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Ellis Kackley M

(Physician ~~or midwife~~)

Given names added from a supplemental report

..... 19.....

Ellis Kackley
Registrar

Address Soda Springs Idaho

Filed 12-10- 1912 Ellis Kackley
Registrar

S-Y CO. 22174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

K

JUL 12 1963

JUL 3 1942

United States
Department of Commerce
Bureau of the Census

(Be sure the information is complete and accurate)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No.
Local Reg. No. 34
Reg. Dist. No. 520

Use only BLACK INK or BLACK Record typewriter ribbon in completing this certificate. This certificate MUST be filed with the LOCAL REGISTRAR in the district where the birth occurred WITHIN 10 days after the date of birth of the child. Address correspondence to STATE BUREAU OF VITAL STATISTICS, Boise, Idaho.

1. **PLACE OF BIRTH:**
   (a) County Bannock (b) City Soda Springs
   (c) Street Address or R.F.D. No. (Over Garbow)
   (d) Name of Hospital of Maternity Home:
   (e) Mother's stay **BEFORE** delivery:
   In Hospital or Maternity Home ..... Days
   In **THIS** county years months days

2. **USUAL RESIDENCE of MOTHER:** (Always fill in these)
   (a) State Idaho (b) County Bannock
   (c) City Soda Springs
   (d) Street Address or R.F.D. No.
   (e) How long has **MOTHER** lived in Idaho? 22 yrs.
   (f) Mother's mailing address (For registration notice):
   Soda Springs
   (Street or R.F.D.) (Postoffice)

3. **RESIDENCE OF FATHER** (city, state) Soda Springs

4. **FULL NAME OF CHILD** Clara Iris Perkins

5. **DATE OF BIRTH** (Month, day, year) Nov. 14, 1912

6. Sex fe

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy

9. Legitimate? yes

FATHER OF CHILD

10. **FULL NAME** Ira Wilbur Perkins

11. Color or Race W

12. Age at time of THIS birth 27 yrs.

13. Birthplace Vernon Springs, Iowa
(City or Town) (State or foreign country)

14. Exact Occupation farmer

15. Industry Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Ellen Mar Jones

17. Color or Race W

18. Age at time of THIS birth 22 yrs.

19. Birthplace Downey, Idaho
(City or Town) (State or foreign country)

20. Exact Occupation housewife

21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum silver nitrate 1%

23. Number of children of this mother: (a) At time of birth and including this child 1 (b) Born alive and now living 1
(c) Born alive and now dead (d) Stillborn

24. I HEREBY CERTIFY That I attended the birth of this child, who was born alive (born alive, stillborn) at 11A M. on the date and at the place stated above, and that personal particulars were furnished by Ellen Perkins (First name) (Last name), who is related to this child as mother (Mother, etc.)

26. (a) March 15, 1942 (Date received) (b) D. Russell Tyler (Registrar's signature)

27. Given name added on ..... by ..... (Registrar's signature)

25. Attendant's **OWN signature** Ellis Ackley M.D. (D.O., Midwife, etc.)
Dr. Ellis Ackley
and address Soda Springs Date 2/5/42

LOCAL REGISTRATION OF BIRTHS

SEC. 38-213. All births that occur in the state shall be immediately registered in the districts in which they occur, as hereinafter provided.

SEC. 38-214. SAME: DUTIES OF THE PHYSICIANS AND MIDWIVES. It shall be the duty of the attending physician or midwife to file a certificate of birth, properly and completely filled out, giving all the particulars required by this article, with the local registrar of the district in which the birth occurred, *within* 10 *days after the date of birth;* and if there be no attending physician or midwife, then it shall be the duty of the father or mother of the child, nurse, householder, or owner of the premises, having knowledge of such birth, manager or superintendent of public or private institutions in which birth occurred, to notify the local registrar, within 10 days after the birth, of the fact of such birth having occurred. It shall then, in such case, be the duty of the local registrar to secure the necessary information and signature to make a proper certificate of birth: Provided, That in cities, the certificate of birth shall be filed at a less interval than 10 days after the birth, if so required by municipal ordinances of regulations now in force or that may hereafter be enacted.

SEC. 38-215 CERTIFICATES OF BIRTH. The certificate of birth shall be filled out as per blanks for that purpose.

SEC. 38-223. * * * * *, any physician or midwife, in attendance upon a case of confinement, or any other person charged with responsibility for reporting births, in the order named in Sec. 38-214 who shall neglect or refuse to file a proper certificate of birth with the local registrar, within the time required by this article, shall be deemed guilty of a misdemeanor, and, upon conviction thereof, shall be fined not less than $10 nor more than $300.

MEDICAL REPORT

(Not for certified copies)

(To be used for Crippled Children, Maternal & Child Health work)

(a) Pregnancy: Complications of .....

.....

.....

(b) Labor: Complications: .....

.....

..... Induced? .....

.....

(c) State all operations for delivery .....

.....

.....

(d) Did baby have any:

(1) Congenital Malformation? .....

Describe: .....

(2) Birth Injury? .....

Describe: .....

(3) Was mother given a Wasserman before delivery?

Yes..... No..... Pos..... Neg.....

(e) Signature of Physician:

.....

MARGIN RESERVED FOR BINDING

WRITE PLAINLY. WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of twins or triplets a SEPARATE RETURN must be made for each and the number in order of birth stated.

PLACE OF BIRTH

Form V. S. No. 11-C—20m-2-15-12

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Bannock

City of Soda Springs Registration District No. 11 File No. 9800

No. ..... St. Primary Registration District No. 2048 Registered No. 340

Hospital .....

FULL NAME OF CHILD Russell T. Panting

Sex of Child	Twin / Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Male			yes	Nov 6 — 191 1

FATHER	MOTHER
FULL NAME: Russell Milton Panting	FULL MAIDEN NAME: Lettie Thiakill
RESIDENCE: Soda Springs Idaho	RESIDENCE: Soda Springs, Idaho.
COLOR: White	COLOR: White
AGE AT LAST BIRTHDAY: 24 (Years)	AGE AT LAST BIRTHDAY: 21 (Years)
BIRTHPLACE: Soda Springs Ida.	BIRTHPLACE: Thatcher, Ida.
OCCUPATION: Farmer	OCCUPATION: Housewife

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 6. a M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Ellis Kackley M. D.
(Physician or midwife)

Address Soda Springs, Idaho.

Given names added from a supplemental report

..... 19.....

Ellis Kackley
Registrar

Filed 12-10- 1912 Ellis Kackley

S-Y CO. 20174

Form V. S. No. 11-O—20m-2-15-12

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

PLACE OF BIRTH

MARGIN RESERVED FOR BINDING

PRINT PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. Be sure to answer every question. If unknown, or if the question does not apply, write "unknown" or "not applicable" as the case may be. Do not leave any blanks. If a child was born dead, that fact must be stated. If there was more than one child born at a birth, or if the mother has had children before, this fact must be stated in answer to question 13 or 14. Write plainly with pen and ink. Use no abbreviations. Make no erasures. Prepare certificate in duplicate.

Name

Date of Birth

FULL
MAIDEN
NAME

RESIDENCE

COLOR

BIRTH

OCCUPATION

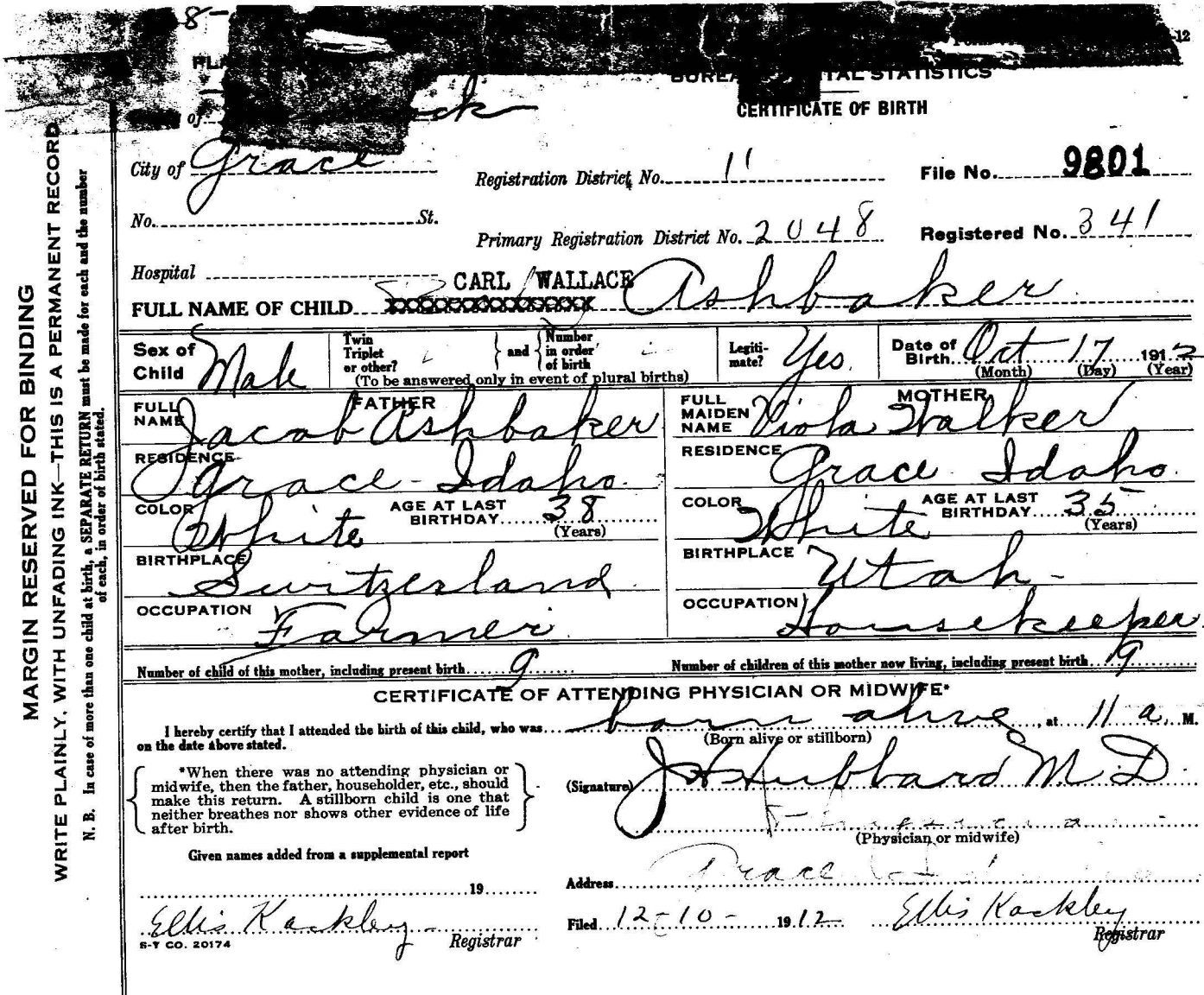
(Signature)

Registrar

Filed

Registrar

Copyist



8-

12

CERTIFICATE OF BIRTH

City of Grace — Registration District No. 11 — File No. 9801

No. ____ St. — Primary Registration District No. 2048 — Registered No. 341

Hospital ____ CARL WALLACE Ashbaker

FULL NAME OF CHILD [redacted]

Sex of Child	Twin / Triplet or other? (To be answered only in event of plural births)	and (Number in order of birth)	Legitimate?	Date of Birth (Month) (Day) (Year)
Male			Yes.	Oct 17 1912

FATHER	MOTHER
FULL NAME: Jacob Ashbaker	FULL MAIDEN NAME: Viola Walker
RESIDENCE: Grace Idaho	RESIDENCE: Grace Idaho
COLOR: White	COLOR: White
AGE AT LAST BIRTHDAY: 38 (Years)	AGE AT LAST BIRTHDAY: 36 (Years)
BIRTHPLACE: Switzerland	BIRTHPLACE: Utah
OCCUPATION: Farmer	OCCUPATION: Housekeeper

Number of child of this mother, including present birth: 9

Number of children of this mother now living, including present birth: 9

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 11 a. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. Hubbard M.D. (Physician or midwife)

Address Grace Idaho

Given names added from a supplemental report

....19....

Ellis Rackley Registrar

Filed 12-10-1912 Ellis Rackley Registrar

S-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF IDAHO

DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of Idaho } ss. JAN 26 1942
County of Bannock }

Certificate No. 9801

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of birth (BIRTH OR DEATH) for Carl Wallace Ashbaker (NAME ON ORIGINAL CERTIFICATE) who born (WAS BORN OR DIED) on October 18,1912 (DATE OF EVENT) in Grace,Idaho. (PLACE OF EVENT) are erroneous or were omitted; and that, to the best of his knowledge, the true facts as shown by family record (BIBLE RECORD, INSURANCE POLICY, ETC.) prepared on October 18,1912 (GIVE DATE), are:

FACTS TO BE CORRECTED ("NAME", "BIRTH DATE", "CAUSE OF DEATH", ETC.)	FROM (AS ON ORIGINAL)	TO (THE CORRECT FACTS)
Name	Unnamed Ashbaker	Carl Wallace Ashbaker

Subscribed and sworn to before me this 22 day of Jan, 19 42.

Notary Public, residing at Grace,Idaho.

My commission expires Jan 13,1945

(SEAL)

Signed Viola Ashbaker
(SIGNATURE OF PARENT OR ATTENDANT IF CORRECTING A BIRTH RECORD; OF ATTENDANT, FUNERAL DIRECTOR, INFORMANT IF CORRECTING A DEATH RECORD; OR OTHER CREDIBLE PERSON.)

Grace,Idaho.
(STREET ADDRESS, CITY, STATE)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Utah } ss.
County of Salt Lake }

[THIS AFFIDAVIT MUST ALSO BE EXECUTED. (SEE CHAPTER 139, 1937 IDAHO SESSION LAWS.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 24th day of January, 1942.

Notary Public, residing at Salt Lake City Utah

My commission expires 5/4/45

(SEAL)

Signed Leora Ashbaker
(SIGNATURE OF ANY CREDIBLE PERSON OTHER THAN PREVIOUS AFFIANT.)

24 E So. Temple
(STREET ADDRESS, CITY, STATE)

Received for filing on JAN 26 1942 By
(REGISTRAR'S SIGNATURE)

418-205-023-915

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Form V. S. No. 11-C—20m-2-15-12

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS.

CERTIFICATE OF BIRTH

County of Bannock

City of Downey — Registration District No. 11 — File No. 9802

No. ____ St. — Primary Registration District No. 2046 — Registered No. 339

Hospital ____

FULL NAME OF CHILD Reserved (Premature)

Sex of Child	Twin / Triplet or other? (To be answered only in event of plural births) and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
F		Yes	Nov 5 1912

FATHER		MOTHER	
FULL NAME	Conrad F. Dahlen	FULL MAIDEN NAME	Jean Rankin
RESIDENCE	Downey	RESIDENCE	Downey
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY	38 (Years)	AGE AT LAST BIRTHDAY	28 (Years)
BIRTHPLACE	Germany	BIRTHPLACE	Toronto, Canada
OCCUPATION	Tailor	OCCUPATION	Housewife

Number of child of this mother, including present birth 5 — Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 7.00A. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) [illegible]

Physician (Physician or midwife)

Given names added from a supplemental report

....., 19.....

Address Downey, Idaho.

Filed 12-10-1912 Ellis Hackley Registrar

J C Arnold Registrar

S-Y CO. 20174

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

Form V. S. No. 11-C—20m-2-15-12

PLACE OF BIRTH

249-131
003-667

Amended 12-2-65

(Be sure the information is complete and accurate)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 9803
Local Reg. No. 334
Reg. Dist. No. 11

1. PLACE OF BIRTH

a. COUNTY: Bannock

b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN: Downey

c. FULL NAME OF (If NOT in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION:

2. USUAL RESIDENCE OF MOTHER (Where does mother live?)

a. STATE: Idaho b. COUNTY: Bannock

c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN: Downey

d. STREET ADDRESS (If rural, give location):

3. CHILD'S NAME (Type or print)

a. (First): Clyde b. (Middle): LeRoy c. (Last): Burrup

4. SEX: M.

5a. THIS BIRTH: SINGLE X TWIN ____ TRIPLET ____

5b. IF TWIN OR TRIPLET (This child born) 1st ____ 2nd ____ 3rd ____

6. DATE OF BIRTH (Month) (Day) (Year): October 31, 1912

FATHER OF CHILD

7. FULL NAME

a. (First): W. b. (Middle): E. c. (Last): Burrup

8. AGE (At time of this birth): 27 YEARS

9. BIRTHPLACE (State of foreign country) (City or Town): Downey, Ida.

10. USUAL OCCUPATION: Farmer

11. KIND OF BUSINESS OR INDUSTRY:

MOTHER OF CHILD

12. FULL MAIDEN NAME

a. (First): Bessie b. (Middle): c. (Last): Fox

13. AGE (At time of this birth): 27 YEARS

14. BIRTHPLACE (State or foreign country) (City or Town): Downey, Ida.

15. CHILDREN PREVIOUSLY BORN TO THIS MOTHER (Do NOT include this child)

a. How many OTHER children are now living? 2

b. How many OTHER children were born alive but are now dead? 0

c. How many children were stillborn (born dead after 20 wks. pregnancy?) 0

16. INFORMANT'S SIGNATURE OR NAME (Relationship):

I hereby certify that this child was born alive on the date stated above.

17. SIGNATURE: J. C. Arnout

18. ATTENDANT AT BIRTH: M.D. X MIDWIFE ____ OTHER (Specify) ____

19. ADDRESS: Downey, Idaho

20. DATE SIGNED:

21. DATE REC'D BY LOCAL REG.: 12-10-1912

22. REGISTRAR'S SIGNATURE: Ellis Kackley

23. DATE ON WHICH GIVEN NAME ADDED BY ____ Registrar

ITAL STATISTICS, BOISE, IDAHO.

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Form V. S. No. 11-C—20m-2-15-12

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Bannock

City of Downey

No. ..... *St.*

Hospital .....

Registration District No. 11 **File No.** 9803

Primary Registration District No. 2046 **Registered No.** 334

FULL NAME OF CHILD Clyde Leroy Burrup.

Sex of Child	**Twin Triplet or other?** (To be answered only in event of plural births)	**and Number in order of birth**	**Legitimate?**	**Date of Birth** (Month) (Day) (Year)
M			Yes	Oct 27 1912

FATHER	**MOTHER**
FULL NAME W. E. Burrup	**FULL MAIDEN NAME** Bessie Fox
RESIDENCE Downey	**RESIDENCE** Downey
COLOR W **AGE AT LAST BIRTHDAY** 27 (Years)	**COLOR** W **AGE AT LAST BIRTHDAY** 27 (Years)
BIRTHPLACE Downey	**BIRTHPLACE** Downey
OCCUPATION Farmer	**OCCUPATION** Housewife

Number of child of this mother, including present birth 3 **Number of children of this mother now living, including present birth** 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 8.30 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) [signature]

Physician (Physician or midwife)

Address Downey, Idaho

Given names added from a supplemental report

..... 19.....

..... J. C. Hoard Registrar

Filed 12-10- 1912 Ellis Hackley Registrar

8-Y CO. 20174

JUN 29 1965
DEC 2 1965

IDAHO DEPARTMENT OF HEALTH

BUREAU OF VITAL STATISTICS

Affidavit to Correct or Amend An Original Certificate of Birth or Death

RECEIVED NOV 3 1965 Bureau of Vital Statistics

State of ..... } ss.
County of ..... }

Certificate No. 9803

Date Filed .....

The undersigned does solemnly swear that certain facts on the certificate of Birth (Birth or Death)
for Clyde LeRoy Burrup (Name on Original Certificate) who was born (Was Born or Died) on Oct. 27, 1912 (Date of Event)
in Downey, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts are shown by Church Records Family Records (Bible Record, Insurance Policy, Etc.) prepared on December 1, 1912 (Give Date), are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
Child's Date of Birth	Oct. 27, 1912	October 31, 1912

Subscribed and sworn to before me this 20th day of Oct., 1965

Sam Solomon

Notary Public, residing at Downey, Idaho

My commission expires 5-10-66

(Seal)

Signed Elizabeth Fox Burrup
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

Downey, Idaho
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Idaho } ss.
County of Bannock }

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 20th day of Oct., 1965

Sam Solomon

Notary Public, residing at Downey, Idaho

My commission expires 5-10-66

(Seal)

Signed Elsie B. [illegible]
(Signature of Any Credible Person)

Downey, Idaho
(Street Address, City, State)

FORM DH 60-158 CL 8-2-65. nm

L.D.S. Church Cert.of Birth, entered on record, Dec. 1, 1912 gives full name as Clyde Leroy Burrup, born Oct. 31, 1912 at Downey, Idaho to ~~Willia~~ William E. Burrup and Elizabeth Fox - viewed by V.S.

Photo Copy of L.D.S. Church Record, Ward Record, Downey 2nd Ward, Downey, Idaho gives full name as Clyde LeRoy Burrup, born Oct. 31, 1912 at Downey, Idaho to William Edward Burrup and Elizabeth Fox, - baptized Feb. 24, 1921 - viewed by V.S.

493-131-003

PLACE OF BIRTH

Form V. S. No. 11-C—20m-8-15-12

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

County of Bannock

City of Downey

Registration District No. 11

File No. 9804

No. ____ St.

Primary Registration District No. 2046

Registered No. 331

Hospital ____

FULL NAME OF CHILD WILLIAM RALPH MILLIRON

Sex of Child	Twin Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
M				Yes	Oct 31 1912

FATHER	MOTHER
FULL NAME: Francis Clarke Milliron	FULL MAIDEN NAME: Dora Elizabeth Iverson
RESIDENCE: Downey	RESIDENCE: Downey
COLOR: W	COLOR: W
AGE AT LAST BIRTHDAY: 38 (Years)	AGE AT LAST BIRTHDAY: 24 (Years)
BIRTHPLACE: Wabash, Ind.	BIRTHPLACE: San Francisco, Calif
OCCUPATION: Dentist	OCCUPATION: Housewife

Number of child of this mother, including present birth 2

Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 5.15 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) [signature]

Physician (Physician or midwife)

Given names added from a supplemental report

....., 19.....

Address Downey, Ida

Filed 12-10-1912

J. C. Arnold
Registrar

Ellis Hackley
Registrar

S-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

OCT 8 , 1951

J. C. ARNOUT, M. D.
2626 SOUTH ROBERTSON BLVD.
LOS ANGELES, CALIFORNIA
ARDMORE 8-4163

OCT 8 1951

September 29 1941

WILLIAM RALPH MILLIRON

This is to certify that Ralph Milliron was born on the first day of November 1912, in the town of Downey, State of Idaho.

I was the attending physician.

The parents names are:

Francis Clarke Milliron 39 years
Born at Wabash, Indiana

Dora Elizabeth Iverson 25 years
Born San Francisco, Calif.

OCT 2 1941

JUL 15 1943

J. C. Arnout M.D.

Subscribed and Sworn to before me this 1 day of October 1941.

Thomas A. Davidson
NOTARY PUBLIC
In and for the County of Los Angeles, State of California

My Commission Expires February 10, 1945

JAN 11 1972

WILLIAM RALPH MILLIRON
2101 VETERAN AVE.
West Los Angeles,
California

389-227-003-155

PLACE OF BIRTH

Form V. S. No. 11-C—20m-2-15-12

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Bannock

City of Downey

No. ____ St.

Hospital ____

Registration District No. 11

Primary Registration District No. 2046

File No. 9805

Registered No. 336

FULL NAME OF CHILD Afton May Christiansen

Sex of Child	Twin / Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
F			Yes	Oct. 27 1912

FATHER		MOTHER	
FULL NAME	Peter Christiansen	FULL MAIDEN NAME	Nora Jensen
RESIDENCE	Downey, Ida	RESIDENCE	Downey, Ida
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY	35 (Years)	AGE AT LAST BIRTHDAY	31 (Years)
BIRTHPLACE	Hyram, Utah	BIRTHPLACE	Hyram, Utah
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 5

Number of children of this mother now living, including present birth 5

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 12.15 P.M. on the date above stated.

(Signature) J. E. Arnold

Physician (Physician or midwife)

Address Downey, Idaho

Filed 12-10-1912 Ellis Hackley Registrar

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report

.....19.....

.....J. E. Arnold..... Registrar

S-Y CO. 2017

MARGIN RESERVED FOR BINDING

WRITE PLAINLY. WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

Form V. S. No. 11-C—20m-2-15-12

236-221-003-926

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Form V. S. No. 11-C—20m-2-15-12

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Bannock

City of Downey

No. ____ *St.*

Hospital ____

Registration District No. 11 **File No.** 9806

Primary Registration District No. 2046 **Registered No.** 287

FULL NAME OF CHILD Ardilcy Della Bloxham

Sex of Child	Twin / Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth	Legitimate?	Date of Birth
F				Yes	Nov. 21 (Month) (Day) 191 2 (Year)

FATHER		MOTHER	
FULL NAME	Horace Bloxham	FULL MAIDEN NAME	Kate Ison
RESIDENCE	Downey	RESIDENCE	Downey
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY	29 (Years)	AGE AT LAST BIRTHDAY	27 (Years)
BIRTHPLACE	Kaysville, Ut	BIRTHPLACE	Mountain Dell, Utah
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 4 Number of children of this mother now living, including present birth W 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) on the date above stated., at 2.10 A M.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) [signature]

Physician (Physician or midwife)

Given names added from a supplemental report

..... 19.....

J. C. Amott Registrar

Address Downey, Idaho

Filed 12-10- 1912 Ellis Hackley Registrar

8-Y CO. 2012

JUL 1 9 1967

OCT 3 1974

689-102-003-719

Form V. S. No. 11-C—20m-2-15-12

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Bannock

City of Downey — Registration District No. 11 — File No. 9807

No. ____ St. — Primary Registration District No. 2016 XXXX — Registered No. 838

Hospital ____

FULL NAME OF CHILD Wendell Dean Whitaker

Sex of Child	Twin / Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
M			Yes	Nov. 2 ..... 191.2

FATHER	MOTHER
FULL NAME: Leander T. Whitaker.	FULL MAIDEN NAME: Mary Ann Parsons
RESIDENCE: Downey	RESIDENCE: Downey
COLOR: W — AGE AT LAST BIRTHDAY: 45 (Years)	COLOR: W — AGE AT LAST BIRTHDAY: 40 (Years)
BIRTHPLACE: Richmond, Utah.	BIRTHPLACE: England
OCCUPATION: Farmer	OCCUPATION: Housewife

Number of child of this mother, including present birth 12 — Number of children of this mother now living, including present birth 9

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 1.15 A. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) [illegible]

Physician (Physician or midwife)

Address Downey, Ida

Given names added from a supplemental report

..... 19.....

..... J. L. Arnold Registrar

Filed 12-10 19 12 Ellis Kackley Registrar

S-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

JUN 21 1967

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Form V. S. No. 11-C—20m-2-15-12

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

City of Orofino Registration District No. 17 File No. 9808

No. St. Primary Registration District No. 2078 Registered No. 38

Hospital

FULL NAME OF CHILD Philip Chester Clovis

Sex of Child	Twin / Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Male				Yes	Nov. 1 1912

FATHER		MOTHER	
FULL NAME	Clyde C. Clovis	FULL MAIDEN NAME	Christina Kaufman
RESIDENCE	Ney Pierce Ida	RESIDENCE	Ney Pierce, Ida
COLOR	White	AGE AT LAST BIRTHDAY (Years)	26
COLOR	White	AGE AT LAST BIRTHDAY (Years)	24
BIRTHPLACE	Kansas	BIRTHPLACE	Wis
OCCUPATION	Country Auditor	OCCUPATION	Housework

Number of child of this mother, including present birth 3 Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 1:30 P.M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. M. Tinsley

Physician (Physician or midwife)

Address Orofino Ida

Given names added from a supplemental report

.....19.....

Filed Nov. 1 19 12 J. M. Tinsley

.....
Registrar

Registrar

8-Y CO. 20174

355-108-0[illegible]-817

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH

County of Clearwater

City of Orofino

No. ..... St.

Hospital .....

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

Form V. S. No. 11-C—20m-2-15-12

CERTIFICATE OF BIRTH

Registration District No. 17 File No. 9809

Primary Registration District No. 2078 Registered No. 54

FULL NAME OF CHILD James Woodrow Leepen

Sex of Child Male | Twin, Triplet or other? ..... and Number in order of birth ..... (To be answered only in event of plural births) | Legitimate? Yes | Date of Birth Nov. 8 (Month) (Day) 1912 (Year)

FATHER		MOTHER	
FULL NAME	Ray H. Leepen	FULL MAIDEN NAME	Marie Hartmann
RESIDENCE	Orofino, Ida	RESIDENCE	Orofino Ida
COLOR	White	AGE AT LAST BIRTHDAY (Years)	24
COLOR	White	AGE AT LAST BIRTHDAY (Years)	21
BIRTHPLACE	Ohio	BIRTHPLACE	No. Dak.
OCCUPATION	Blacksmith	OCCUPATION	Housewife

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 5 A. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. M. Faith

Physician (Physician or midwife)

Address Orofino, Ida.

Given names added from a supplemental report

..... 19.....

Filed Nov 8 1912 J. M. Faith Registrar

..... Registrar

8-Y CO. 20174

OCT 27 1953 OCT 20 1952

OCT 28 1953

819-112-078-751

PLACE OF BIRTH

STATE OF IDAHO

Form V. S. No. 11-C—15m-6-20-11

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

County of Clearwater

City of near Orofino

Registration District No. 19

File No. 9810

No. ____, ____ St.

Primary Registration District No. 2078

Registered No. 60

Hospital ____

FULL NAME OF CHILD Albert Francis Hardman

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
M		1	Yes	10-12-191[illegible]

FATHER	MOTHER
FULL NAME William A. Hardman	FULL MAIDEN NAME Edna Ellen Pearson
RESIDENCE Orofino	RESIDENCE Orofino
COLOR W	AGE AT LAST BIRTHDAY 24 (Years)
BIRTHPLACE Oreg	COLOR W
OCCUPATION Farmer	AGE AT LAST BIRTHDAY 28 (Years)
	BIRTHPLACE Oreg
	OCCUPATION Housewife

Number of child of this mother, including present birth 1

Number of children, of this mother, now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 12:00 M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J M Tyle M.D.

(Physician or Midwife)

Address Peck, 1

Given names added from a supplemental report

....., 19.....

Filed Nov 30 1912 J M Tandy

S-Y CO., 16670 Registrar

Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY. WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

Dup of 295288

749-217-018-236

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

Form V. S. No. 11-C—10m-8-7-11

PLACE OF BIRTH

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

County of Clearwater

City of near Peck

Registration District No. 17 File No. 9811

No. ____, ____ St.

Primary Registration District No. 2078 Registered No. 61

Hospital ____

FULL NAME OF CHILD Mildred Irene Gurnsey

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
F		1	Yes	10-17-1912

FATHER		MOTHER	
FULL NAME	Albert Lea Gurnsey	FULL MAIDEN NAME	Bertha Lucie Bloom
RESIDENCE	Peck	RESIDENCE	Peck
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY (Years)	33	AGE AT LAST BIRTHDAY (Years)	28
BIRTHPLACE	Neb.	BIRTHPLACE	Oreg.
OCCUPATION	Warehouseman	OCCUPATION	Housewife

Number of child of this mother, including present birth 1

Number of children, of this mother, now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (or stillborn) at 8:40 A. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report

....., 19.....

(Signature) J. M. Fyle M.D.

(Physician or Midwife) Peck

Address .....

Filed Nov 30 1912 J. M. Fairly

SYMS - YORK CO., PTRS. & BDRS. 17826

Registrar

Registrar

FEB 14 1942

253-119-018-482

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

Form V. S. No. 11-C—10m-8-7-11

PLACE OF BIRTH

County of Clearwater

City of Near Peck

No ....., ... St.

Hospital .....

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

Registration District No 19 File No. 9812

Primary Registration District No 2078 Registered No. 62

FULL NAME OF CHILD Virgil Earl

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
M		1	Yes	Oct 19, 1912

FATHER		MOTHER	
FULL NAME	Jesse Justin Beloat	FULL MAIDEN NAME	Myrtle Agnes Dyker
RESIDENCE	Near Peck	RESIDENCE	Near Peck
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY (Years)	23	AGE AT LAST BIRTHDAY (Years)	20
BIRTHPLACE	Mont	BIRTHPLACE	Wash
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 1

Number of children, of this mother, now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 4:30 a M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report

....., 19.....

.....
Registrar

(Signature) J. M. Ley M.D.

(Physician or Midwife)

Address .....

Filed Nov 30 1912 J. M. Haines
Registrar

SYMS - YORK CO., PTRS. & BDRS. 17326

Form V. S. No. 11-C—2m-5-10-12

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

County of Bonneville

City of Orofino

Registration District No. 17 File No. 9813

No. ____ St.

Primary Registration District No. 2078 Registered No. 43

Hospital ____

FULL NAME OF CHILD JAMES JOHN Hannah

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth
Male			Yes	Nov 21 (Month) (Day) 191 2 (Year)

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	Wm J. Hannah	Thorba J. Johns
RESIDENCE	Orofino Ida	Orofino Ida
COLOR	White	White
AGE AT LAST BIRTHDAY (Years)	33	30
BIRTHPLACE	Minn.	Mo.
OCCUPATION	Attorney	Housewife

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 4 A. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. M. Daily

Physician

(Physician or midwife)

Address Orofino Idaho

Given names added from a supplemental report

....., 19.....

.....
Registrar

Filed Nov 17, 19 12 J. M. Daily
Registrar

S-Y CO. 20174

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

MARGIN RESERVED FOR BINDING

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Certificated named from card 1/28/42

NOV 24 1971

Form V. S. No. 11-C—10m-8-7-11

STATE OF IDAHO
Bureau of Vital Statistics
CERTIFICATE OF BIRTH

County of Lewis

City of Mohler

No ____, ____ St.

Hospital ____

Registration District No. 32 — File No. 9814

Primary Registration District No. 2127 — Registered No. 200

FULL NAME OF CHILD Clifford Adrian Rurey

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
male			yes	Aug 19, 1912

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	Chas W. Rurey	Bulah Perrine
RESIDENCE	Mohler	Mohler
COLOR	white	white
AGE AT LAST BIRTHDAY (Years)	28	23
BIRTHPLACE	Rush City Minn	Iowa
OCCUPATION	farmer	housewife.

Number of child of this mother, including present birth 2

Number of children, of this mother, now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn) on the date above stated. at 8 P M.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) E. L. Burke

(Physician or ~~Midwife~~)

Address Voltaire, Ida.

Given names added from a supplemental report

....., 19.....

Filed 11-26- 1912 Elbert B. Rogers
Registrar

Registrar

SYMS - YORK CO., PTRS. & BDRS. 17326

MARGIN RESERVED FOR BIND. 1/2

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

MAY 24 1943

236-105-030-236

PLACE OF BIRTH

Form V. S. No. 11-C—15m-6-20-11

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

County of Lewis

City of near Peck Registration District No. 16 32 File No. 9815

No. ____, ____ St. Primary Registration District No. 2127 Registered No. 201

Hospital ____

FULL NAME OF CHILD Alvin Wesley

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
M		2	Yes	10 - 5 - 1912

FATHER		MOTHER	
FULL NAME	Julian Bloodsworth	FULL MAIDEN NAME	Lora Bloom
RESIDENCE	near Peck	RESIDENCE	near Peck
COLOR	W	AGE AT LAST BIRTHDAY (Years)	33
COLOR	W	AGE AT LAST BIRTHDAY (Years)	21
BIRTHPLACE	Oreg	BIRTHPLACE	Oreg
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 2

Number of children, of this mother, now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE* *

I hereby certify that I attended the birth of this child, who was Born alive, at 11:15 P. M. on the date above stated.

(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. M. Fyle

(Physician or Midwife) Peck Ida

Given names added from a supplemental report

....., 19.....

Address .....

Filed Oct 5 - 1912 Elmer B. Rogers

S-Y CO., 16670 Registrar Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

K

MAY 6 1969

636-107-031-867

PLACE OF BIRTH

Form V. S. No. 11-C—10m-8-7-11

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

County of Lewis

City of Ilo

No ____, ____ St.

Hospital ____

Registration District No. 32 File No. 9816

Primary Registration District No. 2127 Registered No. 202

FULL NAME OF CHILD Not named

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
male			Yes	Oct 7 1912

FATHER		MOTHER	
FULL NAME	Virgil Flock	FULL MAIDEN NAME	Lena Maude Hogadone
RESIDENCE	Ilo Ida.	RESIDENCE	Ilo Ida
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	27 (Years)	AGE AT LAST BIRTHDAY	26 (Years)
BIRTHPLACE	Asotin Co Wash.	BIRTHPLACE	Nebraska
OCCUPATION	farmer	OCCUPATION	house wife

Number of child of this mother, including present birth 1

Number of children, of this mother, now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

* I hereby certify that I attended the birth of this child, who was alive, at 6 a. M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) E. L. Rouse

(Physician or ~~Midwife~~)

Given names added from a supplemental report

....., 19.....

Address .....

Filed 11-12-1912 Elton B. Rogers

SYMS - YORK CO., PTRS. & BDRS 17326

Registrar

Registrar

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

JAN 17 1968

175-120-031-764

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

Form V. S. No. 11-C—10m-8-7-11

PLACE OF BIRTH

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

County of Lewis

City of Voltmer

No ....., ... St.

Hospital .....

Registration District No 32 — File No. 9817

Primary Registration District No. 2127 — Registered No. 203

FULL NAME OF CHILD EVERETT LORRAIN AXE

Sex of Child: male

Twin, Triplet or other? (To be answered only in event of plural births) and Number in order of birth

Legitimate? Yes

Date of birth: Oct (Month) 20 (Day) 1912 (Year)

FATHER	MOTHER
FULL NAME: Homer Eugene Axe	FULL MAIDEN NAME: Abbie Goddard
RESIDENCE: Voltmer	RESIDENCE: Voltmer
COLOR: White — AGE AT LAST BIRTHDAY: 33 (Years)	COLOR: White — AGE AT LAST BIRTHDAY: 22 (Years)
BIRTHPLACE: Anderson Kansas.	BIRTHPLACE: Dearlodge Mont.
OCCUPATION: laborer	OCCUPATION: housewife

Number of child of this mother, including present birth: 2

Number of children, of this mother, now living, including present birth: 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn), at 9:30 a.m. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) E. L. Burke

(Physician or ~~Midwife~~)

Given names added from a supplemental report

....., 19.....

Address .....

Filed 11-9- 1912 Elton B. Rogers

Registrar

SYMS - YORK CO., PTRS. & BDRS. 17326

Registrar

STATE OF IDAHO

DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of Washington }
County of King } ss.

Certificate No. 9817

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of Birth (Birth or Death)
for Everett Jerard Axe (Name on Original Certificate) who was born (Was Born or Died) on Oct. 20 1912 (Date of Event)
in Wellington Wash (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts are shown by Bible record (Bible Record, Insurance Policy, Etc.) prepared on Jan 30, 1918 (Give Date), are:

FACTS TO BE CORRECTED ("Name", "Birth Date", "Cause of Death", Etc.)	FROM (As on Original)	TO (The Correct Facts)
name	Everett Jerard	Everett Lorrain Axe

Subscribed and sworn to before me this 13th, - day of April, 19 42

C. F. Richardson
Notary Public, residing at Seattle,
My commission expires Nov. 6th, 1945
(Seal)

also may be known Abegale.

Signed Abegail Axe
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of California }
County of Siskiyou } ss.

[This Affidivat MUST Also be Executed.
(See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 29th day of April, 19 42

Notary Public, residing at McCloud, Calif.
My commission expires July 25, 1945
(Seal) NOTARY PUBLIC
In and for the County of Siskiyou, State of California
My Commission expires July 25, 1945

Signed Raymond H. Wakefield
(Signature of Any Credible Person Other Than Previous Year)

401 Orem St, Mt. Shasta California
(Street Address, City, State)

MAY 2 1942

MAY 4 1942

693-201-031-168

PLACE OF BIRTH

Form V. S. No. 11-C—20m-2-15-12

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Lemhi

City of Winchester

Registration District No. 32 File No. 9818

No. ..... St.

Primary Registration District No. 2127 Registered No. 204

Hospital .....

FULL NAME OF CHILD Edna Williamson

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth
Female			yes	Nov 1st (Month) (Day) 1912 (Year)

FATHER		MOTHER	
FULL NAME	Peter Williamson	FULL MAIDEN NAME	Mary Johns
RESIDENCE	Winchester	RESIDENCE	Winchester
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	38 (Years)	AGE AT LAST BIRTHDAY	20 (Years)
BIRTHPLACE	Minn.	BIRTHPLACE	Minn.
OCCUPATION	Engineer	OCCUPATION	Housewife

Number of child of this mother, including present birth one

Number of children of this mother now living, including present birth one

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 5:30 A. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Mrs Ted McCann (aunt of child)

(Physician or midwife)

Given names added from a supplemental report

..... 19.....

Address Winchester, Idaho

Filed 11-11-1912 Elbert B. Rogers

..... Registrar

Registrar

S-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Form V.S. No. 11-C-20m-5-15-12

STATE OF IDAHO

PLACE OF BIRTH

863-201-031-173

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

Form V. S. No. 11-C—10m-8-7-11

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

PLACE OF BIRTH

County of Lewis

City of Near Steele

No ____, ____ St.

Hospital ____

Registration District No. 32 File No. 9819

Primary Registration District No. 2127 Registered No. 205

FULL NAME OF CHILD Alma Velma Holmes

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Female			Yes	Nov 1 1912

FATHER		MOTHER	
FULL NAME	Ralph H. Holmes	FULL MAIDEN NAME	Alvira Axtell
RESIDENCE	Near Steele	RESIDENCE	Near Steele
COLOR	White	AGE AT LAST BIRTHDAY (Years)	36
COLOR	White	AGE AT LAST BIRTHDAY (Years)	24
BIRTHPLACE	Kansas	BIRTHPLACE	Oregon
OCCUPATION	Rancher	OCCUPATION	Housewife

Number of child of this mother, including present birth 1

Number of children, of this mother, now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 2.35 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) D M Jones

Physician (Physician or Midwife)

Address Deary Idaho

Given names added from a supplemental report

....., 19.....

Filed 11-15-1912 Edna B. Rogers Registrar

SYMS - YORK CO., PTRS. & BDRS. 17326 Registrar

JAN 30 1945

669-208-031-862

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

Form V. S. No. 11-C—10m-8-7-11

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

PLACE OF BIRTH

County of Lewis

City of Winchester

No ....., ... St.

Hospital Winchester Dr Rogers

Registration District No 37 File No. 9820

Primary Registration District No. 2127 Registered No. 206

FULL NAME OF CHILD Elsie May Forge

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Female			Yes	Nov 8 1912

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	Harold Ernest Wallace Forge	Ida Mae Hooley
RESIDENCE	Winchester	Winchester
COLOR	White	White
AGE AT LAST BIRTHDAY (Years)	25	19
BIRTHPLACE	Ireland	Kansas
OCCUPATION	Teamster	Housewife

Number of child of this mother, including present birth... 1 ... Number of children, of this mother, now living, including present birth... 1 ...

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive at 4:50 P. M. on the date above stated.

(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Louis Lamy Klein

Physician

(Physician or Midwife)

Address Winchester Idaho

Given names added from a supplemental report

....., 19.....

Filed 12-5-1912 Ellora A. Rogers

Registrar

SYMS - YORK CO., PTRS. & SDRS. 17326

Registrar

OCT 9 19

563-225-03-619

PLACE OF BIRTH

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

County of Lewis

City of Flo

No. ____, ____ St.

Hospital ____

Registration District No. 32 File No. 9821

Primary Registration District No. 212-7 Registered No. 207

FULL NAME OF CHILD ~~Unnamed~~ Norma Fern

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Female			yes	Nov 25, 1912

FATHER		MOTHER	
FULL NAME	Wyzie S. Holmes	FULL MAIDEN NAME	Rose E. Farrington
RESIDENCE	Flo, Idaho,	RESIDENCE	Flo, Idaho,
COLOR	white	COLOR	white
AGE AT LAST BIRTHDAY	35 (Years)	AGE AT LAST BIRTHDAY	23 (Years)
BIRTHPLACE	West Virginia	BIRTHPLACE	Farmington Wash
OCCUPATION	Farmer	OCCUPATION	housewife

Number of child of this mother, including present birth 3

Number of children, of this mother, now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 2 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) H. C. Parrish M. D.

(Physician or Midwife)

Address Flo, Idaho

Given names added from a supplemental report

....., 19.....

Filed 1 - 9 - 1912 Elbert B. Rogers

Registrar

S-Y CO., 16670

Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

JAN 8 1943

695-212007-467

Form V. S. No. 11-C—15m-6-20-11

PLACE OF BIRTH

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

County of Blaine

City of Soldier

No. ....., ... St.

Hospital .....

Registration District No. 21

Primary Registration District No. 2023

File No. 9823

Registered No. 196

FULL NAME OF CHILD .....

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Female			Yes	11, 12, 1912

FATHER		MOTHER	
FULL NAME	W. W. Winnegar	FULL MAIDEN NAME	Emma Mugford
RESIDENCE	Soldier Ida	RESIDENCE	Soldier Ida
COLOR	White	AGE AT LAST BIRTHDAY (Years)	38
COLOR	White	AGE AT LAST BIRTHDAY (Years)	29
BIRTHPLACE	Minn.	BIRTHPLACE	Ore.
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 2

Number of children, of this mother, now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) on 11-12-1912, at 4 A. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) W. P. Briggs

Physician

(Physician or Midwife)

Address Soldier Ida

Filed Nov 20 1912 Robert H. Leighton

Registrar

Given names added from a supplemental report

....., 19.....

.....

Registrar

S-Y CO., 16670

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

Dep. #1912-338200

397-101-007-735

PLACE OF BIRTH

Form V. S. No. 11-C—15m-6-20-11

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

County of Blaine

City of Soldier

Registration District No. 21

File No. 9824

No. ____, ____ St.

Primary Registration District No. 2023

Registered No. 195

Hospital ____

FULL NAME OF CHILD James Hardy Lightfoot

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Male			yes	11, 1, 1912

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	Hardy Lightfoot	Irene Gleissbie
RESIDENCE	Soldier Ida	Soldier Ida
COLOR	White	White
AGE AT LAST BIRTHDAY (Years)	23	19
BIRTHPLACE	Ida	Ida
OCCUPATION	Laborer	Housewife

Number of child of this mother, including present birth 1

Number of children, of this mother, now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive 11-1-1912, at 9 a. M. (Born alive or stillborn) on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) A A Riggs

Physician

(Physician or Midwife)

Address Soldier Ida

Given names added from a supplemental report

....., 19.....

Filed Nov 10 19 12 R Shurtleff Registrar

.....
Registrar

S-Y CO., 16670

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

MAR 17 1942

Form V. S. No. 11-C—15m-6-20-11

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

County of Blaine

City of Crichton

Registration District No. 21 File No. 9825

No. ____, ____ St.

Primary Registration District No. 2043 Registered No. 194

Hospital ____

FULL NAME OF CHILD Earnest Rayburn Orval Ernest Rayburn

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Male			Yes	11, 20, 1912

	FATHER	MOTHER
FULL NAME	O E Rayburn	FULL MAIDEN NAME Jennie Birdwell
RESIDENCE	Crichton Idaho	RESIDENCE Crichton Ida
COLOR	White	COLOR White
AGE AT LAST BIRTHDAY	31 (Years)	28 (Years)
BIRTHPLACE	Mo	Mo
OCCUPATION	Farmer	Housewife

Number of child of this mother, including present birth 3

Number of children, of this mother, now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) on the date above stated. at 8 P. M.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) S D Hogg

Physician

(Physician or Midwife)

Address Crichton Ida

Given names added from a supplemental report

....., 19.....

Filed Nov 20 19 12 W H Smith Registrar

Registrar

S-Y CO., 16670

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

APR 1948

493 - 122-007-866

CERTIFICATE OF BIRTH

Form V. S. No. 11-C—60m-2-15-12

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Blaine

City of Carey

No. _____ St.

Registration District No. 21 File No. 9826

Primary Registration District No. 2025 Registered No. 193

Hospital _____

FULL NAME OF CHILD Stanley Howard Dilsworth

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Male			yes	Nov. 22 1912

FATHER	MOTHER
FULL NAME: Joseph Gibbons Dilsworth	FULL MAIDEN NAME: Myriam Pendleton Howard
RESIDENCE: Carey Idaho	RESIDENCE: Carey Idaho
COLOR: White	COLOR: White
AGE AT LAST BIRTHDAY: 27 (Years)	AGE AT LAST BIRTHDAY: 25 (Years)
BIRTHPLACE: Provo Bench Utah.	BIRTHPLACE: Kelmersdale Lancashire Eng.
OCCUPATION: Farming	OCCUPATION: Housewife

Number of child of this mother, including present birth 3

Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born Alive (Born alive or stillborn) at 2:45 P.M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Mrs. E. B. Howard

Mid wife (Physician or midwife)

Address Carey Idaho

Given names added from a supplemental report

_____ 19____

_____ Registrar

Filed Nov 30 1912 _____ Registrar

B-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

PLACE OF BIRTH

County of Bonner

Form V. S. Bur. 11-D—Rev. 10-19

SEP 12 1944

3 1/2 A 9 J.

364-123-007-785

Form V. S. No. 11-C—20m-2-15-12

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Blaine

City of Hailey

No. ..... St.

Hospital .....

Registration District No. 21 File No. 9827

Primary Registration District No. 2022 Registered No. 192

FULL NAME OF CHILD ~~[illegible]~~ Ray Burton Comstock

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Male			Yes	Nov 23 1912

FATHER	MOTHER
FULL NAME Burt Comstock	FULL MAIDEN NAME Edna M. Phister
RESIDENCE Hailey Idaho	RESIDENCE Hailey Idaho
COLOR White	COLOR White
AGE AT LAST BIRTHDAY 31 (Years)	AGE AT LAST BIRTHDAY 23 (Years)
BIRTHPLACE New York	BIRTHPLACE Ketchum Idaho
OCCUPATION Rancher	OCCUPATION —

Number of child of this mother, including present birth 4

Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Alive (Born alive or stillborn), at 4 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) John J. Rand M.D.

(Physician or midwife)

Address Hailey Idaho

Given names added from a supplemental report

..... 19.....

Filed Nov 30 19 12 Robert H. Yeaton

Registrar

..... Registrar

S-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Form V. S. No. U-Com-3-15-12

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

PLACE OF BIRTH

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of Oregon }
County of Curry } ss.

Certificate No. 9827

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of Birth (Birth or Death)
for Ray Burton Comstock (Omitted) (Name on Original Certificate) who Born (Was Born or Died) on Nov. 23, 1912 (Date of Event)
in Hailey, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts are shown by father (Bible Record, Insurance Policy, Etc.) prepared on (Give Date), are:

FACTS TO BE CORRECTED ("Name", "Birth ~~Date~~", "Cause of Death", Etc.)	FROM (As on Original)	TO (The Correct Facts)
name	none given	Ray Burton Comstock

Subscribed and sworn to before me this 3rd
day of March, 1944
Frank B. Haskett
Notary Public, residing at Brookings Ore.
My commission expires Oct 27th 1945
(Seal)

Signed Albert W. Comstock.
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)
Brookings Oregon
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Oregon }
County of Curry } ss.

[This Affidivat **MUST** Also be Executed.
(See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 3rd
day of March, 1944
Frank B. Haskett
Notary Public, residing at Brookings Ore
My commission expires October 27th 1945
(Seal)

Signed Annie M. Comstock
(Signature of Any Credible Person Other Than Previous Year)
Brookings Ore.
(Street Address, City, State)

MAY 22 1944

NOV 2 7 1974
DEC 3 1974

MAY 9 4 1964

FEB 16 1954

351 - 218-007-693

Form V. S. No. 11-C—20m-2-15-12

PLACE OF BIRTH

County of Blaine

City of Bellevue

No. ____ St.

Hospital ____

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 21 File No. 9828

Primary Registration District No. 2022 Registered No. 191

FULL NAME OF CHILD Norma Elda Leahy

Sex of Child	Twin / Triplet or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Female			yes	Nov 18 1912

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	M. J. Leahy	Nettie Williams
RESIDENCE	Bellevue Idaho	Bellevue Idaho
COLOR	White	White
AGE AT LAST BIRTHDAY (Years)	40	30
BIRTHPLACE	Canada	State Washington
OCCUPATION	School Teacher	

Number of child of this mother, including present birth 1

Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Alive (Born alive or stillborn), at 4 P. M. on the date above stated.

(Signature) C. F. Pay M.D.

(Physician or midwife)

Address Hailey Idaho

Filed Nov 20 1912 Robert T. Oliver Jr. Registrar

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report

....., 19.....

..... Registrar

S-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

613-216-007-583

PLACE OF BIRTH

Form V. S. No. 11—10m-6-20-11

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

County of Blaine

City of Moore.

Registration District No. 21

File No. 9829

No. ____, ____ St.

Primary Registration District No. 2024

Registered No. 190

Hospital

FULL NAME OF CHILD Gertrude Gladys Walburn

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
F	X	X	Yes.	Nov 16, 1912

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	Louis Grant Walburn	Anna Minerva Ehlers
RESIDENCE	Near Moore, Ida.	Near Moore, Ida.
COLOR	W.	W.
AGE AT LAST BIRTHDAY (Years)	38	30
BIRTHPLACE	Iowa.	Iowa.
OCCUPATION	Farmer.	Housewife

Number of child of this mother, including present birth ~~sixth~~ Six

Number of children, of this mother, now living, including present birth Six.

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 12.40 P. M. on the date above stated.

(Signature) D. W. Matthaei M.D.

Physician

(Physician or Midwife)

Address Arco Ida.

Filed Nov 20 1912 [signature] Registrar

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given name added from a supplemental report

....., 19.....

Registrar

S-Y CO., 16669

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at a birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

685-

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

Form V. S. No. 11-C—20m-2-15-12

County of Bear Lake

City of Bellevue — Registration District No. 21 — File No. 9830

No. ____ St. — Primary Registration District No. 2022 — Registered No. 189

Hospital ____

FULL NAME OF CHILD Not Named Annie Wheeler

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Girl		10	Yes	Nov 9 1912

	FATHER	MOTHER
FULL NAME	Jas. A. Wheeler	FULL MAIDEN NAME Ava Mackay
RESIDENCE	Rauch Bear Lake Bellevue	RESIDENCE Rauch Bear Lake Bellevue
COLOR	white	COLOR white
AGE AT LAST BIRTHDAY (Years)	36	AGE AT LAST BIRTHDAY (Years) 33
BIRTHPLACE	Utah	BIRTHPLACE Utah
OCCUPATION	Farmer	OCCUPATION Housewife

Number of child of this mother, including present birth 10

Number of children of this mother now living, including present birth 10

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 5.30 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) O. J. Allen M.D.
Bellevue Idaho
(Physician or midwife)

Given names added from a supplemental report

....., 19.....

Address .....

Filed Nov 19 19 12

Robert H. Benjamin
Registrar

.....
Registrar

S-Y CO. 20174

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD
MARGIN RESERVED FOR BINDING

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

11/27/40 L. B.

OCT 23 1957

693-166-007-43

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH

County of Blaine

City of Carey

No. ..... St.

Hospital .....

Form V. S. No. 11-C—20m-2-15-12

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 21 File No. 9831

Primary Registration District No. 2025 Registered No. 188

FULL NAME OF CHILD Edric Henry Wilde

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Male			Yes	Nov. 16 1912

FATHER

FULL NAME Lorence Edric Wilde

RESIDENCE Carey Ida

COLOR White AGE AT LAST BIRTHDAY 24 (Years)

BIRTHPLACE Summit Co. Coalville Utah

OCCUPATION Farming

MOTHER

FULL MAIDEN NAME Sarah Dilsworth

RESIDENCE Carey Ida.

COLOR White AGE AT LAST BIRTHDAY 20 (Years)

BIRTHPLACE Salt Lake City Utah

OCCUPATION House Wife

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 9:30 P.M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report

..... 19.....

..... Registrar

(Signature) Mrs L. B. Howard

Midwife (Physician or midwife)

Address Carey Idaho

Filed Nov 25 1912 [signature] Registrar

5-Y CO. 20174

453 - 214-007-132

Form V. S. No. 11-C—20m-2-15-12

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Blaine

City of Hailey

No. ____ St.

Registration District No. 21

Primary Registration District No. 2075

File No. 9832

Registered No. 189

Hospital ____

FULL NAME OF CHILD Thora Edna Melius

Sex of Child	Twin / Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth
Female			Yes	Nov. 14 1912 (Month) (Day) (Year)

	FATHER	MOTHER
FULL NAME	Clarance Gifford Melius	FULL MAIDEN NAME Mary Albrethsen
RESIDENCE	Hailey Ida.	RESIDENCE Hailey Ida
COLOR	White	COLOR White
AGE AT LAST BIRTHDAY	27 (Years)	24 (Years)
BIRTHPLACE	Independence Iowa	BIRTHPLACE Picabo Idaho
OCCUPATION	Farming	OCCUPATION House Wife

Number of child of this mother, including present birth 2

Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born Alive (Born alive or stillborn), at 12:5 P.M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Mrs L. B. Howard

Midwife (Physician or midwife)

Address Carey Ida

Given names added from a supplemental report

....., 19.....

Filed Nov 15 19 12 [illegible] Registrar

S-Y CO. 20174 Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

FEB - 1947

814-231-007-452

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Form V. S. No. 11-C—20m-2-15-12

PLACE OF BIRTH

County of Blaine

City of Fishcreek

No. ..... St.

Hospital .....

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 21 File No. 9833

Primary Registration District No. 2025 Registered No. 186

FULL NAME OF CHILD Edith Grace Hammer

Sex of Child	Twin / Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Female			Yes	Oct. 31 1912

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	Samuel L. Hammer	Estes Valeria Messervy
RESIDENCE	Fishcreek Idaho	Fishcreek Ida.
COLOR	White	White
AGE AT LAST BIRTHDAY (Years)	33	33
BIRTHPLACE	Hooper Utah	Hooper Utah
OCCUPATION	Farming	Home Wife

Number of child of this mother, including present birth 6 Number of children of this mother now living, including present birth 6

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born Alive (Born alive or stillborn) at 6:20 A.M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Mrs. L. B. Howard

Midwife (Physician or midwife)

Address Marey Idaho

Given names added from a supplemental report

..... 19.....

Filed Nov 15 1912 Robert H. Gibson Jr. Registrar

..... Registrar

S-Y CO. 20174

785-123-007-359

Form V. S. No. 11-C—5m-2-15-12

PLACE OF BIRTH

County of Blaine

City of Bellevue

No. ____ St.

Hospital ____

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 21 — File No. 9834

Primary Registration District No. 7077 — Registered No. 185

FULL NAME OF CHILD [redacted] FRANCIS LAMONT GRENFELL

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Boy		1	Yes	Nov 23 1912

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	Francis E. Grenfell	Hazel Terry
RESIDENCE	Bellevue	Bellevue
COLOR	White	White
AGE AT LAST BIRTHDAY (Years)	28	21
BIRTHPLACE	England	Utah
OCCUPATION	Miner	House wife

Number of child of this mother, including present birth 1

Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 3 P M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) O. J. Allen MD

Bellevue (Physician or midwife)

Address Bellevue Ida

Filed Nov 15 1912 Robert H Vaughn Registrar

Given names added from a supplemental report

....19....

.... Registrar

S-Y CO. 20174

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

MARGIN RESERVED FOR BINDING

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Form V. S. No. [illegible] Rm-2-15-12

STATE OF IDAHO

PLACE OF BIRTH

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS
AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of California } ss.
County of Nevada }

Certificate No. 9834

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of Birth (Birth or Death)
for Francis Lamont Grenfell (Name on Original Certificate) who born (Was Born or Died) on Nov. 23 1912 (Date of Event)
in Bellevue Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts are shown by myself, being his mother and I named him Francis Lamont Grenfell (Bible Record, Insurance Policy, Etc.) prepared on (Give Date)

FACTS TO BE CORRECTED ("Name", "Birth Date", "Cause of Death", Etc.)	FROM (As on Original)	TO (The Correct Facts)
Name	Unnamed	Francis Lamont Grenfell

Subscribed and sworn to before me this 18th
day of May 1942.

Signed Mrs Hazel Geneva Grenfell
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.) (Mother)

M Stacy Argall
Notary Public, residing at Grass Valley Cal.
My commission expires Jan. 13, 1945
(Seal)

130 Colfax Ave Grass Valley Calif.
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of } ss.
County of }

[This Affidivat **MUST** Also be Executed.
(See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this
day of , 19

Signed
(Signature of Any Credible Person Other Than Previous Year)

Notary Public, residing at

(Street Address, City, State)

My commission expires
(Seal)

MAY 22 19

413-206-007-993

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

Form V. S. No. 11-C—10m-8-7-11

PLACE OF BIRTH

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

County of Blaine

City of Arco

No. ____, ____ St.

Hospital No.

Registration District No. 21 File No. 9835

Primary Registration District No. 2074 Registered No. 184

FULL NAME OF CHILD Marjorie Nolen

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Female			Yes.	Nov. 6 1912

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	Kenneth Nolen	Minerva Richards
RESIDENCE	~~Utah~~ Arco.	Arco
COLOR	White	white
AGE AT LAST BIRTHDAY (Years)	30	26
BIRTHPLACE	Utah	Utah
OCCUPATION	Merchant	house wife

[Number of child of this mother, including present birth 2

Number of children, of this mother, now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was ~~alive~~ alive, at 3-30 P. M. on the date above stated.

(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Mary E. Brown

Midwife

(Physician or Midwife)

Given names added from a supplemental report

....., 19.....

Address Arco Ida

Filed Nov 16 1912 Robert H. Lyon

Registrar

.....

Registrar

SYMS - YORK CO., PTRS. & BDRS. 17326

APR 1 7 1975

142-10[redacted]26

PLACE OF BIRTH

Form V. S. No. 11-C—15m-6-20-11

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

County of Custer

City of Mackay

Registration District No. 14

File No. 9836

No. ____, ____ St.

Primary Registration District No. 2054

Registered No. 68

Hospital Mackay

FULL NAME OF CHILD Dennison Cooke Ambrose

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Male			Yes	11 2 1912

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	Geo L. Ambrose.	Amy Cooke
RESIDENCE	Mackay, Idaho	Mackay, Idaho
COLOR	White	white
AGE AT LAST BIRTHDAY (Years)	34	26
BIRTHPLACE	Illinois.	Minn.
OCCUPATION	Attorney	H. wife.

Number of child of this mother, including present birth 1

Number of children, of this mother, now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 11:15 A.M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) F. P. Richards, M.D.

(Physician or Midwife)

Address Mackay, Idaho.

Given names added from a supplemental report

....., 19.....

Filed 12/6 1912 C. E. Hartley Registrar

.....
Registrar

S-Y CO., 18670

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

AUG 22 1968

85-9-217-019-493

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Custer

City of Challis

Registration District No. 14 File No. 9837

No. ____ St.

Primary Registration District No. 2061 Registered No. 67

Hospital ____

FULL NAME OF CHILD Della Mae Heidt

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth
Female			yes	Nov. 17th 1912 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Jack Heidt	FULL MAIDEN NAME	Lena Dellen
RESIDENCE	Challis	RESIDENCE	Challis
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	40 (Years)	AGE AT LAST BIRTHDAY	27 (Years)
BIRTHPLACE	Ill.	BIRTHPLACE	Mont.
OCCUPATION	Chafeur	OCCUPATION	Housewife

Number of child of this mother, including present birth 4

Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 2 A. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) C. L. Hartley M.D.
(Physician or midwife)

Address Challis, Idaho.

Given names added from a supplemental report

....., 19.....

Filed Nov. 25th 19 12

C. L. Hartley
Registrar

.....
Registrar

8-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

JAN 5 1944

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

291-10

Form V. S. No. 11

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

County of Custer

City of Challis

Registration District No. 14 File No. 9838

No. St.

Primary Registration District No. 2261 Registered No. 66

Hospital

FULL NAME OF CHILD Attilio Branca

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
M.			yes	June 3rd 1912.

FATHER		MOTHER	
FULL NAME	Mal Branca	FULL MAIDEN NAME	Ina Gelbgetta
RESIDENCE	Bay Horse	RESIDENCE	Bay Horse
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	35 (Years)	AGE AT LAST BIRTHDAY	34 (Years)
BIRTHPLACE	Italy	BIRTHPLACE	Italy
OCCUPATION	Miner	OCCUPATION	Housewife

Number of child of this mother, including present birth 4 Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 2 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Mal Branca (Father)

(Physician or midwife)

Address Bay Horse, Ida.

Given names added from a supplemental report

19

Registrar

Filed 11/18 1912 C. L. Hurst Registrar

S-Y CO. 20174

APR 1 1942

SEP 25 1948

336 - 21 - 029

Form V. S. No. 11-I—20m-2-15-12

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH

County of Latah

City of Deary

No. ..... St.

Hospital .....

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

Registration District No. 15 File No. 9839

Primary Registration District No. 2068 Registered No. 370

FULL NAME OF CHILD Lizzie Ellen

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
F.	"	"	Yes	Nov 12. 1912.

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	Orrin J. Stockdale	Elizabeth Osborn
RESIDENCE	Cottonwood Ida.	Cottonwood Ida.
COLOR	W.	W.
AGE AT LAST BIRTHDAY (Years)	36	19
BIRTHPLACE	Minn.	Minn.
OCCUPATION	Blacksmith	H. W.

Number of child of this mother, including present birth 2

Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn) at 12. P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Minnie Osborn

midwife (Physician or midwife)

Address Deary

Filed Nov 20 1912 P. L. Hansel Registrar

Given names added from a supplemental report

..... 19.....

..... Registrar

S-Y CO. 20174

PLACE OF BIRTH

STATE OF IDAHO

Form V. S. No. 11-C—20m-2-15-12

BOISE

Registration District No.

Registrar

Filed 19

Address

19

599-114-029-905

MARGIN RESERVED FOR BINDING

WRITE PLAINLY. WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

Form V. S. No. 11-C—10m-8-7-11

PLACE OF BIRTH

County of Latah

City of Potlatch

No ____, ____ St.

Hospital ____

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

Registration District No 15 — File No. 9840

Primary Registration District No. 2066. — Registered No. 360

FULL NAME OF CHILD ____

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Male -	✓		✓	yes -	Oct 14, 1912

FATHER		MOTHER	
FULL NAME	William N. Ericsson.	FULL MAIDEN NAME	Mable. Robertson
RESIDENCE	Potlatch County.	RESIDENCE	Potlatch.
COLOR	white.	COLOR	white.
AGE AT LAST BIRTHDAY	24. (Years)	AGE AT LAST BIRTHDAY	20. (Years)
BIRTHPLACE	Nebraska -	BIRTHPLACE	Nebraska -
OCCUPATION	Farmer -	OCCUPATION	Housewife.

Number of child of this mother, including present birth.....

Number of children, of this mother, now living, including present birth.....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive. (Born alive or stillborn), at 1 30 A. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) D. B. Harrison. M. D.

(Physician or Midwife)

Address Palouse. Wash.

Given names added from a supplemental report

....., 19.....

Filed Nov. 4 1912 D. J. M. Travis Registrar

.....

SYMS - YORK CO., PTRS. & BDRS. 17326 Registrar

Dup #1912-11279

243-128-029-255

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

Form V. S. No. 11-C—15m-6-20-11

PLACE OF BIRTH

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

County of Latah

City of Potlatch I. D.

Registration District No. 15

File No. 9842

No. ____, ____ St.

Primary Registration District No. 2066

Registered No. 362

Hospital ____

FULL NAME OF CHILD Bull Cecil Henry

Sex of Child	Twin, Triplet, or other?	and	Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
M	✓		✓	Yes	Sept 28, 1912

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	Henry Bull	FULL MAIDEN NAME	Myrtle Sennit
RESIDENCE	Potlatch	RESIDENCE	Potlatch I. D.
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY (Years)	23	AGE AT LAST BIRTHDAY (Years)	22
BIRTHPLACE	Minn	BIRTHPLACE	Idaho
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 6

Number of children, of this mother, now living, including present birth 5

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 4 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. E. LeBaron M.D.

(Physician or Midwife)

Address Potlatch Idaho

Given names added from a supplemental report

....., 19.....

Filed Oct. 1st 1912. J. B. Thompson

Registrar

S-Y CO., 16670

Registrar

JUL 6 1955

819-208-029-258

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

Form V. S. No. 11-C—10m-8-7-11

PLACE OF BIRTH

County of Latah

City of Potlatch

No ....., ... St.

Hospital .....

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

Registration District No 15 — File No. 9843

Primary Registration District No. 2066 — Registered No. 363

FULL NAME OF CHILD Hilda RAE Harris

Sex of Child	Twin, Triplet or other?	and	Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
female	V (To be answered only in event of plural births)		V	Yes	Nov. 8, 1912

FATHER		MOTHER	
FULL NAME	George W. Harris	FULL MAIDEN NAME	Lena Renoyer
RESIDENCE	Potlatch	RESIDENCE	Potlatch
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	48 (Years)	AGE AT LAST BIRTHDAY	32 (Years)
BIRTHPLACE	Missouri	BIRTHPLACE	Missouri
OCCUPATION	farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth Sixth

Number of children, of this mother, now living, including present birth Six

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was Born Alive. (Born alive or stillborn) at 6 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) No Attendant

V (Physician or Midwife)

Address Potlatch Idaho

Given names added from a supplemental report

....., 19.....

Filed Nov 30 1912 J. R. Thompson Registrar

.....

Registrar

SYMS - YORK CO., PTRS. & BDRS. 17326

JAN 2 8 1943

695-210-029-253

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

Form V. S. No. 11-C—10m-8-7-11

PLACE OF BIRTH

County of Latah

City of Troy

No ....., ... St.

Hospital .....

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

Registration District No 15 — File No. 9844

Primary Registration District No. 2065 — Registered No. 350

FULL NAME OF CHILD Lois Gladys French

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Female			Yes	Nov 10, 1912

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	Carlton L. French	Emma Etta [illegible] Bellomy
RESIDENCE	Troy Idaho	Troy Idaho
COLOR	White	White
AGE AT LAST BIRTHDAY (Years)	33	22
BIRTHPLACE	Delphi Indiana	Wayne Co West Va.
OCCUPATION	School Teacher	House Wife

Number of child of this mother, including present birth 4

Number of children, of this mother, now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive Nov 10 th, at 11:40 P. M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. W. Olson

Physician
(Physician or Midwife)

Address Troy Idaho

Given names added from a supplemental report

....., 19.....

.....
Registrar

Filed Nov 11 19 12 J. W. Olson
Registrar

SYMS - YORK CO., PTRS. & BDRS. 17326

MAY 29 1942

693-109-029-386

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each child, in order of birth stated

Form V. S. No. 11-C—10m-8-7-11

PLACE OF BIRTH

County of Latah

City of Kendrick

No. ....., ... St.

Hospital .....

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

Registration District No. 15 — File No. 9845

Primary Registration District No. 2064 — Registered No. 364

FULL NAME OF CHILD Frank Cornelius Wittman

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
M			yes	11 - 9 ,192 2

FATHER		MOTHER	
FULL NAME	Frank Wittman	FULL MAIDEN NAME	Lydia Thomas
RESIDENCE	Kendrick	RESIDENCE	same
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY	31 (Years)	AGE AT LAST BIRTHDAY	21 (Years)
BIRTHPLACE	Wis.	BIRTHPLACE	Mo.
OCCUPATION	engineer	OCCUPATION	housewife

Number of child of this mother, including present birth: one

Number of children, of this mother, now living, including present birth: One

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 1:30 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report

..... 19.....

..... Registrar

(Signature) John E. Hoyt M.D.

(Physician or Midwife)

Address Kendrick Ida

Filed 11-9 1912 J.E. Hoyt Registrar

SYMS - YORK CO., PTRS. & BDRS. 17326

455-102-029-299

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

Form V. S. No. 11-C—10m-8-7-11

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

PLACE OF BIRTH

County of Latah

City of Kendrick

*No*_____, _____ *St.*

Hospital _____

Registration District No 15 — **File No.** 9846

Primary Registration District No. 2064 — **Registered No.** 365

FULL NAME OF CHILD Earle Newton Meneely

Sex of Child	Twin, Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of birth (Month) (Day) (Year)
M		yes	11 2 1912

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	J. Newton Meneely	Mary Kirkpatrick
RESIDENCE	near Kendrick	same
COLOR	white	w
AGE AT LAST BIRTHDAY (Years)	36	27
BIRTHPLACE	Del.	Ind.
OCCUPATION	farmer	housewife

Number of child of this mother, including present birth 3

Number of children, of this mother, now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 2 9 M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) John E. Hoyt M D

(Physician or Midwife)

Address Kendrick Ida

Given names added from a supplemental report

_____, 19____

_____ Registrar

Filed 11-3 1912 J. E. Hoyt Registrar

SYMS - YORK CO., PTRS. & BDRS. 17326

FEB 7 1942

MAR 18 1943

MAR 21 1974

239-114-039-719

PLACE OF BIRTH

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

County of Latah

City of Kendrick

Registration District No. 15

File No. 9847

No. ____, ____ St.

Primary Registration District No. 2064

Registered No. 364

Hospital

FULL NAME OF CHILD Elmer Gengl Strahl

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth
Male			Yes	Nov. (Month) 14 (Day), 1912 (Year)

FATHER	MOTHER
FULL NAME George Elmer Strahl	FULL MAIDEN NAME Addie Garner
RESIDENCE near Kendrick Idaho	RESIDENCE near Kendrick Idaho
COLOR White	AGE AT LAST BIRTHDAY 31 (Years)
COLOR White	AGE AT LAST BIRTHDAY 21 (Years)
BIRTHPLACE Iowa	BIRTHPLACE Idaho
OCCUPATION Farmer	OCCUPATION Housewife

Number of child of this mother, including present birth .....

Number of children, of this mother, now living, including present birth .....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 11.30 A. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) W. A. Rothwell MD (Physician or Midwife)

Address Kendrick Idaho

Given names added from a supplemental report

....., 19.....

Filed 11-30 1912 J. E. Hoyt

.....
Registrar

S-Y CO., 16670

Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

FEB 14 1942

MAY 10 1962

255-116-029-469

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

Form V. S. No. 11-C—10m-8-7-11

PLACE OF BIRTH

County of Latah

City of Juliaetta

No ____, ____ St.

Hospital ____

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

Registration District No 15 File No. 9848

Primary Registration District No. 2064 Registered No. 367

FULL NAME OF CHILD Roy Edgar Kent

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Male			yes	11 16 1912

FATHER		MOTHER	
FULL NAME	Edgar Kent	FULL MAIDEN NAME	Emma Morgan
RESIDENCE	Juliaetta Ida	RESIDENCE	Juliaetta Ida
COLOR	white	COLOR	white
AGE AT LAST BIRTHDAY	23 (Years)	AGE AT LAST BIRTHDAY	20 (Years)
BIRTHPLACE	Nova Scotia	BIRTHPLACE	Idaho
OCCUPATION	farmer	OCCUPATION	housewife

Number of child of this mother, including present birth 2

Number of children, of this mother, now living, including present birth one

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 7:15 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) John E. Hoyt M.D.

(Physician or Midwife)

Address Kendrick Ida

Given names added from a supplemental report

....., 19.....

Filed 11-18 1912 J.E. Hoyt

Registrar

SYMS - YORK CO., PTRS. & BDRS. 17326

Registrar

FEB 9 1942
STATE OF IDAHO
Bureau of Vital Statistics

434-123-029-468

MARGIN RESERVED FOR BINDING
WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

Form V. S. No. 11-C—10m-8-7-11

PLACE OF BIRTH

County of Lalah

City of Kendrick

No _____, _____ St.

Hospital _____

STATE OF IDAHO
Bureau of Vital Statistics
CERTIFICATE OF BIRTH

Registration District No 15 File No. 9849

Primary Registration District No. 2064 Registered No. 368

FULL NAME OF CHILD Thomas Loftis McDowall

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
M			yes	11 23 1912

FATHER		MOTHER	
FULL NAME	Thomas McDowall	FULL MAIDEN NAME	Minnie Johns
RESIDENCE	Kendrick Ida	RESIDENCE	Kendrick Ida
COLOR	W	COLOR	White
AGE AT LAST BIRTHDAY	39 (Years)	AGE AT LAST BIRTHDAY	39 (Years)
BIRTHPLACE	Ireland	BIRTHPLACE	Germany
OCCUPATION	merchant	OCCUPATION	housewife

Number of child of this mother, including present birth 2

Number of children, of this mother, now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 2 a. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. E. Hoyt M. D.

(Physician or Midwife)

Address Kendrick Ida

Given names added from a supplemental report

....., 19.....

Filed 11-30 1912 J. E. Hoyt Registrar

.....
Registrar

SYMS - YORK CO., PTRS. & BDRS. 17326

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATES OF BIRTH

318-228-029-717

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH

County of Valok

City of Genesee

No. ..... St.

Hospital .....

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 15 File No. 9850

Primary Registration District No. 2063 Registered No. 357

FULL NAME OF CHILD Edna Mavis Taylor

Sex of Child	Twin / Triplet or other? (To be answered only in event of plural births) and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
F		Yes	11 28 1912

FATHER		MOTHER	
FULL NAME	Finley F Taylor	FULL MAIDEN NAME	Mabel Gage
RESIDENCE	Genesee	RESIDENCE	Genesee
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY	26 (Years)	AGE AT LAST BIRTHDAY	21 (Years)
BIRTHPLACE	Ark	BIRTHPLACE	Idaho
OCCUPATION	Clerk	OCCUPATION	Housewife

Number of child of this mother, including present birth 1

Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn) at 5 A.M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) C F Thorny MD

Genesee Idaho (Physician or midwife)

Given names added from a supplemental report

..... 19.....

Address .....

Filed 11-29 1912 W H Elsom

..... Registrar

S-Y CO. 20174

Registrar

JUL 8 1958

395-218-029-759

PLACE OF BIRTH

Form V. S. No. 11-C—15m-6-20-11

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

County of Utah

City of Lehi

Registration District No. 15

File No. 9851

No. ____, ____ St.

Primary Registration District No. 2063

Registered No. 358

Hospital

FULL NAME OF CHILD Nellie Norma Lindhurst

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
F			Yes	11 18 1912

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	Henry Lindhurst	Rosa Pressley
RESIDENCE	Lehi	Lehi
COLOR	W	W
AGE AT LAST BIRTHDAY (Years)	40	30
BIRTHPLACE	Ills	Ills
OCCUPATION	Rancher	Housewife

Number of child of this mother, including present birth 3

Number of children, of this mother, now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn), at 3 M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) C. F. Thorne

Lehi Utah

(Physician or Midwife)

Given names added from a supplemental report

....., 19.....

Registrar

Address .....

Filed 12-4 1912 C. W. Holmes

Registrar

S-Y CO., 16670

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

AUG 7 1944

653 - 111-029-294

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, with UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

Form V. S. No. 11-C—10m-8-7-11

PLACE OF BIRTH

County of Latah

City of Genesee

No ....., ... St.

Hospital .....

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

Registration District No 15 File No. 9852

Primary Registration District No. 2663 Registered No. 359

FULL NAME OF CHILD Earle Edwin Wells

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Male	—	—	Yes	Nov 11 1912

FATHER		MOTHER	
FULL NAME	Joseph Wells	FULL MAIDEN NAME	Lucy Simons
RESIDENCE	Genesee	RESIDENCE	Genesee
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	53 (Years)	AGE AT LAST BIRTHDAY	38 (Years)
BIRTHPLACE	Wisconsin	BIRTHPLACE	Missouri
OCCUPATION	Drayman	OCCUPATION	House-Wife

Number of child of this mother, including present birth 8

Number of children, of this mother, now living, including present birth 7

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 11.50 A. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Frank Call

Physician

(Physician or Midwife)

Address Genesee Idaho.

Given names added from a supplemental report

....., 19.....

Registrar

Filed 11-12 1912 W. A. Eberle

Registrar

SYMS - YORK CO., PTRS. & BDRS. 17826

11-13-41

345-203-029-168

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Form V. S. No. 11-C—20m-2-15-12

PLACE OF BIRTH

County of Latah

City of South of Moscow

No. ..... St.

Hospital .....

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 15

Primary Registration District No. 2

File No. 9853

Registered No. 847

FULL NAME OF CHILD .....

Sex of Child	Twin / Triplet or other? (To be answered only in event of plural births) and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Female		Yes	Dec. 3 1912

FATHER		MOTHER	
FULL NAME	J. G. Lundquist	FULL MAIDEN NAME	Augusta Johnson
RESIDENCE	South of Moscow	RESIDENCE	South of Moscow
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	52	AGE AT LAST BIRTHDAY (Years)	38
BIRTHPLACE	Sweden	BIRTHPLACE	Sweden
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 8

Number of children of this mother now living, including present birth 8

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive, at 11:00 A. M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Chas. L. Gritman, M.D.

Physician
(Physician or midwife)

Address .....

Given names added from a supplemental report

..... 19.....

..... Registrar

Filed Dec 1912 D. F. Rae Registrar

S-Y CO. 20174

FEB 26 1973

297-224-029-315

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Form V. S. No. 11-C—20m-2-15-12

PLACE OF BIRTH

County of Latah

City of Moscow

No. Jefferson St.

Hospital Gospray

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 15 File No. 9854

Primary Registration District No. 2062 Registered No. 343

FULL NAME OF CHILD Clara May

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Female			yes	Nov. 24 1912

FATHER

FULL NAME William F. Biggs

RESIDENCE Moscow, Idaho.

COLOR White AGE AT LAST BIRTHDAY 38 (Years)

BIRTHPLACE Avon, Missouri.

OCCUPATION Farmer

MOTHER

FULL MAIDEN NAME Rose Mary Lavender

RESIDENCE Moscow, Idaho.

COLOR White AGE AT LAST BIRTHDAY 33 (Years)

BIRTHPLACE Centerville, Oregon.

OCCUPATION Farmer's Wife

Number of child of this mother, including present birth Second

Number of children of this mother now living, including present birth two

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Alive (Born alive or stillborn) on the date above stated., at 4 P. M.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Joseph Gospray M.D.

(Physician or midwife)

Given names added from a supplemental report

.....19.....

.....
Registrar

Address .....

Filed Dec. 19 12 J. F. Pal
Registrar

S-Y CO. 20174

235-124-029-493

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Form V. S. No. 11-C—20m-2-15-12

PLACE OF BIRTH

County of Latah

City of Moscow

No. Jefferson St.

Hospital Espray

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 15 File No. 9855

Primary Registration District No. 1868 Registered No. 342

FULL NAME OF CHILD John Lionel Stemer

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Male		Two	yes	Nov. 24 1912

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	John Jacob Stemer	Achsah Norah Mills
RESIDENCE	Moscow Ida	Moscow Ida
COLOR	White	White
AGE AT LAST BIRTHDAY (Years)	42	27
BIRTHPLACE	St Petersburg Penna	Corn Iowa.
OCCUPATION	Photographer	Housewife.

Number of child of this mother, including present birth 1

Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Alive (Born alive or stillborn), at 7 P. M. on the date above stated.

(Signature) Joseph Asheraft M.D.

(Physician or midwife)

Address

Filed Dec 19 12 D. Hall Registrar

By Jus

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report

19

Registrar

S-Y CO. 20174

APR 2 6 1976

FEB 23 1954

625-111-029-753

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Form V. S. No. 11-C—20m-2-15-12

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

PLACE OF BIRTH

County of Latah

City of Moscow

No. ..... St.

Hospital Gritman

Registration District No. 15 File No. 9856

Primary Registration District No. 1008 Registered No. 369

FULL NAME OF CHILD Rudolph Nicklaus

Sex of Child	Twin / Triplet or other? (To be answered only in event of plural births)	and — Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Male			Yes	Nov. 11 1912

FATHER		MOTHER	
FULL NAME	Erick N. Oberg	FULL MAIDEN NAME	Minnie Peterson
RESIDENCE	Moscow, Ida.	RESIDENCE	Moscow Ida.
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	36	AGE AT LAST BIRTHDAY (Years)	23
BIRTHPLACE	Sweden	BIRTHPLACE	South Dakota
OCCUPATION	Merchant	OCCUPATION	Housewife.

Number of child of this mother, including present birth 4 Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive-Premature birth - 8th mo. (Born alive or stillborn), at 10:50 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Chas. L. Gritman M.D.
Physician
(Physician or midwife)

Address Moscow

Given names added from a supplemental report

..... 19.....

Filed Nov 15 1912 L. F. Rae
Registrar

..... Registrar

S-Y CO. 20174

295-108-029-742

Form V. S. No. 11-C—15m-6-20-11

PLACE OF BIRTH

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

County of Latah

City of Moscow

Registration District No. 15 File No. 9857

No. ____, ____ St.

Primary Registration District No. 1008 Registered No. 357

Hospital

FULL NAME OF CHILD John W. Kienholz

Sex of Child	Twin, Triplet, or other?	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
M	—	1	Yes	Nov 5, 1912

(To be answered only in event of plural births)

	FATHER	MOTHER
FULL NAME	V. E. Kienholz	FULL MAIDEN NAME Ethel Gustow
RESIDENCE	Moscow	RESIDENCE Moscow
COLOR	White	COLOR White
AGE AT LAST BIRTHDAY	36 (Years)	AGE AT LAST BIRTHDAY 19 (Years)
BIRTHPLACE	Germany	BIRTHPLACE Idaho
OCCUPATION	Farmer	OCCUPATION Housekeeping

Number of child of this mother, including present birth 1

Number of children, of this mother, now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 9 A. M. on the date above stated.

(Signature) W. A. Adamson

(Physician or Midwife)

Address Moscow

Filed Nov 21, 1912 J. F. Parr Registrar

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report

....., 19.....

Registrar

S-Y CO., 16670

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

MAR 24 1942

JUL 1 1965

393-101-029-854

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

PLACE OF BIRTH

County of Latah

City of _____

No. _____, _____ St.

Hospital _____

Form V. S. No. 11-C—15m-6-20-11

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

Registration District No. 15 File No. 9858

Primary Registration District No. 1088 Registered No. 357

FULL NAME OF CHILD WALLACE JOSEPH LITCH

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
M		7	Yes	Nov. 1, 1912

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	Carmia J. Litch	Flora E. Healy
RESIDENCE	Moscow	Moscow
COLOR	White	White
AGE AT LAST BIRTHDAY (Years)	42	34
BIRTHPLACE	N.Y.	Minn.
OCCUPATION	Farmer	Housewife

Number of child of this mother, including present birth 7

Number of children, of this mother, now living, including present birth 6

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 6 P. M. on the date above stated.

(Signature) W. A. Adair M.D.

(Physician or Midwife)

Address Moscow

Filed Nov 11 19 12 J. T. Rae Registrar

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report

_____, 19_____

_____ Registrar

S-Y CO., 16670

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of Washington } ss.
County of Whitman }

Certificate No. 9858
Date Filed [illegible]

The undersigned does solemnly swear that certain facts on the certificate of Birth (BIRTH OR DEATH)
for Wallace Joseph Litch (NAME ON ORIGINAL CERTIFICATE) who was born (WAS BORN OR DIED) on Nov 7 1912 (DATE OF EVENT)
in Moscow Idaho (PLACE OF EVENT) are ~~erroneous~~ or were omitted; and that, to the best of ~~his~~ knowledge, the
true facts as shown by Mothers Memory (BIBLE RECORD, INSURANCE POLICY, ETC.) ~~prepared on~~ (GIVE DATE), are:

FACTS TO BE CORRECTED ("NAME", "BIRTH DATE", "CAUSE OF DEATH", ETC.)	FROM (AS ON ORIGINAL)	TO (THE CORRECT FACTS)
name	unnamed	Wallace Joseph Litch

Subscribed and sworn to before me this 18
day of April 1942

Notary Public, residing at Pullman Wn

My commission expires
(SEAL)

Signed Mrs. C. J. Litch (mother)
(SIGNATURE OF PARENT OR ATTENDANT IF CORRECTING A BIRTH RECORD; OF ATTENDANT, FUNERAL DIRECTOR, INFORMANT IF CORRECTING A DEATH RECORD; OR OTHER CREDIBLE PERSON.)

1722 B St Pullman Wn
(STREET ADDRESS, CITY, STATE)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of ..... } ss.
County of ..... }

[THIS AFFIDAVIT MUST ALSO BE EXECUTED. (SEE CHAPTER 139, 1937 IDAHO SESSION LAWS.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this .....
day of ....., 19 .....

Notary Public, residing at .....

My commission expires .....
(SEAL)

Signed .....
(SIGNATURE OF ANY CREDIBLE PERSON OTHER THAN PREVIOUS AFFIANT.)

.....
(STREET ADDRESS, CITY, STATE)

Received for filing on ..... By .....
(REGISTRAR'S SIGNATURE)

APR 27 1942

249-103-029-955

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

Form V. S. No. 11-C—15m-6-20

PLACE OF BIRTH

County of Latah

City of _____

No. _____, _____ St.

Hospital _____

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

Registration District No. 15 File No. 9859

Primary Registration District No. 1008 Registered No. 353

FULL NAME OF CHILD Rieford Woodrow Burch

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
M		9	Yes	Dec 7, 1912

FATHER		MOTHER	
FULL NAME	Frank Burch	FULL MAIDEN NAME	Ida Reifenreath
RESIDENCE	Moscow	RESIDENCE	Moscow
COLOR	White	AGE AT LAST BIRTHDAY (Years)	43
COLOR	White	AGE AT LAST BIRTHDAY (Years)	41
BIRTHPLACE	Iowa	BIRTHPLACE	Germany
OCCUPATION	Farmer	OCCUPATION	Housekeeping

Number of child of this mother, including present birth 9

Number of children, of this mother, now living, including present birth 8

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) on the date above stated. at 6 A. M.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) W. A. Adams M.D.

(Physician or Midwife)

Address _____

Given names added from a supplemental report

_____, 19____

_____ Registrar

Filed Dec 8, 19 12

Registrar

S-Y CO., 16670

APR 10 1942

714-106-029-817

PLACE OF BIRTH

County of Latah

City of _____

No. _____, _____ St.

Hospital _____

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

Form V. S. No. 11-C—15m-6-20

Registration District No. 15

Primary Registration District No. 1008

File No. 9860

Registered No. 334

FULL NAME OF CHILD Lawrence Edward Paul

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
M		2	Yes	Dec 6 1912

FATHER		MOTHER	
FULL NAME	Chas A Paul	FULL MAIDEN NAME	Emma L Hagedorn
RESIDENCE	Moscow	RESIDENCE	Moscow
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	27	AGE AT LAST BIRTHDAY (Years)	23
BIRTHPLACE	Lee	BIRTHPLACE	Idaho
OCCUPATION	Farmer	OCCUPATION	House Keeping

Number of child of this mother, including present birth 2

Number of children, of this mother, now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 4 A M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) W A Adams MD

(Physician or Midwife)

Address Moscow

Given names added from a supplemental report

_____, 19____

_____ Registrar

Filed Dec 8 1912

L F Parker Registrar

S-Y CO., 16670

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

12/15/ 77

IDAHO DEPARTMENT OF HEALTH

BUREAU OF VITAL STATISTICS

RECEIVED
BUREAU OF
VITAL STATISTICS
JAN 6 7 32 AM '78

Affidavit to Correct or Amend An Original Certificate of Birth or Death

State of Washington } ss.
County of Walla Walla }

Certificate No. 9860

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of Birth (Birth or Death)
for Unnamed Paul (Name on Original Certificate) who was born (Was Born or Died) on 12/6/12 (Date of Event)
in Latah County (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts are shown by (Bible Record, Insurance Policy, Etc.) prepared on (Give Date), are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
Last Name	Unnamed Paul	Lawrence Edward Paul

Subscribed and sworn to before me this 23rd day of December, 1977

Notary Public, residing at Walla Walla
My commission expires July 18, 1979
(Seal)

Signed X Harold C. Paul
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

532 E Alder Unit 16 Walla Walla, WA.
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Idaho } ss.
County of Latah }

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 30th day of December 31, 1977

Notary Public, residing at Moscow
My commission expires 2-7-80
(Seal)

Signed Mrs. T. W. Hagedorn
(Signature of Any Credible Person)

Good Samaritan Village - Room 407
(Street Address, City, State)
Moscow, Idaho 83843

Diploma from Moscow High school, Moscow, Idaho gives name as Lawrence E. Paul. dated May 25, 1932. viewed by V. S.

JAN 19 1978

Marriage License and certif rom Idaho gives name as Lawrence Edward Paul and the bride's name as Grace Stewart. dted June 9, 1944. viewed by V. S.

419 - 224-02-9 - 612

Form V. S. No. 11-C—15m-6-20-11

PLACE OF BIRTH

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

County of Latah

City of Moscow

Registration District No. 19

File No. 9861

No. 913 So Jefferson St.

Primary Registration District No. 1008

Registered No. 353

Hospital

FULL NAME OF CHILD Helen Fay Martinson

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
female			yes	Nov. 24, 1912

FATHER	MOTHER
FULL NAME Melvin Martinson	FULL MAIDEN NAME Myrl Washburn Martinson
RESIDENCE 913 So. Jefferson St.	RESIDENCE 913 So. Jefferson St.
COLOR white	COLOR white
AGE AT LAST BIRTHDAY 25 (Years)	AGE AT LAST BIRTHDAY 20 (Years)
BIRTHPLACE Osseo. Wis. Trempleau Co.	BIRTHPLACE Milton Iowa.
OCCUPATION Laborer	OCCUPATION Telephone operator

Number of child of this mother, including present birth 1

Number of children, of this mother, now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 5:05 A.M. on the date above stated.

(Signature) W M Stafford M.D.

Physician

(Physician or Midwife)

Address Moscow Idaho

Filed Dec 9 19 12 L. F. Rae Registrar

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report

....., 19.....

Registrar

S-Y CO., 16670

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

2

MAY 25 1945

695-127-029-962

Form V. S. No. 11-C—20m-2-15-12

PLACE OF BIRTH

County of Latah

City of Moscow

No. ..... St.

Hospital .....

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 15 File No. 9862

Primary Registration District No. 1008 Registered No. 352

FULL NAME OF CHILD Gregory Collins Fields

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
M			yes	Nov 27 1912

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	Geo H. Fields	Ethel Fields Robard
RESIDENCE	Moscow	Moscow
COLOR	W	W
AGE AT LAST BIRTHDAY (Years)	32	26
BIRTHPLACE	Ore	Wash
OCCUPATION	Editor and Publisher	

Number of child of this mother, including present birth 4 Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was ..... (Born alive or ~~stillborn~~) at 11-30 a.m. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. H. Clarke

(Physician or ~~midwife~~)

Address Moscow

Given names added from a supplemental report

..... 19.....

Filed Dec 9 19 12

..... Registrar

S-Y CO. 20174

Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

SEP 8 1942

231-225-029-319

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH

County of Latah

City of Moscow

No. ..... St.

Hospital .....

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 15 File No. 9863

Primary Registration District No. 1008 Registered No. 357

FULL NAME OF CHILD Frances M. Blacker

Sex of Child	Twin / Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
F			yes	Nov 25 1912

FATHER		MOTHER	
FULL NAME	W. M. Blacker	FULL MAIDEN NAME	Linnie Cairy
RESIDENCE	Moscow	RESIDENCE	Moscow
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY (Years)	53	AGE AT LAST BIRTHDAY (Years)	30
BIRTHPLACE	Ill	BIRTHPLACE	Iowa
OCCUPATION	Farmer	OCCUPATION	

Number of child of this mother, including present birth 3

Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was ..... (Born alive or ~~stillborn~~), at 1 a. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. H. Clarke (Physician or mid~~wife~~)

Address Moscow

Filed Dec 9 19 12 D. F. Ku Registrar

Given names added from a supplemental report

..... 19.....

..... Registrar

S-Y CO. 20174

APR 8 1966

SJ3-202-029-759

Form V. S. No. 11-C—20m-2-15-12

PLACE OF BIRTH

name added 3/13/81.

County of Latah

City of Moscow

No. ____ St.

Hospital ____

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 15 File No. 9864

Primary Registration District No. 1008 Registered No. 346

FULL NAME OF CHILD Lucille Bernadine Nelson

Sex of Child	Twin / Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Female			Yes	Nov 2 1912

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	Andrew J. Nelson	Lydia C. Persson
RESIDENCE	Moscow, Ida.	Moscow, Idaho
COLOR	White	White
AGE AT LAST BIRTHDAY (Years)	56	31
BIRTHPLACE	Sweden	Wisconsin
OCCUPATION	Farmer	Housewife

Number of child of this mother, including present birth 5

Number of children of this mother now living, including present birth 5

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 10:10 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Chas. L. Gritman M.D.

Physician (Physician or midwife)

Given names added from a supplemental report

..... 19.....

Address .....

Filed Nov 11 19 2 D. F. Rae

Registrar

S-Y CO. 20174

Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

JUL 22 1966

9-10-80

IDAHO DEPARTMENT OF HEALTH AND WELFARE
Bureau of Vital Statistics

AFFIDAVIT TO CORRECT [illegible] ORIGINAL CERTIFICATE

RECEIVED
SEP 23 1980
Bureau of Vital Statistics

State of _____ } ss.
County of _____ }

Certificate No. 9864
Date Filed _____

The undersigned does solemnly swear that certain facts on the certificate of birth

for unnamed Nelson (Name on Original Certificate) who was born (Was Born, Died, etc.) on Nov. 2, 1912 (Date of Event)

in Moscow (Latah) (Place of Event) are erroneous or were omitted:

ITEMS TO BE CORRECTED	FROM	TO
childs name	omitted	Lucille Bernadine Nelson

Subscribed and sworn to before me this 17 day of September, 1980

Notary Public, Alice M Keeley

Residing at Portland, Oregon

My commission expires My Commission Expires May 29, 1983

(Seal)

Lucille B. Nelson
Signature of Applicant

3015 S. E. 74th, Portland, Oregon, 97206
Street Address, City, State

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Oregon } ss.
County of Multnomah }

(Must be completed ___)
(Is not necessary X)

The undersigned does solemnly swear that he has knowledge of the facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 17 day of September, 1980

Notary Public, Alice M Keeley

Residing at Portland, Oregon,

My commission expires My Commission Expires May 29, 1983

(Seal)

Irene Rudisharn
Supporting Signature

3015 S. E. 74th, Portland, Oregon, 97206
Street Address, City, State

Church record gives nameas Lucile Bernadine Nelson child of Anders Johan Nelson and Lydia Christina. born Nov 2, 1912 in Moscow,Idaho. Baptized Dec 21, 1912. viewed by V. S.

Social Seucity CArd # 518-05-7732 gives name as Lucille Bernadine Nelson dated 9-10-37. viewed by V. S.

MAR 16 1981

231-105-029-693

Form V. S. No. 11-C—15m-6-20-11

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

PLACE OF BIRTH

County of Latah

City of Moscow

No. 308, Van Buren St.

Hospital

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

Registration District No. 15 File No. 9865

Primary Registration District No. 1008 Registered No. 343

FULL NAME OF CHILD Richard Kenneth Stanton

Sex of Child M. | Twin, Triplet, or other? (To be answered only in event of plural births) and Number in order of birth | Legitimate? Yes. | Date of birth 11 (Month) - 5 (Day), 1912 (Year)

FATHER	MOTHER
FULL NAME Frank Stanton	FULL MAIDEN NAME Mabel B. Fitzgerald
RESIDENCE Moscow Idaho	RESIDENCE Moscow Idaho
COLOR White	AGE AT LAST BIRTHDAY 37 (Years)
COLOR White	AGE AT LAST BIRTHDAY 32 (Years)
BIRTHPLACE Iama Co., Iowa	BIRTHPLACE Toledo, Iowa
OCCUPATION Bookkeeper	OCCUPATION Housekeeper

*Number of child of this mother, including present birth.....

Number of children, of this mother, now living, including present birth.....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 2 a M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) W H Carothers M. D.

(Physician or Midwife)

Address Moscow, Idaho

Given names added from a supplemental report

....., 19.....

Registrar

Filed Nov 10 1912

Registrar

S-Y CO., 16670

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of Idaho } ss.
County of Latah }

Certificate No. 9865

Date Filed Birth
(BIRTH OR DEATH)

The undersigned does solemnly swear that certain facts on the certificate of
for No name given (NAME ON ORIGINAL CERTIFICATE) who born (WAS BORN OR DIED) on Nov. 5, 1912 (DATE OF EVENT)
in Moscow, Idaho (PLACE OF EVENT) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts as shown by Parents (BIBLE RECORD, INSURANCE POLICY, ETC.) prepared on (GIVE DATE), are:

FACTS TO BE CORRECTED ("NAME", "BIRTH DATE", "CAUSE OF DEATH", ETC.)	FROM (AS ON ORIGINAL)	TO (THE CORRECT FACTS)
name	omitted	Richard Kenneth Stanton

Subscribed and sworn to before me this 21
day of January, 19 42
Bertha Pendlebury
Notary Public, residing at Moscow Idaho
My commission expires 7-9-43
(SEAL)

Signed Frank Stanton
(SIGNATURE OF PARENT OR ATTENDANT IF CORRECTING A BIRTH RECORD; OF ATTENDANT, FUNERAL DIRECTOR, INFORMANT IF CORRECTING A DEATH RECORD; OR OTHER CREDIBLE PERSON.)
Moscow Idaho
(STREET ADDRESS, CITY, STATE)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Idaho } ss.
County of Latah }

[THIS AFFIDAVIT MUST ALSO BE EXECUTED. (SEE CHAPTER 139, 1937 IDAHO SESSION LAWS.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 21
day of January, 19 42
Bertha Pendlebury
Notary Public, residing at Moscow Idaho
My commission expires 2/9/43
(SEAL)

Signed Mabel B. Stanton
(SIGNATURE OF ANY CREDIBLE PERSON OTHER THAN PREVIOUS AFFIANT.)
Moscow Idaho
(STREET ADDRESS, CITY, STATE)

Received for filing on JAN 23 1942 By
(REGISTRAR'S SIGNATURE)

JAN 24 1942

Form U. S. No. 1. C-20m-5-15-12

STATE OF IDAHO
DEPARTMENT OF VITAL STATISTICS
CERTIFICATE OF BIRTH

County of Latah

City of Moscow — Registration District No. 15 — File No. 9866

No. ____ St. — Primary Registration District No. 1008 — Registered No. 344

Hospital

FULL NAME OF CHILD Harvey Arthur Campbell

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Male			yes.	Oct 25 1912

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	John A. Campbell	Mamie Mornington
RESIDENCE	Bridburn Idaho	
COLOR	W	W
AGE AT LAST BIRTHDAY (Years)	38	33
BIRTHPLACE	N. Y.	Miss.
OCCUPATION	Farmer	

Number of child of this mother, including present birth 1 — Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was (Born alive or ~~stillborn~~) at 11-a M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. N. Clarke M.D.

(Physician or ~~midwife~~)

Address Nov 25

Given names added from a supplemental report

....19....

Filed Oct 12 1912

....Registrar

S-Y CO. 20174

....Registrar

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

MARGIN RESERVED FOR BINDING

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

PLACE OF BIRTH

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of Washington } ss.
County of Spokane }

Certificate No. 9866
Date Filed

The undersigned does solemnly swear that certain facts on the certificate of Birth (Birth or death)
for Henry Arthur Campbell (Name on original certificate) who was born (Was born or died) on Oct 25 1912 (Date of event)
in Moscow Idaho (Place of event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts as shown by Mother, who has signed affidavit (Bible record, insurance policy, etc.) prepared on (Give date), are:

FACTS TO BE CORRECTED ("Name", "birth date", "cause of death", etc.)	FROM (As on original)	TO (The correct facts)
Name	Henry Arthur Campbell	~~Harry Campbell~~ HARRY ARTHUR CAMPBELL
Sex	Female	Male

Subscribed and sworn to before me this 27 th
day of Oct, 1941
W. T. Pendleson
Notary Public, residing at Spokane Wash
My commission expires June 1, 1943
[SEAL]

Signed Mary Ann Campbell, PARENT
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)
E 3137 32 th Spokane Wn.
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of } ss.
County of }

[This affidavit MUST also be executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this
day of , 19

Notary Public, residing at
My commission expires
[SEAL]

Signed
(Signature of any credible person other than the previous affiant.)
(Street Address, City, State)

Received for filing on By
(Registrar's signature)

MAR 26 1942

993-208-022-25

Form V. S. No. 11-2—Rev-8-15-12

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Fremont

City of Clawson — Registration District No. 9 — File No. 9867

No. ____ St. — Primary Registration District No. 2037 — Registered No. 397

Hospital ____

FULL NAME OF CHILD ____

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth
Female			yes	Oct. 8 (Month) (Day) 1912 (Year)

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	Frank Ricks	Vivian Peacock
RESIDENCE	Clawson	Clawson
COLOR	White	White
AGE AT LAST BIRTHDAY	22 (Years)	19 (Years)
BIRTHPLACE	Idaho,	Utah
OCCUPATION	Farmer	Housewife,

Number of child of this mother, including present birth 1 — Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born Alive (Born alive or ~~stillborn~~), at 4:25 a. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Ora D. Kent L. M.D.

(Physician or ~~midwife~~)

Address Drayton, Ida.

Given names added from a supplemental report

....., 19.....

Filed Nov. 1, 1912 — Ray H. Hinkle, Registrar

....., Registrar

B-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY. WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

Form V. S. No. 11-C-20m-8-16-12

OF BIRTH

354-205-02-573

Form V. S. No. 11-C—20m-2-15-12

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH

County of Fremont

City of Driggs

No. ..... St.

Hospital .....

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 9 File No. 9868

Primary Registration District No. 2037 Registered No. 596

FULL NAME OF CHILD Myrla Lewis.

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Fem.			Yes.	Oct. 5 1912.

FATHER		MOTHER	
FULL NAME	Edward Lewis	FULL MAIDEN NAME	May Vickery
RESIDENCE	Driggs	RESIDENCE	Driggs
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	29 (Years)	AGE AT LAST BIRTHDAY	28 (Years)
BIRTHPLACE	Utah	BIRTHPLACE	Utah
OCCUPATION	Farmer.	OCCUPATION	Housewife

Number of child of this mother, including present birth 3

Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born Alive (Born alive or ~~stillborn~~), at 6 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Anne Larsen

(~~Physician~~ or midwife)

Address Driggs Ida.

Given names added from a supplemental report

..... 19.....

Filed Nov. 10 1912 Ray T. Fisher Registrar

..... Registrar

B.W.P.

S-Y CO. 20174

Form V. S. No. 11-C-20m-2-15-12

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

PLACE OF BIRTH

APR 28 1970

893-104-022-391

Form V. S. No. 11-C, 20m-2-15-12

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Fremont

City of Driggs

No. ..... St.

Registration District No. 9 File No. 9869

Primary Registration District No. 2037 Registered No. 593

Hospital

FULL NAME OF CHILD George Hill

Sex of Child Male. | Twin, Triplet or other? | and (Number in order of birth) | Legitimate? Yes | Date of Birth Oct. 4 (Month) (Day) 1912 (Year)

(To be answered only in event of plural births)

FATHER	MOTHER
FULL NAME William Hill.	FULL MAIDEN NAME Lena Crandall
RESIDENCE Driggs	RESIDENCE Driggs.
COLOR White AGE AT LAST BIRTHDAY 45 (Years)	COLOR White AGE AT LAST BIRTHDAY 31 (Years)
BIRTHPLACE Utah	BIRTHPLACE Utah
OCCUPATION Carpenter	OCCUPATION Housewife

Number of child of this mother, including present birth 6

Number of children of this mother now living, including present birth 6

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive at 1 P.M. on the date above stated.

(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Ora D. Keith.

(Physician or midwife)

Address Driggs, Ida.

Given names added from a supplemental report

..... 19.....

..... Registrar

Filed Nov. 10 1912 Ray H. Fisher

Registrar

B.V.P.

8-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

492-122-022-954

DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

County of Fremont
City of Driggs
No. ____ St.
Hospital ____

AMENDED **CERTIFICATE OF BIRTH**

March 18, 1947
Registration District No. 9 File No. 9870
Primary Registration District No. 2037 Registered No. 594

FULL NAME OF CHILD Harvey David Mikesell
(Certificate of no value without full name of child.)

Sex of Child	Twin / Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Male				Yes	September 22, 1912

What bactericidal solution was used in eyes? ____

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

FATHER		MOTHER	
FULL NAME	Henry David Mikesell	FULL MAIDEN NAME	Edna Redfern
RESIDENCE	Victor	RESIDENCE	Victor
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	25	AGE AT LAST BIRTHDAY (Years)	27
BIRTHPLACE	Utah	BIRTHPLACE	Utah
OCCUPATION	Farmer	OCCUPATION	Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 9 P M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Give names added from a supplemental report.

..... 192....

..... Registrar.

(Signature) Ora D. Keith

Driggs, Idaho
(Physician or midwife)

Address ____

Filed Nov. 10 192x1912 Ray H. Fisher
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Form V.S. No. 11-O-20m-2-15-12

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Fremont

City of Driggs

No. ..... St.

Hospital .....

Registration District No. 9 File No. 9870

Primary Registration District No. 2037 Registered No. 594

FULL NAME OF CHILD Harvey David Weikesell

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth
Male			Yes	Sept (Month) 22 (Day) 191 (Y

FATHER		MOTHER	
FULL NAME	Henry David Weikesell	FULL MAIDEN NAME	Edna Redfern
RESIDENCE	Victor	RESIDENCE	Victor
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	25 (Years)	AGE AT LAST BIRTHDAY	27 (Years)
BIRTHPLACE	Utah	BIRTHPLACE	Utah
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive ~~or stillborn~~), at 9 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Dra D. Keith

(Physician ~~or midwife~~)

Address Driggs, Ida.

Given names added from a supplemental report

..... 19.....

..... Registrar

Filed Dec 10 1912 Ray H. Turner Registrar

(B.W.P.)

8-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

PLACE OF BIRTH

DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of Idaho } ss.
County of _____ }

Certificate No. 9870
Date Filed 3/14/47

The undersigned does solemnly swear that certain facts on the certificate of birth for Harvey David Weikesell who was born on September 22-1912 in Driggs, Idaho are erroneous or were omitted; and that, to the best knowledge, the true facts are:

FACTS TO BE CORRECTED ("Name," "Birth Date," Etc.)	FROM (As on Original)	TO (The Correct Facts)
Name	Harvey David Weikesell	Harvey David Mikesell
~~Harvey David Mikesell~~		Harvey David Mikesell
~~mother~~		

Subscribed and sworn to before me this 15 day of March, 1947

L. T. Johnson
Notary Public, residing at Idaho Falls, Ida
My commission expires January 17 1948
(Seal)

Signed Edna P. Mikesell
(Signature of ~~mother~~ or attendant if correcting a birth record: of attendant, funeral director, informant if correcting a death record; or other credible person.)
307 W. 13th St. Idaho Falls, Ida
(Street Address, City, State)

SUPPORING AFFIDAVIT OF A SECOND PERSON

State of Idaho } ss.
County of Bonneville }

(This Affidavit MUST Also Be Executed) (See Chapter 139, 1937 Idaho Session Laws) I

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 15 day of March, 1947

L. T. Johnson
Notary Public residing at Idaho Falls Ida
My commission expires January 17 1948
(Seal)

Signed Henry D Mikesell (Father)
(Signature of any Credible Person)
307 W. 13th Idaho Falls. Ida
(Street Address, City, State)

MAR 19

366-230-022-335

PLACE OF BIRTH

STATE OF IDAHO

Form V. S. [illegible]

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

County of Fremont

City of Driggs

Registration District No. 9

File No. 9872

No. ____, ____ St.

Primary Registration District No. 2037

Registered No. 529

Hospital ____

FULL NAME OF CHILD Lucy Conran

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural birth)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Girl			Yes.	July 30, 1912

FATHER		MOTHER	
FULL NAME	John B. Conran	FULL MAIDEN NAME	Pearl Jane Clegg
RESIDENCE	Driggs	RESIDENCE	Driggs
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY	30 (Years)	AGE AT LAST BIRTHDAY	22 (Years)
BIRTHPLACE	Utah	BIRTHPLACE	Utah
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 2.

Number of children of this mother, now living, including present birth 2.

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was ____ (Born alive or stillborn) at 11 P. M. on the date above stated.

(Signature) Anna Larsen

(Physician or Midwife)

Address Driggs

Filed Sept 16 1912 Ray N. Fisher Registrar

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given name added from a supplemental report

____, 19____

Registrar

S-Y CO., 16669

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at a birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

APR 1 9 1974

DECEASED

414-115-022-751

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH

Form V. S. No. 11-C—20m-8-15-12

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Fremont

City of Driggs

No. ..... St.

Hospital .....

Registration District No. 9 File No. 9873

Primary Registration District No. 2037 Registered No. 599

FULL NAME OF CHILD Mazel X. Madsen (Fritz Madsen)

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate	Date of Birth (Month) (Day) (Year)
Male			Yes	Oct. 15 1912

FATHER

FULL NAME Fritz C. Madsen

RESIDENCE Driggs

COLOR White AGE AT LAST BIRTHDAY 47 (Years)

BIRTHPLACE Denmark

OCCUPATION Painter

MOTHER

FULL MAIDEN NAME Mabel Pearson

RESIDENCE Driggs

COLOR White AGE AT LAST BIRTHDAY 23 (Years)

BIRTHPLACE Utah

OCCUPATION Housewife

Number of child of this mother, including present birth 1

Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive at 5:15 P.M. on the date above stated.
(Born alive ~~or stillborn~~)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Ora D. Keith

(Physician or ~~midwife~~)

Address Driggs Ida

Given names added from a supplemental report

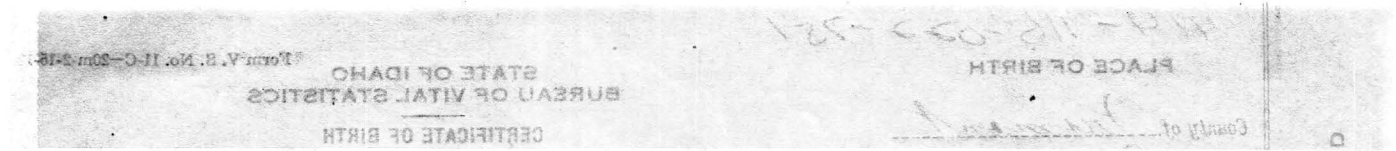
..... 19.....

Filed Nov. 20 1912 Ruth Graham A.M.D.

..... Registrar

8-Y CO. 20174

Registrar



OCT 1 3 1942

464-107-022-736

(Be sure the information is complete and accurate)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 9874
Local Reg. No:
Reg. Dist. No. 9

Amended 7/21/77

1. PLACE OF BIRTH	2. USUAL RESIDENCE OF MOTHER (Where does mother live?)
a. COUNTY: Fremont	a. STATE: Idaho b. COUNTY: Fremont
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN: Victor	c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN: Victor
c. FULL NAME OF (If NOT in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION:	d. STREET ADDRESS (If rural, give location):

3. CHILD'S NAME (Type or print)	a. (First)	b. (Middle)	c. (Last)
	Clark	Alma	Moulton

4. SEX	5a. THIS BIRTH	5b. IF TWIN OR TRIPLET (This child born)	6. DATE OF BIRTH (Month) (Day) (Year)
Male	SINGLE ____ TWIN ____ TRIPLET ____	1st ____ 2nd ____ 3rd ____	Oct 7, 1912

FATHER OF CHILD

7. FULL NAME	a. (First)	b. (Middle)	c. (Last)
	Alma		Moulton

8. AGE (At time of this birth)	9. BIRTHPLACE (State or foreign country) (City or Town)	10. USUAL OCCUPATION	11. KIND OF BUSINESS OR INDUSTRY
28 YEARS	Utah	Farmer	

MOTHER OF CHILD

12. FULL MAIDEN NAME	a. (First)	b. (Middle)	c. (Last)
	Lucile		Blanchard

13. AGE (At time of this birth)	14. BIRTHPLACE (State or foreign country) (City or Town)	15. CHILDREN PREVIOUSLY BORN TO THIS MOTHER (Do NOT include this child)		
		a. How many OTHER children are now living?	b. How many OTHER children were born alive but are now dead?	c. How many children were stillborn (born dead after 20 wks. pregnancy?)
22 YEARS	Utah			

16. INFORMANT'S SIGNATURE OR NAME (Relationship)

	17. SIGNATURE	18. ATTENDANT AT BIRTH
I hereby certify that this child was born alive on the date stated above.	Ora D. Keith, M. D.	M.D. X MIDWIFE ____ OTHER (Specify) ____
	19. ADDRESS: Driggs, Idaho	20. DATE SIGNED
21. DATE REC'D BY LOCAL REG.: Nov 10, 1912	22. REGISTRAR'S SIGNATURE: Ray H. Fisher	23. DATE ON WHICH GIVEN NAME ADDED BY ____ Registrar

...rict where the birth occurred WITHIN 10 days after the date of birth of the child. Address ...ITAL STATISTICS, BOISE, IDAHO.

IDAHO DEPARTMENT OF HEALTH

BUREAU OF VITAL STATISTICS

Affidavit to Correct or Amend An Original Certificate of Birth or Death

State of Wyo.
County of Teton } ss.

Certificate No. 9874

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of birth (Birth or Death)
for Alma Ard Moulton (Name on Original Certificate) who was born (Was Born or Died) on Oct 7, 1912 (Date of Event)
in Victor, Idaho (Fremont) (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts are shown by Bible - * Insurance Policy (Bible Record, Insurance Policy, Etc.) prepared on July 17-1921 And * Sept 3 - 1928 (Give Date), are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
child's name	Alma Ard Moulton	Clark Alma Moulton

Subscribed and sworn to before me this 23rd day of 19 77

JEANNINE S. MAYER Notary Public
County of Teton State of Wyoming
Notary Public, residing at Jackson Wy
My commission expires Aug 10-1977
(Seal)
My commission expires Aug. 10, 1977

Signed Joshua A. Moulton
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

381½ E. Pearl Jackson Wy
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Wyo.
County of Teton } ss.

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 23rd day of 19 77

JEANNINE S. MAYER Notary Public
County of Teton State of Wyoming
Notary Public, residing at Jackson Wy
My commission expires Aug 10-1977
(Seal)
My commission expires Aug. 10, 1977

Signed E Rhoe F. May
(Signature of Any Credible Person)

15 Willow Jackson Wy
(Street Address, City, State)

CL 6/8/77 2cc pd.

Certif of Baptism and Confirmatio from the LDS Church gives name as Clark Alma Moulton son of T. Alma Moulton and Lucile Blanchard. born Oct 7, 1912 at Victor, Idaho. Baptized July 9, 1921. viwef by B. S.

Application to the Beneficial Life Ins. Co. gives name as Clark Alma Moulton dated ~~xxx~~ Sept 3, 1928. born Oct 7, 1921. viewed by V. S.

464-107-022-231

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH

County of Fremont

City of Victor

No. ..... St.

Hospital .....

Form V. S. No. 11-C—20m-2-15-12

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 9 File No. 9874

Primary Registration District No. 2037 Registered No. 598

FULL NAME OF CHILD Alma Mud Moulton

Sex of Child	Twin, Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth (Month) (Day) (Year)
Male		Yes	Oct. 7 1912

FATHER		MOTHER	
FULL NAME	Alma Moulton	FULL MAIDEN NAME	Lucile Blanchard
RESIDENCE	Victor	RESIDENCE	Victor
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	28 (Years)	AGE AT LAST BIRTHDAY	22 (Years)
BIRTHPLACE	Utah	BIRTHPLACE	Utah
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth .....

Number of children of this mother now living, including present birth .....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or ~~stillborn~~) at 3:10 A.M. on the date above stated.

(Signature) Ora D. Keith M.D.

(Physician or ~~midwife~~)

Address Driggs, Ida.

Filed Nov. 1. 0. [illegible] Reg. & Rec. Ex. Off. Registrar

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report

..... 19.....

..... Registrar

S-Y CO. 20174

OCT 14 1971 -

JUL 21 1977

281-124-022-916

Form V. S. No. 11-C—20m-2-15-12

PLACE OF BIRTH

County of Fremont

City of Egin

No. ..... St.

Hospital .....

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 9 File No. 9875

Primary Registration District No. 2038 Registered No. 607

FULL NAME OF CHILD Wesley Eugene Shanbaum.

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
M			Yes	10-24-1917

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	Jno. Peter Shanbaum	Amelia Mariah Ransom
RESIDENCE	Burley-Ida.	Burley-Idaho.
COLOR	W.	W.
AGE AT LAST BIRTHDAY (Years)	37	33
BIRTHPLACE	Nebraska.	Utah.
OCCUPATION	Carpenter.	Housewife.

Number of child of this mother, including present birth 7 Number of children of this mother now living, including present birth 7

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn) at 12:30 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) N. B. Wash. M.D.

(Physician or midwife)

Address St. Anthony, Ida.

Given names added from a supplemental report

..... 19.....

Filed Nov. 10 1917 Ray W. Fisher Registrar

..... Registrar

S-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Form V. S. No. 11-C 20m-3-15-12

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

PLACE OF BIRTH

County of

386-215-022-253

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Form V. S. No. 11-C—20m-2-15-12

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Fremont

City of St. Anthony, Registration District No. 9 File No. 9878

No. ..... St. Primary Registration District No. 2038 Registered No. 604

Hospital .....

FULL NAME OF CHILD Ferne Genevieve Thorsted

Sex of Child	Twin / Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth. (Month) (Day) (Year)
Female			Yes	Oct. 15 1912

FATHER	MOTHER
FULL NAME R. L. Thorsted.	FULL MAIDEN NAME Grace Betz.
RESIDENCE Drummond.	RESIDENCE Drummond
COLOR White AGE AT LAST BIRTHDAY 29 (Years)	COLOR White AGE AT LAST BIRTHDAY 36 (Years)
BIRTHPLACE Utah	BIRTHPLACE Illinois
OCCUPATION Farmer.	OCCUPATION Housewife

Number of child of this mother, including present birth 4 Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive ~~or stillborn~~) at 8 55 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) W. B. Rust

(Physician ~~or midwife~~)

Address St. Anthony, Idaho

Given names added from a supplemental report

..... 19.....

Filed Nov. 10 1912 Ray H. Fisher Registrar

..... Registrar

B. W. P.

S-Y CO. 20174

OCT 27 1970

799-125-022-843

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Form V. S. No. 11-C—20m-2-15-12

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Fremont

City of Marysville — Registration District No. 9 — File No. 9879

No. ____ St. — Primary Registration District No. 2038 — Registered No. 643

Hospital Charles Prentiss Price

FULL NAME OF CHILD

Sex of Child	Twin / Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Male			Yes	Sept. 25th 1912

FATHER		MOTHER	
FULL NAME	William Price	FULL MAIDEN NAME	Sarah Hutchinson
RESIDENCE	Marysville	RESIDENCE	Marysville
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	28 (Years)	AGE AT LAST BIRTHDAY	24 (Years)
BIRTHPLACE	Utah	BIRTHPLACE	Utah
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 3

Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive, at 9 A. M. on the date above stated.

(Born alive ~~or stillborn~~)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) W. C. Hummell

(Physician ~~or midwife~~)

Address Marysville, Ida.

Given names added from a supplemental report

....., 19.....

Filed Nov. 10 1912 Ray H. Fisher Registrar

....., Registrar

8-Y CO. 20174

DEC 14 1973

SEP 28 1942

284-103-022-665

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Form V. S. No. 11-C—20m-2-15-12

PLACE OF BIRTH

County of Fremont

City of Aquinel

No. ..... St.

Hospital .....

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 9 File No. 9880

Primary Registration District No. 2038 Registered No. 602

FULL NAME OF CHILD .....

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth. (Month) (Day) (Year)
Male			Yes	Oct. 23" 191.2

FATHER		MOTHER	
FULL NAME	Louis Schultz	FULL MAIDEN NAME	Myrtle Owens
RESIDENCE	Aquinel	RESIDENCE	Aquinel
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	30 (Years)	AGE AT LAST BIRTHDAY	28 (Years)
BIRTHPLACE	Iowa	BIRTHPLACE	Illinois
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 1

Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 4 A. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) M. C. Hemmerle

(Physician ~~or midwife~~)

Address Marysville Ida

Given names added from a supplemental report

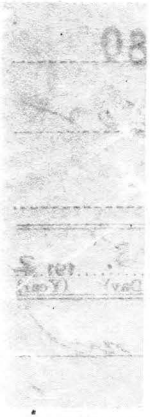
..... 19.....

..... Registrar

Filed Nov. 1 0 19 12 Ray A. Gibbs Registrar

amp

S-Y CO. 20174



493-130-022-493

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH

Amended 7/19/74

Form V. S. No. 11-C—20m-2-15-12

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Fremont

City of St. Anthony

No. ..... St.

Registration District No. 9

File No. 9881

Primary Registration District No. 2038

Registered No. 601

Hospital .....

FULL NAME OF CHILD Clarence Edward Miller

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births) and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Male		yes	Sept. 30 1912

FATHER		MOTHER	
FULL NAME	Conrad Miller	FULL MAIDEN NAME	Anna Miller
RESIDENCE	St. Antonys	RESIDENCE	St. Anthony
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	42 (Years)	AGE AT LAST BIRTHDAY	39 (Years)
BIRTHPLACE	Switzerland	BIRTHPLACE	Switzerland.
OCCUPATION	Farmer.	OCCUPATION	Housewife

Number of child of this mother, including present birth 9

Number of children of this mother now living, including present birth 9

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive, at 6.30 P. M. on the date above stated.
(Born alive ~~or stillborn~~)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Bell Riggs

(~~Physician or~~ midwife)

Given names added from a supplemental report

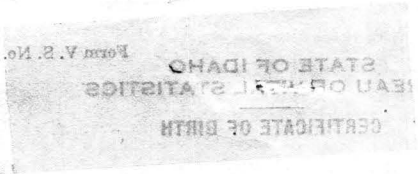
..... 19.....

..... Registrar

Address Teton, Idaho

Filed Nov. 11 1912 Ray H. Fisher. Registrar
B.V.S.

S-Y CO. 20174



MAR 1 1974

IDAHO DEPARTMENT OF HEALTH
BUREAU OF VITAL STATISTICS

RECEIVED
BUREAU OF
VITAL STATISTICS
JUL 10 10 AM '74

Affidavit to Correct or Amend An Original Certificate of Birth or Death

State of ..... } ss.
County of .....

Certificate No. 9881

Date Filed .....

The undersigned does solemnly swear that certain facts on the certificate of birth (Birth or Death) for Clarence Edward Miller (Name on Original Certificate) who was born (Was Born or Died) on Sept. 3, 1912 (Date of Event) in St. Anthony, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the true facts are shown by ..... (Bible Record, Insurance Policy, Etc.) prepared on ..... (Give Date), are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
date of birth	Sept. 3, 1912	Sept. 30, 1912

Subscribed and sworn to before me this 6th day of May, 1974.

S. J. Gulbransen

Notary Public, residing at St. Anthony

My commission expires April 10, 1975

(Seal)

Signed Mable Miller
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

Rt 1 St. Anthony, Idaho.
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of ..... } ss.
County of .....

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this ..... day of ....., 19.....

Notary Public, residing at .....

My commission expires .....

(Seal)

Signed .....
(Signature of Any Credible Person)

.....
(Street Address, City, State)

FORM DH 60-155

CL 3/25/74 nm

Record of Baptismal from the LDS Church gives name as Clarence E. Miller born Sept. 30, 1912. Was Baptized June 4, 1921. viewed by V. S.

JUL 19 1974

Family Group record for Conrad Miller and Anna Mueller Gives child's name as Clarence Edward Miller born Sept. 30, 1912 at St. Anthony. Married March 18, 1933 to Monta Henrickson. viewed by V. SD.

745-129-022-693

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Form V. S. No. 11-C—20m-2-15-12

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Fremont

City of Warm River Registration District No. 9 File No. 9882

No. ____ St. Primary Registration District No. 2038 Registered No. 600

Hospital ____

FULL NAME OF CHILD ____

Sex of Child	Twin / Triplet or other? (To be answered only in event of plural births) and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Male		Yes	Oct. 29 1912

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	Baxter Hunter	Mary Wilson
RESIDENCE	Warm River	Warm River
COLOR	White	White
AGE AT LAST BIRTHDAY (Years)	30	26
BIRTHPLACE	North Carolina	Idaho
OCCUPATION	Farmer	Housewife

Number of child of this mother, including present birth 3 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive ~~or stillborn~~), at 12 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) W. C. Hummel

(Physician ~~or midwife~~)

Address Marysville, Ida.

Given names added from a supplemental report

____ 19____

Filed Nov. 10 1912 Ray H. Fisher Registrar

B.W.P.

____ Registrar

5-Y CO. 20174

355-127
022-113
Amended 6/22/76

(Be sure the information is complete and accurate)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 9883
Local Reg. No.
Reg. Dist. No. 9

1. PLACE OF BIRTH
a. COUNTY: Fremont
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN: Parker
c. FULL NAME OF (If NOT in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION:

2. USUAL RESIDENCE OF MOTHER (Where does mother live?)
a. STATE: Idaho
b. COUNTY: Fremont
c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN: Parker
d. STREET ADDRESS (If rural, give location):

3. CHILD'S NAME (Type or print)
a. (First): Henry
b. (Middle): Clifton
c. (Last): Teeples

4. SEX: Male
5a. THIS BIRTH: SINGLE ____ TWIN ____ TRIPLET ____
5b. IF TWIN OR TRIPLET (This child born) 1st ____ 2nd ____ 3rd ____
6. DATE OF BIRTH (Month) (Day) (Year): October 27, 1912

FATHER OF CHILD

7. FULL NAME
a. (First): Jacob
b. (Middle): Edwin
c. (Last): Teeples

8. AGE (At time of this birth): 38 YEARS
9. BIRTHPLACE (State or foreign country) (City or Town): Utah
10. USUAL OCCUPATION: Farmer
11. KIND OF BUSINESS OR INDUSTRY:

MOTHER OF CHILD

12. FULL MAIDEN NAME
a. (First): Harriet
b. (Middle):
c. (Last): Jackson

13. AGE (At time of this birth): 27 YEARS
14. BIRTHPLACE (State or foreign country) (City or Town): Utah
15. CHILDREN PREVIOUSLY BORN TO THIS MOTHER (Do NOT include this child)
a. How many OTHER children are now living? 2
b. How many OTHER children were born alive but are now dead?
c. How many children were stillborn (born dead after 20 wks. pregnancy?)
16. INFORMANT'S SIGNATURE OR NAME (Relationship):

I hereby certify that this child was born alive on the date stated above.

17. SIGNATURE: W. B. West
18. ATTENDANT AT BIRTH: M.D. X ____ MIDWIFE ____ OTHER (Specify) ____
19. ADDRESS: St. Anthony, Idaho
20. DATE SIGNED:
21. DATE REC'D BY LOCAL REG.: Nov 10, 1912
22. REGISTRAR'S SIGNATURE: Roy H. Fisher
23. DATE ON WHICH GIVEN NAME ADDED BY ____ Registrar

Address where the birth occurred WITHIN 10 days after the date of birth of the child.
VITAL STATISTICS, BOISE, IDAHO.

Form V. S. No. 11-C—20m-2-15-12

PLACE OF BIRTH

County of Fremont

City of Parker

No. ____ St.

Hospital ____

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 9 File No. 9883

Primary Registration District No. 2038 Registered No. 611

FULL NAME OF CHILD J. Edwin Jeeples Jr.

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Male			Yes	Oct. 21 1912

FATHER		MOTHER	
FULL NAME	Jacob Edwin Jeeples	FULL MAIDEN NAME	Harriet Jackson.
RESIDENCE	Parker	RESIDENCE	Parker.
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	38 (Years)	AGE AT LAST BIRTHDAY	27 (Years)
BIRTHPLACE	Utah	BIRTHPLACE	Utah
OCCUPATION	Farmer.	OCCUPATION	Housewife.

Number of child of this mother, including present birth 3

Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive ~~or stillborn~~), at 6 30 A M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) W. B. Quest.

(Physician ~~or midwife~~)

Address St. Anthony, Ida.

Given names added from a supplemental report

....., 19.....

Registrar

Filed Nov. 16 1912 Ray H. Fisher

Registrar

B. W. P.

S-Y CO. 20174

MARGIN RVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

JUN 2 4 1976

IDAHO DEPARTMENT OF HEALTH

BUREAU OF VITAL STATISTICS

Affidavit to Correct or Amend An Original Certificate of Birth or Death

RECEIVED MAY 24 1976 Bureau of Vital Statistics

State of Utah } ss.
County of Cache

Certificate No. 9883

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of birth (Birth or Death)
for Henry Clifton Teeples (Name on Original Certificate) who was born (Was Born or Died) on Oct 21, 1912 (Date of Event)
in Parker, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts are shown by (Bible Record, Insurance Policy, Etc.) prepared on (Give Date) are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
child's name	J. Edwin Teeples, Jr.	Henry Clifton Teeples
birthdate	October 21, 1912	October 27, 1912

Subscribed and sworn to before me this 20 day of May, 1976

Notary Public, residing at Logan, Utah
My commission expires Oct 29, 1978
(Seal)

Signed Henry Clifton Teeples
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Utah } ss.
County of Cache

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 20 day of May, 1976

Notary Public, residing at Logan, Utah
My commission expires Oct 29, 1978
(Seal)

Signed Howard Peterson
(Signature of Any Credible Person)

388 So. 1st E. Logan, Utah
(Street Address, City, State)

FORM DH 60-15

CL 5/7/76 lbc pd. rec. #11944

Certificate of Ordination to the Holy Priesthood gives name as Henry Clifton Teeples ordianed aDeacon on Nov 24, 1924. father/s name as Jacob E. Teeples and mother's name as Harriet Jackson. born Oct 27, 1912 at Parker, Idaho. Baptized April 1, 1922. viewed by V. S.

Membership record fromthe LDS Church gives name as Henry Clifton XXXX Teeples born Oct 27, 1912 at Parker, Idaho. father's name as Jacob Edwin Teeples and Harriet Jackson. Blessed Dec 6, 1912 and Baptized April 1, 1922. viewed by V. S.

713-230
022-619

Amended 11/25/74

(Be sure the information is complete and accurate)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 9884
Local Reg. No.
Reg. Dist. No. 9

Record typewriter ribbon in completing this certificate. This certificate MUST be filed with the Registrar where the birth occurred WITHIN 10 days after the date of birth of the child. Address VITAL STATISTICS, BOISE, IDAHO.

1. PLACE OF BIRTH

a. COUNTY: Fremont

b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN: Egin

c. FULL NAME OF (If NOT in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION:

2. USUAL RESIDENCE OF MOTHER (Where does mother live?)

a. STATE: Idaho b. COUNTY: Fremont

c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN: Egin

d. STREET ADDRESS (If rural, give location):

3. CHILD'S NAME (Type or print)

a. (First): Geneva b. (Middle): c. (Last): Palmer

4. SEX: Female

5a. THIS BIRTH: SINGLE ____ TWIN ____ TRIPLET ____

5b. IF TWIN OR TRIPLET (This child born): 1st ____ 2nd ____ 3rd ____

6. DATE OF BIRTH: (Month) Oct. (Day) 30, (Year) 1912

FATHER OF CHILD

7. FULL NAME

a. (First): John b. (Middle): W. c. (Last): Palmer

8. AGE (At time of this birth): 32 YEARS

9. BIRTHPLACE (State or foreign country) (City or Town): Utah

10. USUAL OCCUPATION: Farmer

11. KIND OF BUSINESS OR INDUSTRY:

MOTHER OF CHILD

12. FULL MAIDEN NAME

a. (First): May b. (Middle): E. c. (Last): Wardel

13. AGE (At time of this birth): 30 YEARS

14. BIRTHPLACE (State or foreign country) (City or Town): Utah

15. CHILDREN PREVIOUSLY BORN TO THIS MOTHER (Do NOT include this child)

a. How many OTHER children are now living? 3

b. How many OTHER children were born alive but are now dead?

c. How many children were stillborn (born dead after 20 wks. pregnancy?)

16. INFORMANT'S SIGNATURE OR NAME (Relationship):

I hereby certify that this child was born alive on the date stated above.

17. SIGNATURE: W. B. West

18. ATTENDANT AT BIRTH: M.D. X MIDWIFE ____ OTHER (Specify) ____

19. ADDRESS: St. Anthony, Idaho

20. DATE SIGNED:

21. DATE REC'D BY LOCAL REG.: 11/10/12

22. REGISTRAR'S SIGNATURE: Ray H. Fisher

23. DATE ON WHICH GIVEN NAME ADDED BY ____ Registrar

IDAHO DEPARTMENT OF HEALTH
BUREAU OF VITAL STATISTICS

10 21 74

RECEIVED
BUREAU OF VITAL STATISTICS
NOV 21 10 07 AM '74

Affidavit to Correct or Amend An Original Certificate of Birth or Death

State of Idaho } ss.
County of Madison

Certificate No. 9884

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of birth (Birth or Death)
for Lucile Palmer (Name on Original Certificate) who was born (Was Born or Died) on Oct. 30, 1912 (Date of Event)
in Egin, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts are shown by (Bible Record, Insurance Policy, Etc.) prepared on (Give Date), are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
Name	Lucile	Geneva

Subscribed and sworn to before me this 19th day of November, 1974

Clerk of D.C. Deed A. Bowen
~~Notary Public~~, residing at Rexburg Idaho
My commission expires Jan 1975
(Seal)

Signed Robert Clifford Robertson
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)
RT 2 #2 Rexburg Idaho
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Idaho } ss.
County of Madison

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 19th day of November, 1974

Clerk of D.C. Deed A. Bowen
~~Notary Public~~, residing at Rexburg Idaho
My commission expires Jan 1975
(Seal)

Signed Agnes Bird
(Signature of Any Credible Person)
Rexburg Idaho
(Street Address, City, State)

FORM DH 60-155

Certi. of Baptism and Confirmation from the LDS Church gives name as Geneva Palmer daughter of John William Palmer and Ettna May Wardle. Born Oct. 30, 1912 at Egin, Idaho. Was Baptized Sept. 4, 1921. viewed by V. S.

Certif. of Blessing from LDS Church gives name as Geneva Palmer daughter of John William Palmer and Ettna May Wardle. Born Oct. 30, 1912 at Egin, Idaho. Was Blessed Dec. 1, 1912. viewed by V. S.

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Form V. S. No. 11-C—20m-2-15-12

PLACE OF BIRTH

County of Fremont

City of Egin

No. ..... St.

Hospital .....

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 9 File No. 9884

Primary Registration District No. 2038 Registered No. 610

FULL NAME OF CHILD Lucile Palmer.

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Female			Yes	Oct. 30 1912

FATHER

FULL NAME: John W. Palmer.

RESIDENCE: Egin

COLOR: White AGE AT LAST BIRTHDAY: 32 (Years)

BIRTHPLACE: Utah

OCCUPATION: Farmer.

MOTHER

FULL MAIDEN NAME: May E. Wardel

RESIDENCE: Egin

COLOR: White AGE AT LAST BIRTHDAY: 30 (Years)

BIRTHPLACE: Utah

OCCUPATION: Housewife

Number of child of this mother, including present birth: 7

Number of children of this mother now living, including present birth: 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive ~~or stillborn~~), at 6 A. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) W. B. West.

(Physician ~~or midwife~~)

Address St. Anthony, Ida.

Given names added from a supplemental report

..... 19.....

Filed Nov. 16 1912 Ray H. Fisher Registrar

..... Registrar

B. W. P.

8-Y CO. 20174

NOV 2 6 1974

855-131-022-113

PLACE OF BIRTH

County of Fremont

City of Parker

No. ..... St.

Hospital .....

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

Form V. S. No. 11-C—20m-2-15-12

CERTIFICATE OF BIRTH

Registration District No. 9 File No. 9885

Primary Registration District No. 2038 Registered No. 609

FULL NAME OF CHILD Austin Marani Hees

Sex of Child	Twin / Triplet or other? (To be answered only in event of plural births) and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Male		Yes	Oct. 31 1912

FATHER

FULL NAME Orin M. Hees

RESIDENCE Parker

COLOR White AGE AT LAST BIRTHDAY 33 (Years)

BIRTHPLACE Utah

OCCUPATION Farmer

MOTHER

FULL MAIDEN NAME Annie Jackson

RESIDENCE Parker.

COLOR White AGE AT LAST BIRTHDAY 31 (Years)

BIRTHPLACE Utah

OCCUPATION Housewife

Number of child of this mother, including present birth 5

Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born Alive (Born alive ~~or stillborn~~), at 8.35 a. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) W. B. West

(Physician ~~or midwife~~)

Address St. Anthony, Ida.

Given names added from a supplemental report

..... 19.....

Filed Nov. 14 19 12 Ray H. Fisher

Registrar

S-Y CO. 20174

Registrar

a. m. P.

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

DUP OF 12-401031

493-226-022-264

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Form V. S. No. 11-C—20m-2-15-12.

PLACE OF BIRTH

County of Fremont

City of Parker

No. ..... St.

Hospital .....

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 9 File No. 9996

Primary Registration District No. 2038 Registered No. 608

FULL NAME OF CHILD Ruth Southworth Miller

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Female			Yes	Oct. 26 1912.

FATHER

FULL NAME George Miller

RESIDENCE Parker

COLOR White AGE AT LAST BIRTHDAY 26 (Years)

BIRTHPLACE Idaho

OCCUPATION Farmer

MOTHER

FULL MAIDEN NAME Jeana Southworth

RESIDENCE Parker

COLOR White AGE AT LAST BIRTHDAY 23 (Years)

BIRTHPLACE Idaho

OCCUPATION Housewife

Number of child of this mother, including present birth 2

Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN, OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born Alive (Born alive ~~or stillborn~~) on the date above stated., at 12 30 P. M.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) W. B. West

(Physician ~~or midwife~~)

Address St. Anthony, Idaho

Filed Nov. 10 1912 Ray F. Fisher Registrar

B. W. P.

Given names added from a supplemental report

..... 19.....

..... Registrar

S-Y CO. 20174

MAY 12 1967

154-209-022-653

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Form V. S. No. 11-C—20m-2-15,12

PLACE OF BIRTH

County of Truman M

City of Twin Grove

No. ..... St.

Hospital .....

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 9 File No. 9887

Primary Registration District No. 2038 Registered No. 614

FULL NAME OF CHILD Viola Louise Andrews

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth
Female			Yes	July 9 1912 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	James M. Andrews	FULL MAIDEN NAME	Evelin Welland
RESIDENCE	Twin Grove	RESIDENCE	Twin Grove
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	26 (Years)	AGE AT LAST BIRTHDAY	22 (Years)
BIRTHPLACE	Utah	BIRTHPLACE	Idaho.
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 2

Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive ~~or stillborn~~), at 9 o'c P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Bell Riggs

(Physician or midwife)

Address Teton Idaho

Given names added from a supplemental report

..... 19.....

Filed Nov. 16 1912 Roy H. Fisher Registrar

..... Registrar

8-Y CO. 20174

386-116-022-259

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH

County of Fremont

City of St. Anthony

No. ..... St.

Hospital .....

Form V. S. No. 11-C—20m-2-15-12

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

9888

Registration District No. 9 File No. .....

Primary Registration District No. 2038 Registered No. 613

FULL NAME OF CHILD Harry Lewis [illegible] Thompson

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births) and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Male		Yes	Oct. 16 1912

FATHER		MOTHER	
FULL NAME	Harry M. Thompson	FULL MAIDEN NAME	Rose A. Berks
RESIDENCE	St. Anthony	RESIDENCE	St. Anthony
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	21 (Years)	AGE AT LAST BIRTHDAY	19 (Years)
BIRTHPLACE	Idaho	BIRTHPLACE	Utah
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born Alive (Born alive ~~or stillborn~~), at 12 3/4 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) W. B. West

..... (Physician ~~or midwife~~)

Address St. Anthony, Ida.

Given names added from a supplemental report

..... 19.....

..... Registrar

Filed Nov. 1 19 12 Ray H. Fisher Registrar

B. V. P.

S-Y CO. 20174

SEP 1 3 1944

498-123-055-819

PLACE OF BIRTH

Form V. S. No. 11-C—20m-2-15-12

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

9889

County of Fremont

City of Parker

Registration District No. 9 File No.

No. St.

Primary Registration District No. 2038 Registered No. 614

Hospital

FULL NAME OF CHILD Mart Nobron Miyomoto

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Male			Yes	Oct. 23 1912

FATHER	MOTHER
FULL NAME Harry Miyomota	FULL MAIDEN NAME Lucy Harrison
RESIDENCE Parker.	RESIDENCE Parker.
COLOR Yellow AGE AT LAST BIRTHDAY 38 (Years)	COLOR White AGE AT LAST BIRTHDAY 21 (Years)
BIRTHPLACE Japan	BIRTHPLACE Utah
OCCUPATION Farmer.	OCCUPATION Housewife

Number of child of this mother, including present birth 2

Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born Alive (Born alive or stillborn), at 6 50 A. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) W. B. West

(Physician or midwife)

Address St. Anthony, Ida.

Given names added from a supplemental report

1 Photostat copy 12/11/41
1 Photostat copy 12/17/41

Filed Nov. 10 1912 Ray H. Fisher
Registrar

B.W.P.

S-Y CO. 20174

Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

DEC 17 1941

DEC 11 1941

OCT 11 195

533-104-022-249

PLACE OF BIRTH

Form V. S. No. 11-C—20m-2-15-12

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

9890

County of Fremont

City of Dubois

Registration District No. 9 File No.

No. St.

Primary Registration District No. 2080 Registered No. 664

Hospital

FULL NAME OF CHILD Francis Ellis

Sex of Child	Twin / Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Male			Yes	Oct. 4 1912

FATHER	MOTHER
FULL NAME Louis Ellis	FULL MAIDEN NAME Martha E. Smith
RESIDENCE Teddy	RESIDENCE Teddy
COLOR White	COLOR White
AGE AT LAST BIRTHDAY 45 (Years)	AGE AT LAST BIRTHDAY 42 (Years)
BIRTHPLACE Idaho	BIRTHPLACE Virginia
OCCUPATION Farmer	OCCUPATION Housewife

Number of child of this mother, including present birth 1

Number of children of this mother now living, including present birth 0

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive at M. on the date above stated.

(Born alive ~~or stillborn~~)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that ~~neither~~ breathes nor shows other evidence of life ~~after birth~~.

(Signature) Mrs. O. T. Wilson

(~~Physician~~ or midwife)

Address Spencer Ida

Given names added from a supplemental report

.....19.....

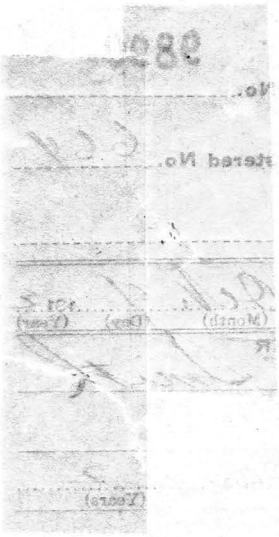
Filed Mar. 10 19 12 Ray W. Davis

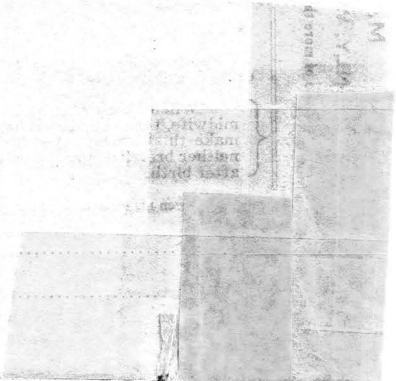
O. 20174 Registrar

C. M. C. Registrar

MARGIN RESERVED FOR BINDING - FAMILY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.





412-107-022-356

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Form V. S. No. 11-C—20m-2-15-12

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

PLACE OF BIRTH

County of Fremont

City of Dubois

No. ..... St.

Hospital .....

Registration District No. 9 File No. 9891

Primary Registration District No. 2080 Registered No. 662

FULL NAME OF CHILD Woodrow Wilson Dasch

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Male			Yes	Oct. 7 1912

FATHER		MOTHER	
FULL NAME	Chas. A. Dasch	FULL MAIDEN NAME	Helen C. Lewis
RESIDENCE	Dubois	RESIDENCE	Dubois
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	46 (Years)	AGE AT LAST BIRTHDAY	37 (Years)
BIRTHPLACE	Missouri	BIRTHPLACE	Utah
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 6 Number of children of this mother now living, including present birth 5

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 1:25 A. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Mrs. D. V. Wilson

(Physician or midwife)

Address Spencer, Ida

Given names added from a supplemental report

..... 19.....

Filed Nov. 1 1912 Roy H. Fisher

Registrar

Registrar

S-Y CO. 20174

Page 1 of 1

386-212-022-665

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Form V. S. No. 11-C—20m-2-15-12

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

9892

County of Fremont

City of Dubois

No. ..... St.

Registration District No. 9 File No. .....

Primary Registration District No. 20 80 Registered No. 665

Hospital .....

FULL NAME OF CHILD Edith Virginia Thomas

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Female			Yes	Oct. 12 192[illegible]

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	David D. Thomas	Elora Owen
RESIDENCE	Dubois	Dubois
COLOR	White	White
AGE AT LAST BIRTHDAY (Years)	50	31
BIRTHPLACE	Wales	Montana
OCCUPATION	Farmer	Housewife

Number of child of this mother, including present birth 8

Number of children of this mother now living, including present birth 7

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive at 2 P M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) D. H. Wilcox

(Physician or midwife)

Address Spencer Ida

Given names added from a supplemental report

..... 19.....

Filed Nov. 10 19 12 Ray H. Fisher

S-Y CO. 20174 Registrar

U.S.M.D. Registrar

JUN 7 1948

Use only BLACK ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

United States Department of Commerce MAY 27 1943 Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 7892
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
   (a) County Clarke (b) City Dubois
   (c) Street Address or R.F.D. No.
   (d) Name of Hospital or Maternity Home:
   (e) Mothers stay **BEFORE** delivery: In **THIS** county 20 years months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
   (a) State Idaho (b) County Clark
   (c) City Dubois
   (d) Street Address or R.F.D. No.
   (e) How long has **MOTHER** lived in Idaho? Twenty yrs.

3. **RESIDENCE OF FATHER** (city, state) Dubois Ida

4. **FULL NAME OF CHILD** Edith Virginia Thomas

5. Date of Birth of Child (Month, day, year) Oct. 12 1912

6. Sex Female

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? yes

FATHER OF CHILD

10. **FULL NAME** David Smith Thomas
11. Color or Race White
12. Age at time of THIS birth 50 yrs.
13. Birthplace Swansea (City or town) Wales (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Clara Jane Owens
17. Color or Race White
18. Age at time of THIS birth 31 yrs.
19. Birthplace Helena (City or town) Montana (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 5 (b) Born alive and now living 6

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related as (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

AFFIDAVIT

(To be completed when the attendant does not sign in Item 25.)

State of Wash
County of Yakima } ss.

I, the undersigned, being first duly sworn, say that I am the mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now years of age, that I have known this person for all her life years, and that (First name) (Last name), who attended this birth now deceased (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Clara J. Thomas Signature

P. O. Address

Subscribed and sworn to before me this 24 day of May, 19 43

(SEAL) Notary Public, residing at Dumpede

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on MAY 27 1943 by Registrar.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

695-22-022-893

Form V. S. No. 11-C 20m-2-15-12

PLACE OF BIRTH

County of Fremont

City of Garfield

No. ..... St.

Hospital .....

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 9 File No. 9893

Primary Registration District No. 2040 Registered No. 645

FULL NAME OF CHILD Verda Ella Winder

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth
Female			Yes	Oct. 25" 1912 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	William E. Winder	FULL MAIDEN NAME	Flourne E. Ritter
RESIDENCE	Garfield	RESIDENCE	Garfield
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	25 (Years)	AGE AT LAST BIRTHDAY	20 (Years)
BIRTHPLACE	Utah	BIRTHPLACE	Illinois
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 3

Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive, at 11 oo P M. on the date above stated.

(Born alive ~~or stillborn~~)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Mary A. Godfrey

~~(Physician or~~ midwife)

Address Ririe, R. D. 1

Given names added from a supplemental report

..... 19.....

Filed Nov. 10, 1912 Roy H. Fisher M.D.

..... Registrar

Registrar

S-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH

County of

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Form V. S. No. [illegible]-[illegible]

IDAHO STATE BOARD OF HEALTH
DIVISION OF VITAL STATISTICS

Affidavit to Correct or Amend An Original Certificate of Birth or Death

State of ..... } ss.
County of ..... }

Certificate No. 9893

Date Filed .....

The undersigned does solemnly swear that certain facts on the certificate of birth (Birth or Death)
for Unnamed Winder (Name on Original Certificate) who was born (Was Born or Died) on Oct. 25, 1912 (Date of Event)
in Garfield, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts are shown by Child's Birth Certificate #275804 prepared on Jan. 18, 1939 (Give Date), are:
Cert. of Baptism (Bible Record, Insurance Policy, Etc.) Viewed by Vital Statistics

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
		Viewed by V. S.
Child's Name	Unnamed	Verda Ella Winder

Subscribed and sworn to before me this 21 day of
Jan. 1937
Gus Lewis Probate Judge
Notary Public, residing at Idaho Falls Idaho.
My commission expires .....
(Seal)

Signed William Elias Winder
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)
114 E Canal Ave Idaho Falls Idaho
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Idaho } ss.
County of Bonneville }

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

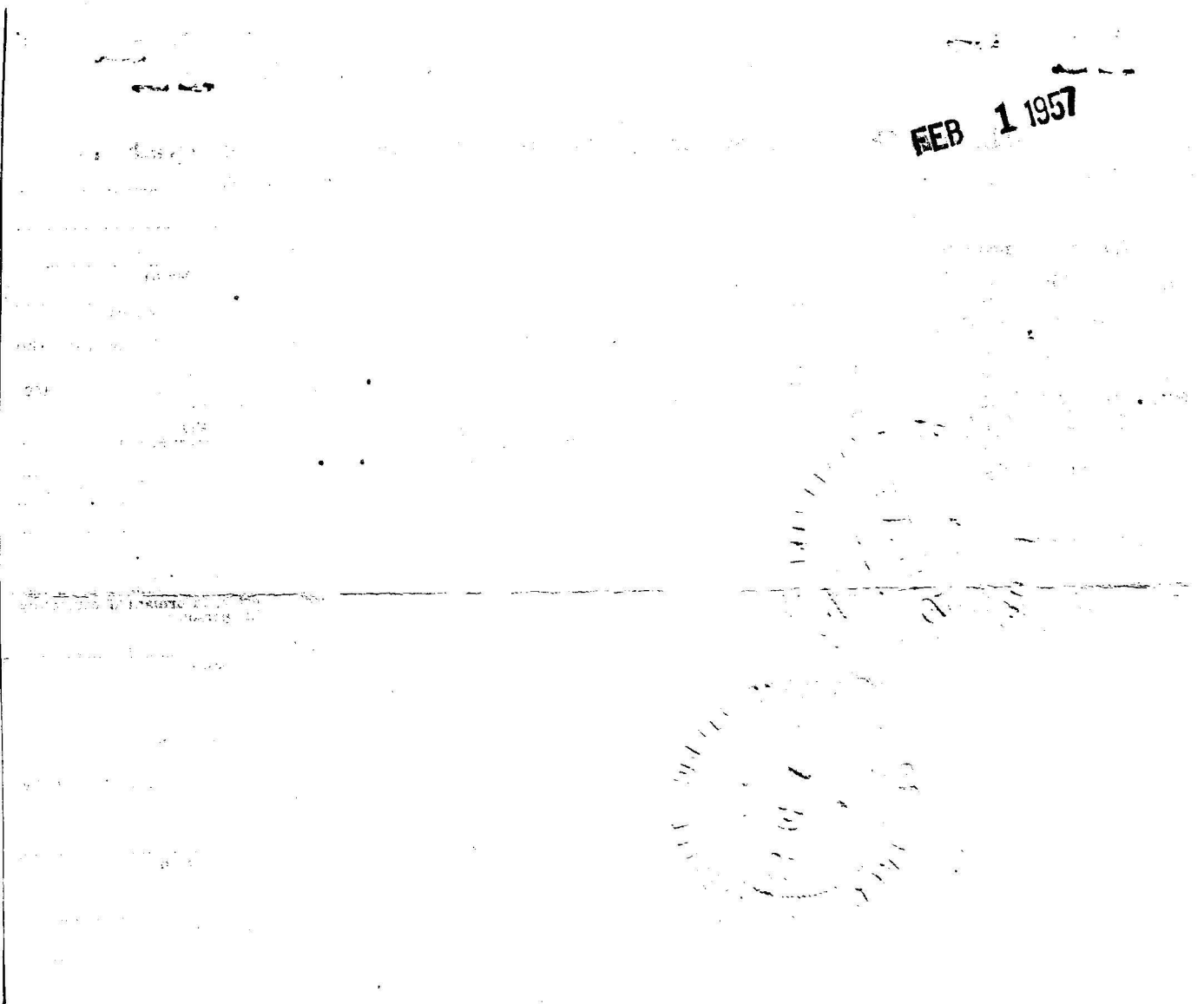
Subscribed and sworn to before me this 21 day of
Jan. 1937
Gus Lewis Probate Judge
Notary Public, residing at Idaho Falls Idaho.
My commission expires .....
(Seal)

Signed J. D. Winder
(Signature of Any Credible Person)
Ida Falls Idaho
(Street Address, City, State)

FORM DPH 55. 155

1 c.p.

FEB 1 1957



556-213-022-495

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Form V. S. No. 11-C—20m-2-15-1.

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

PLACE OF BIRTH

County of Fremont

City of Garfield

No. ..... St.

Hospital

Registration District No. 9 — File No. 9894

Primary Registration District No. 2040 — Registered No. 648

FULL NAME OF CHILD RACHEL MARTHA NEWMAN — Not married yet

Sex of Child	Twin / Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
F			Yes.	Nov 13 1915

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	Thos. W. Newman	Bertha May Ureck
RESIDENCE	Garfield.	Garfield.
COLOR	W.	W.
AGE AT LAST BIRTHDAY (Years)	30	23
BIRTHPLACE	Utah.	Switzerland
OCCUPATION	Farmer.	N

Number of child of this mother, including present birth 3

Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn) on the date above stated., at 1:59 P. M.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Mary A. Godfrey

(Physician or midwife)

Address Rigby - R.F.D. 1

Given names added from a supplemental report

....., 19.....

Filed Nov. 15 1915 Ray Hinker M.D.

Registrar

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Registrar

8-Y CO. 20174

JAN 21 1954

MAR 8 1967

962-129-022-914

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Form V. S. No. 11-C—20m-2-15-12

PLACE OF BIRTH

County of Fremont

City of Rudy

No. ..... St.

Hospital .....

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 9 File No. 9895

Primary Registration District No. 2046 Registered No. 647

FULL NAME OF CHILD Cleo Levon Ross

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and (Number in order of birth)	Legitimate?	Date of Birth
M			Yes	Oct 29 (Month) (Day) 191 2 (Year)

FATHER		MOTHER	
FULL NAME	Andrew Jackson Ross	FULL MAIDEN NAME	Maud Ella Radford
RESIDENCE	Rudy	RESIDENCE	Rudy
COLOR	W.	COLOR	W.
AGE AT LAST BIRTHDAY (Years)	33	AGE AT LAST BIRTHDAY (Years)	20
BIRTHPLACE	Utah	BIRTHPLACE	Idaho
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 2

Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was ..... (Born alive or stillborn) at 6 a. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Ellen Wheeler

(Physician or midwife)

Address Rigby Rt. 2

Given names added from a supplemental report

..... 19.....

..... Registrar

Filed Nov 10 19 12 Ray H. Fisher Registrar

S-Y CO. 20174

363-212-022-667

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Form V. S. No. 11-C—20m-2-15-12

PLACE OF BIRTH

County of Fremont

City of Milo

No. ..... St.

Hospital .....

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 9 File No. 9896

Primary Registration District No. 2040 Registered No. 648

FULL NAME OF CHILD Ethel Josephine Coles

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of Birth
Female			yes	Nov. 12 (Month) (Day) 191 2 (Year)

FATHER		MOTHER	
FULL NAME	Alvin Coles	FULL MAIDEN NAME	Ida Fogg
RESIDENCE	Milo	RESIDENCE	Milo
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	32 (Years)	AGE AT LAST BIRTHDAY	32 (Years)
BIRTHPLACE	Utah	BIRTHPLACE	Utah
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 6

Number of children of this mother now living, including present birth 6

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive, at 3 P. M. on the date above stated.

(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) A. M. Palmer

(Physician or [redacted])

Given names added from a supplemental report

..... 19.....

Address Rigby Ida.

Filed Nov. 19 12 Rupert Fisher Registrar

..... Registrar

A. M. P.

S-Y CO. 20174

IDAHO DEPARTMENT OF HEALTH

BUREAU OF VITAL STATISTICS

Affidavit to Correct or Amend An Original Certificate of Birth or Death

RECEIVED
MAY 1 81966
Bureau of Vital Statistics

State of Idaho
County of Bonneville } ss.

Certificate No. 9896

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of Birth (Birth or Death)
for Unnamed Coles (female child) (Name on Original Certificate) who was born (Was Born or Died) on Nov. 12, 1912 (Date of Event)
in Milo, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts are shown by Hospital Record Blessing Certificate & (Bible Record, Insurance Policy, Etc.) prepared on May 16, 1966 (Give Date), are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
Full Name of Child	Unnamed	Ethel Josephine Coles
		Bruelda Ruth Stoser

Subscribed and sworn to before me this 16th day of May, 1966

Notary Public, residing at Idaho Falls, Idaho
My commission expires June 28, 1968
(Seal)

Signed Bruelda Ruth Stoser
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

Route #1 Box 138 Idaho Falls Idaho 83401
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Idaho
County of Bonneville } ss.

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 16th day of May, 1966

Notary Public, residing at Idaho Falls, Idaho
My commission expires June 28, 1968
(Seal)

Signed La Rene Vaughn
(Signature of Any Credible Person)

360 Shelley St Shelley, Idaho
(Street Address, City, State)

FORM DH 60-155

CL 5-13-66. nm

L.D.S. Church Cert. of Blessing, April 6, 1913 gives full name as Ethel Josephine Coles, daughter of Alvin Coles and Mary Ida Fogg, born Nov. 12, 1912 at Milo, Idaho viewdby V.S.

JUN 2 1966

Statement from Mrs. Lelia Garland, R.R.L., Medical Record Librarian, Idaho Falls L.D.S. Hospital, dated May 16, 1966 - Idaho Falls, Idaho states "I hereby certify that the medical records of the Idaho Falls Latter-day Saints Hospital show that Mrs. Angus (Ethel) Bird was admitted on several occasions, with her birthdate being given as November 12, 1912. On July 22, 1937 she was admitted, with her age being given as # 24 years, her maiden name as Ethel Josephine Coles." - viewed by V.S.

294-28-022-157

Form V. S. No. 11-C—20m-2-15-12

PLACE OF BIRTH

County of Fremont

City of La Belle

No. ..... St.

Hospital .....

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 9 File No. 9897

Primary Registration District No. 2040 Registered No. 646

FULL NAME OF CHILD Lillian Merle Simmons

Sex of Child	Twin / Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Female			Yes	Sept. 18, 1912

	FATHER	MOTHER
FULL NAME	John A. Simmons	FULL MAIDEN NAME Amy L. Anglesey
RESIDENCE	La Belle	RESIDENCE La Belle
COLOR	White	COLOR White
AGE AT LAST BIRTHDAY	29 (Years)	AGE AT LAST BIRTHDAY 25 (Years)
BIRTHPLACE	Idaho.	BIRTHPLACE Utah
OCCUPATION	Farmer	OCCUPATION Housewife

Number of child of this mother, including present birth 3

Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive, at 3 a M. on the date above stated.

(Born alive ~~or stillborn~~)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Ray H. Fisher

(Physician ~~or midwife~~)

Address Rigby Ida

Given names added from a supplemental report

..... 19.....

Filed Nov 1 19 12 Ray H. Fisher

..... Registrar

S-Y CO. 20174

A. M. F. Registrar

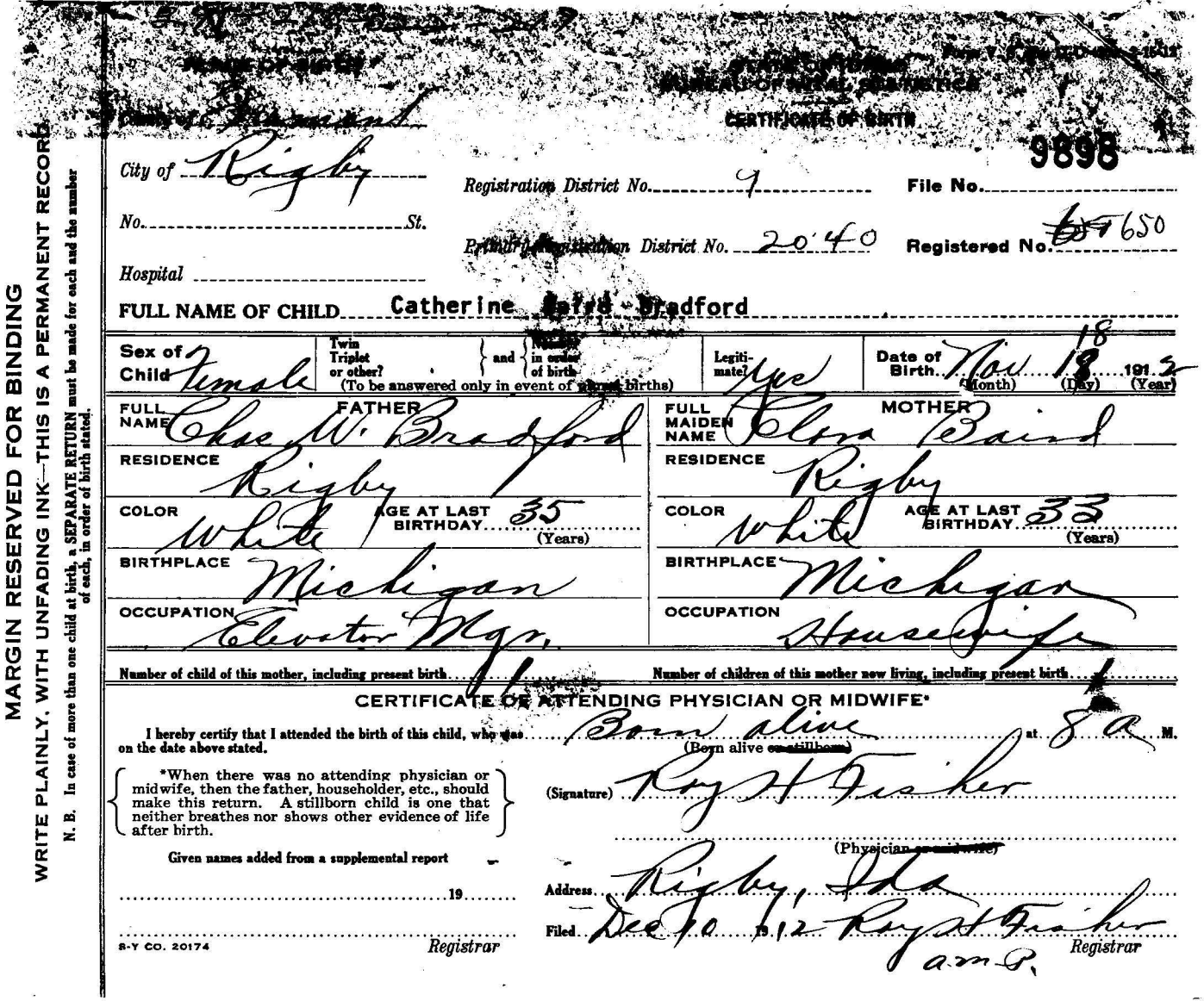
MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

AUG 3 1953

APR 15 1974



MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

CERTIFICATE OF BIRTH

9898

City of Rigby

No. ..... St.

Hospital

Registration District No. 9

Primary Registration District No. 2040

File No.

Registered No. 650

FULL NAME OF CHILD Catherine Boyd Bradford

Sex of Child: Female

Twin, Triplet or other? and Number in order of birth (To be answered only in event of plural births)

Legitimate? Yes

Date of Birth: Nov. 18 (Month) 18 (Day) 1915 (Year)

FATHER	MOTHER
FULL NAME: Chas. W. Bradford	FULL MAIDEN NAME: Elva Baird
RESIDENCE: Rigby	RESIDENCE: Rigby
COLOR: White	COLOR: White
AGE AT LAST BIRTHDAY: 35 (Years)	AGE AT LAST BIRTHDAY: 33 (Years)
BIRTHPLACE: Michigan	BIRTHPLACE: Michigan
OCCUPATION: Elevator Mgr.	OCCUPATION: Housewife

Number of child of this mother, including present birth: 1

Number of children of this mother now living, including present birth: 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 8 A. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Roy H. Tucker

(Physician or midwife)

Address Rigby, Ida

Given names added from a supplemental report

..... 19.....

Filed Dec 10 19 12 Roy H. Tucker Registrar

..... Registrar

a.m.P.

8-Y CO. 20174

Form V. S. No. H. O.—

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

PLACE OF BIRTH

County of

IDAHO DEPARTMENT OF HEALTH

BUREAU OF VITAL STATISTICS

Affidavit to Correct [redacted] Original Certificate of Birth or Death

State of California } ss.
County of Los Angeles }

Certificate No. 9898

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of Birth (Birth or Death)
for Unnamed Bradford (famale child) (Name on Original Certificate) who was born (Was Born or Died) on Nov. 18, 1912 (Date of Event)
in Rigby, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts are shown by Bible Record (Bible Record, Insurance Policy, Etc.) prepared on Nov. 20. 1912 (Give Date), are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
Full Name of Child	Unnamed	Catherine Baird Bradford

Subscribed and sworn to before me this 12th day of December, 19 61.

Audrey G. Dick

Notary Public, residing at 469 N. Canon Dr. Beverly Hills, Calif.

My commission expires

(Seal) AUDREY G. DICK, Notary Public in and for the County of Los Angeles, State of California. My Commission Expires December 11, 1964

Signed Jane B. Dean
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of California } ss.
County of Los Angeles }

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 12th day of December, 19 61.

Audrey G. Dick

Notary Public, residing at 469 N Canon Dr Beverly Hills Calif.

My commission expires

(Seal) AUDREY G. DICK, Notary Public in and for the County of Los Angeles, State of California. My Commission Expires December 11, 1964

Signed Jane B Dean
(Signature of Any Credible Person)

(Street Address, City, State)

FORM DH 60-155

CL 11-28-61. two copies pd. rec. #4258.

Photo copy of Marriage Certificate, State of California, County of Los Angeles, married Feb. 6, 1932, gives full name of groom as Frank Dixon McClellan and full name of bride as Catherine Baird Bradford - viewed by VS.

JUN 19 1968

Photo copy of Child's Birth Certificate, California Birth Local Registered #1070, gives full name of child as Bradford McClellan, born 1-20-36 at Los Angeles to Frank Dixon McClellan, Father, and Catherine Baird Bradford, Mother - viewed by VS.

318-112-022-155

Form V. S. No. 11-C—20m-2-15-12

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH

County of Fremont

City of Rudy

No. ..... St.

Hospital .....

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

9899

Registration District No. 9 File No. .....

Registered No. 651

FULL NAME OF CHILD George Anders Taylor

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural birth)	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Male			Yes	Nov. 12, 1912

FATHER	MOTHER
FULL NAME: George Taylor	FULL MAIDEN NAME: Emma E. Jensen
RESIDENCE: Rudy	RESIDENCE: Rudy
COLOR: White	COLOR: White
AGE AT LAST BIRTHDAY ..... (Years)	AGE AT LAST BIRTHDAY ..... (Years)
BIRTHPLACE: ~~Utah~~ England	BIRTHPLACE: Utah
OCCUPATION: Farmer	OCCUPATION: Housewife

Number of child of this mother, including present birth 2

Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive, at 4:30 a. M. on the date above stated.

(Born alive ~~or stillborn~~)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) A. M. Palmer

(Physician ~~or midwife~~)

Given names added from a supplemental report

..... 19.....

..... Registrar

Address Rigby, Ida.

Filed Nov. 19 12 Reg. Hofsheier Registrar

A. M. P.

S-Y CO. 20174

ted States
artment of Commerce
eau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No.....
Local Reg. No.....
Reg. Dist. No.....

PLACE OF BIRTH (All items at time of this birth)
a) County Jefferson (b) City Rigby
c) Street Address or R.F.D. No. 2
d) Name of Hospital or Maternity Home:
Born at home
e) Mother's stay **BEFORE** delivery:
IN **THIS** county 9 years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Jefferson
(c) City Rigby
(d) Street Address or R.F.D. No. 2
(e) How long has **MOTHER** lived in Idaho? 35 yr
3. RESIDENCE OF FATHER (city, state) Rigby, Idaho.

FULL NAME OF CHILD George Anders Taylor

5. Date of Birth of Child (Month, day, year) Nov. 12 1912

Sex M
7. Twin or Triplet
If so—born 1st, 2nd, 3rd
8. No. months of Pregnacy 9
9. Legitimate? yes

FATHER OF CHILD

FULL NAME George Hyrum Taylor
Color or Race White
12. Age at time of THIS birth 31 yrs.
Birthplace England
(City or town) (State or foreign country)
Exact Occupation Saw Mill Operator
Industry or Business Sawing Lumber

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Eunice E. Jensen
17. Color or Race White
18. Age at time of THIS birth 25 yr
19. Birthplace St. Johns, Arizona
(City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business careing for home

Name prophylactic used to prevent Ophthalmia Neonatorum 15% Argyrol.

Number of children of this mother: (a) At time of birth and including this child 2 (b) Born alive and now living 2

ATTENDANT'S CERTIFICATE

I HEREBY CERTIFY That I attended the birth of this child, who was born alive at Rigby Idaho
(Born alive, stillborn)
M. on the da
and at the place stated above, and that personal particulars were furnished by Eunice Jensen Taylor
(First name) (Last name)
who related to this child as Mother.
(Mother, etc.)

Attendant's OWN signature Ray N. Fisher M.D. ~~Midwife~~ Address 2206 Hopkins St. Oakland, Calif. Date 1/5/14

State of.....
County of..... } ss.

AFFIDAVIT to be completed when the attendant does not sig
in Item 25.

I, the undersigned, being first duly sworn, say that I am the.....(Mother, etc.).....of the person whose name appea
em 4, above, that I am now.....years of age, that I have known this person for.....years, and tha
.....(First name).....(Last name), who attended this birth.....(Is now deceased) or (Cannot be located). I further state tha
facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded und
pter 139, 1937 Session Laws.

.....Signatu
.....P. O. Addre

JAN 16 1976

Subscribed and sworn to before me this.....day of....., 19.....

(SEAL) .....Notary Public, residing at.....

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

eived for filing on.....by.....Registra

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

813-115-022-293

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH

County of Fremont

City of Annis

No. ..... St.

Hospital .....

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 9 File No. 9900

Primary Registration District No. 2040 Registered No. 657

FULL NAME OF CHILD .....

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Male			Yes	Sept. 15 1912

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	Riley Hall	Mina Sutton
RESIDENCE	Annis	Annis
COLOR	White	White
AGE AT LAST BIRTHDAY (Years)	26	20
BIRTHPLACE	Utah	Idaho
OCCUPATION	Farmer	Housewife

Number of child of this mother, including present birth 2

Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 8:30 M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. E. Melton

(Physician or ~~midwife~~)

Address Menan, Ida.

Given names added from a supplemental report

..... 19.....

Filed Nov. 10 1912 Roy H. Fisher

..... Registrar

A. M. D. Registrar

8-Y CO. 20174

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

PLACE OF BIRTH

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

NI-IDBS-961

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth, stated.

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

County of Bonneville

City of Menan

No. ..... St.

Hospital .....

Registration District No. 9 File No. 9901

Primary Registration District No. 2040 Registered No. 653

FULL NAME OF CHILD .....

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births) and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Female		Yes	Sept. 22 1912

FATHER		MOTHER	
FULL NAME	M. Arai	FULL MAIDEN NAME	N. Sasaki
RESIDENCE	Menan	RESIDENCE	Menan
COLOR	Yellow	COLOR	Yellow
AGE AT LAST BIRTHDAY	35 (Years)	AGE AT LAST BIRTHDAY	23 (Years)
BIRTHPLACE	Japan	BIRTHPLACE	Japan
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive, at 9:30 A.M. on the date above stated.
(Born alive ~~or stillborn~~)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. E. Melton
(Physician ~~or midwife~~)

Address Menan

Given names added from a supplemental report

..... 19.....

Filed Nov. 10 1912 Roy H. Fisher Registrar
a.m.p.

..... Registrar

S-Y CO. 20174

Form V. S. No. 11-C—20m-2-15-

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

PLACE OF BIRTH

County of

City of

No.

Hospital

FULL NA

Sex of Child

FULL NAME

295-2490-2-566

Form V. S. No. 11-C—20m-2-15-12

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Fremont

City of Lewisville

Registration District No. 9 File No. 9902

No. ..... St.

Primary Registration District No. 2040 Registered No. 6 5 X

Hospital .....

FULL NAME OF CHILD .....

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth
Female			Yes	Oct. (Month) 19 (Day) 1912 (Year)

FATHER		MOTHER	
FULL NAME	William Simpson	FULL MAIDEN NAME	Elizabeth Howard
RESIDENCE	Lewisville	RESIDENCE	Lewisville
COLOR	White	AGE AT LAST BIRTHDAY (Years)	45
COLOR	White	AGE AT LAST BIRTHDAY (Years)	40
BIRTHPLACE	Utah	BIRTHPLACE	Utah
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 9 Number of children of this mother now living, including present birth 8

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born Alive (Born alive ~~or stillborn~~), at 1:45 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. E. Melton

(Physician ~~or midwife~~)

Address Melton

Given names added from a supplemental report

..... 19.....

Filed Nov 10 19 12 Roy H Fisher

..... Registrar

Registrar

5-Y CO. 20174

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

MARGIN RESERVED FOR BINDING

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Form V. S. No. 11-C—2m-2-15-42

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

PLACE OF BIRTH

St.

Twin
Triplet
or other?
(To be answere

FATHER

AGE AT
BIRTH

413-120-032-717

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH

County of Fremont

City of Lewisville

No. ..... St.

Hospital .....

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 9 File No. 9903

Primary Registration District No. 2040 Registered No. 655

FULL NAME OF CHILD Eugene Baker

Sex of Child	Twin Triplet or other? (To be answered only in event of plural births)	and (Number in order of birth)	Legitimate?	Date of Birth (Month) (Day) (Year)
Male			Yes	Oct. 29 1912

FATHER		MOTHER	
FULL NAME	C. W. Baker	FULL MAIDEN NAME	Hannah M. Page
RESIDENCE	Lewisville	RESIDENCE	Lewisville
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	47 (Years)	AGE AT LAST BIRTHDAY	38 (Years)
BIRTHPLACE	Utah	BIRTHPLACE	Utah
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 8

Number of children of this mother now living, including present birth 7

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) on the date above stated., at 3:20 P. M.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. E. Melton

(Physician or midwife)

Address Menan

Given names added from a supplemental report

..... 19.....

Filed Nov. 1 19 12 Ray H. Fisher Registrar

9 a.m.

..... Registrar

S-Y CO. 20174

PLACE OF BIRTH

STATE OF IDAHO

BUREAU OF

CERTIFIC

USED FOR BINDING

INK—THIS IS A PERMANENT RECORD

699-222-00-125

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH

County of Fremont

City of Menan

No. ..... St.

Hospital .....

Form V. S. No. 11-C Rev. 1-10-22

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

9904

Registration District No. 9 File No. .....

Primary Registration District No. 2040 Registered No. 636

FULL NAME OF CHILD Katherine Friedel

Sex of Child	Twin / Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Female			Yes	Oct. 22 1912

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	Martin Friedel	Ella Alexander
RESIDENCE	Menan	Menan
COLOR	White	White
AGE AT LAST BIRTHDAY (Years)	44	33
BIRTHPLACE	Germany	Sweden
OCCUPATION	Farmer	Housewife

Number of child of this mother, including present birth 4

Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born Alive, at 1:15 P. M. on the date above stated.

(Born alive ~~or stillborn~~)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. E. Mullen

(Physician ~~or midwife~~)

Address Menan

Given names added from a supplemental report

..... 19.....

Filed Nov. 10. 1912 Ralph Grainer Registrar

..... Registrar

8-Y CO. 20174

9 a.m.

Form V. S. No. 10-D—Rev. 2-16-22

STATE OF IDAHO

PLACE OF BIRTH

IDAHO DEPARTMENT OF HEALTH

BUREAU OF VITAL STATISTICS

Affidavit to Correct or Amend An Original Certificate of Birth or Death

RECEIVED

NOV 13 1968

Bureau of Vital Statistics

State of Idaho
County of Jefferson } ss.

Certificate No. 9904

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of Birth (Birth or Death)
for Unnamed Friedel (Female Child) (Name on Original Certificate) who was born (Was Born or Died) on Oct. 22, 1912 (Date of Event)
in Menan, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts are shown by (Bible Record, Insurance Policy, Etc.) prepared on (Give Date), are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
Full Name of Child	Unnamed	Katherine Friedel

Subscribed and sworn to before me this 19th day of September, 1968

Notary Public, residing at Baker, Oregon
My commission expires March 27, 1969
(Seal)

Signed Helga A Dunn
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of
County of } ss.

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this day of , 19

Notary Public, residing at
My commission expires
(Seal)

Signed
(Signature of Any Credible Person)

(Street Address, City, State)

FORM DH 60-155

CL 9-9-68. one copy pd. rec. #575

Photo copy of Family Bible Record, gives name as Katherine Friedel, born October 22, 1912 at Menan, Idaho - viewed by VS.

DEC 12 1968

Mountain States Telephone and Telegraph Company, Statement of Social Security and Umemployment Tax Deductions, SS #518-07-2354, gives name as Katherine Friedel, dated Januaary 30, 1937 - viewed by VS.

314-11-022-296

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Form V. S. No. 11-C—20m-2-15-12

PLACE OF BIRTH

County of Fremont

City of Ashton

No. ..... St.

Hospital .....

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 9 File No. 9906

Primary Registration District No. 2040 Registered No. 658

FULL NAME OF CHILD Austin Benjamin Campbell

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth. (Month) (Day) (Year)
Male			Yes	Oct. 11 1912

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	Daniel D. Campbell	Evaline Browning
RESIDENCE	Ashton	Ashton
COLOR	White	White
AGE AT LAST BIRTHDAY (Years)	40	38
BIRTHPLACE	Utah	Utah
OCCUPATION	Farmer	Housewife

Number of child of this mother, including present birth 6 Number of children of this mother now living, including present birth 6

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 3:20 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Elizabeth Rees

(Physician or midwife)

Address Lorenzo, Ida

Given names added from a supplemental report

..... 19.....

..... Registrar

Filed Nov. 10 1912 R. Ray H. Gridley Registrar

S-Y CO. 20174

SEP 17 1974

447 - 202-022-256

PLACE OF BIRTH

Form V. S. No. 11-C—20m-2-15-12

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

Amended 4/16/76

CERTIFICATE OF BIRTH

County of Fremont

City of Garfield

No. ..... St.

Hospital .....

Registration District No. 9 File No. 9907

Primary Registration District No. 2040 Registered No. 6J9

FULL NAME OF CHILD Ruth Mugleston

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Female			Yes	Nov 2 1912

FATHER	MOTHER
FULL NAME Charles Mugleston	FULL MAIDEN NAME Rose Snow
RESIDENCE Garfield	RESIDENCE Garfield
COLOR White	AGE AT LAST BIRTHDAY 31 (Years)
COLOR White	AGE AT LAST BIRTHDAY 29 (Years)
BIRTHPLACE England	BIRTHPLACE North Carolina
OCCUPATION Farmer	OCCUPATION Housewife

Number of child of this mother, including present birth 1

Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born Alive (Born alive or stillborn) at 10:40 A. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Ray H. Fisher

(Physician or midwife)

Address Rigby, Ida.

Given names added from a supplemental report

..... 19.....

Filed Nov 10 1912 Ray H. Fisher a.m.d

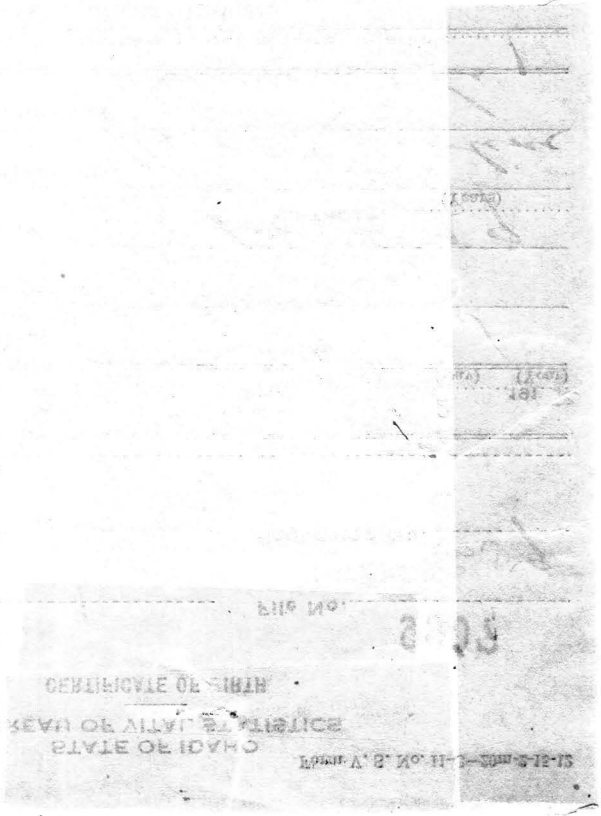
..... Registrar

5-Y CO. 20174 Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.



IDAHO DEPARTMENT OF HEALTH

BUREAU OF VITAL STATISTICS

Affidavit to Correct or Amend An Original Certificate of Birth or Death

RECEIVED APR 13 1976 Bureau of Vital Statistics

State of ..... } ss.
County of ..... }

Certificate No. 9907

Date Filed .....

The undersigned does solemnly swear that certain facts on the certificate of birth (Birth or Death)
for Unnamed Muggleston (female) who was born on Nov. 1912
(Name on Original Certificate) (Was Born or Died) (Date of Event)
in Garfield, Idaho are erroneous or were omitted; and that, to the best of his knowledge, the
(Place of Event)
true facts are shown by ..... prepared on ....., are:
(Bible Record, Insurance Policy, Etc.) (Give Date)

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
child's name	Unnamed	Ruth Mugleston
date of birth	Nov. 1912	Nov 2, 1912
father's last name	Muggleston	Mugleston

Subscribed and sworn to before me this ..... day of
....., 19.....

.....
Notary Public, residing at .....
My commission expires .....
(Seal)

Signed .....
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

.....
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of California } ss.
County of Mendocino }

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 2nd day of
April, 19 76

Dorene D. Mitchell
Notary Public, residing at Ukiah, CA 95482
My commission expires Feb. 5, 1980
(Seal)

OFFICIAL SEAL
DORENE D. MITCHELL
NOTARY PUBLIC - CALIFORNIA
MENDOCINO COUNTY
My comm. expires FEB 5, 1980

Signed Ethel Louise Knight
(Signature of Any Credible Person)

1105 W Standley St, Ukiah, Ca
(Street Address, City, State)

FORM DH 60-155

CL 4/24/76 RUSH Certs # $3 check.

Certif of Blessing from the LDS Church gives name as Ruth Mugleston duaghter of Chas. Mugleston and Cora Snow Born Nov 2, 1912 at Garfield, Idaho. Blessed Dec 8, 1912. viewed by V. S.

APR 16 1976

Census record for 1920 taken as of January 1 of 1920 gives nameas Ruth Mugleston daughter of Charles and Cora J. Mugleston. daughter was age 7. viewedby V. S.

843 - 205-012-057

PLACE OF BIRTH

County of Fremont

City of La Belle

No. ..... St.

Hospital .....

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 9 File No. 9908

Primary Registration District No. 2040 Registered No. 660

FULL NAME OF CHILD .....

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births) and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Female		Yes	May 5 1912

FATHER		MOTHER	
FULL NAME	Wm. A. Hutchins	FULL MAIDEN NAME	Martha Anglesey
RESIDENCE	La Belle	RESIDENCE	La Belle
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	22	AGE AT LAST BIRTHDAY (Years)	22
BIRTHPLACE	Utah	BIRTHPLACE	Idaho
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 3

Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 1:45 a M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Ray H. Fraker

(Physician or midwife)

Address Rigby

Given names added from a supplemental report

..... 19.....

Filed May 10 1912 Ray H. Fraker

..... Registrar

Registrar

S-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

218-101-022-469

Form V. S. No. 11-C—20m-8-15-12

PLACE OF BIRTH

County of Fremont

City of Rigby

No. ..... St.

Hospital .....

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 9 File No. 9909

Primary Registration District No. 2049 Registered No. 661

FULL NAME OF CHILD Thomas Gilbert Sayer

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Male			Yes	Nov. 1 1912

FATHER		MOTHER	
FULL NAME	Thomas A. Sayer Jr.	FULL MAIDEN NAME	Lucille Morgan
RESIDENCE	Rigby	RESIDENCE	Rigby
COLOR	White	AGE AT LAST BIRTHDAY (Years)	29
COLOR	White	AGE AT LAST BIRTHDAY (Years)	28
BIRTHPLACE	Utah	BIRTHPLACE	Idaho
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 5

Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive at 9:30 a. M. on the date above stated.
(Born alive ~~or stillborn~~)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Ray H. Fisher

(Physician ~~or midwife~~)

Address Rigby Ida.

Given names added from a supplemental report

..... 19.....

Filed Nov. 9 1912 Ray H. Fisher A. M. O. Registrar

..... Registrar

S-Y CO. 20174

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

MARGIN RESERVED FOR BINDING

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

APR 30 1942

392-124022-553

Form V. S. No. 11-C—20m-2-15-12

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Fremont

City of Rudy

No. ..... St.

Hospital .....

Registration District No. 7 File No. 9910

Primary Registration District No. 2040 Registered No. 667

FULL NAME OF CHILD .....

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births) and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Male		Yes	Oct. 24 1912

FATHER		MOTHER	
FULL NAME	George R. Lister	FULL MAIDEN NAME	Ida M. Nelson
RESIDENCE	Rudy,	RESIDENCE	Rudy,
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	42 (Years)	AGE AT LAST BIRTHDAY	31 (Years)
BIRTHPLACE	Illinois	BIRTHPLACE	Utah
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 2

Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive, at 11:30 A. M. on the date above stated.

(Born alive ~~or stillborn~~)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) A. M. Nelson M.D.

(Physician or ~~midwife~~)

Address Rigby, Ida.

Given names added from a supplemental report

..... 19.....

Filed Nov. 10 1912 Ray H. Gooden Registrar

..... Registrar

S-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

113-131-022-335

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH

County of Fremont

City of Teton

No. ..... St.

Hospital .....

Form V. S. No. 11-C—20m-2-15-12

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 9 File No. 9911

Primary Registration District No. 2039 Registered No. 616

FULL NAME OF CHILD Silas Farmer Jacobs

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Male			Yes	Aug 31 1912

FATHER		MOTHER	
FULL NAME	Thomas Leo Jacobs	FULL MAIDEN NAME	Bertha M. Clements
RESIDENCE	Teton	RESIDENCE	Teton
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	29 (Years)	AGE AT LAST BIRTHDAY	30 (Years)
BIRTHPLACE	Utah	BIRTHPLACE	Minnesota
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 4

Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born Alive, at 6.30 A. M. on the date above stated.

(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Bell Riggs

(Physician or midwife)

Address Teton, Idaho

Given names added from a supplemental report

..... 19.....

Filed Nov. 10 1912 Ray H. Fisher Registrar

B. W. P.

..... Registrar

S-Y CO. 20174

Form V. S. No. H-C—20m-3-19-13

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

PLACE OF BIRTH

County of

154-220-022-699

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH

County of Fremont

City of Thornton

No. ..... St.

Hospital .....

Form V. S. No. 11-C—20m-2-15-12

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 9 File No. 9912

Primary Registration District No. 2039 Registered No. 618

FULL NAME OF CHILD Lucile Anderson

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Female			Yes	Sept. 20 1912

FATHER		MOTHER	
FULL NAME	Niel Anderson	FULL MAIDEN NAME	Nettie Firth
RESIDENCE	Thornton	RESIDENCE	Thornton
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	40 (Years)	AGE AT LAST BIRTHDAY	33 (Years)
BIRTHPLACE	Utah	BIRTHPLACE	Utah
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 3

Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive, at 5 45 a. M. on the date above stated.

(Born alive ~~or stillborn~~)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) R. A. Crismon

(Physician ~~or midwife~~)

Address Rexburg, Ida.

Given names added from a supplemental report

..... 19.....

Filed Nov. 10 1912 Ray H. Fisher Registrar

B. W. P.

..... Registrar

S-Y CO. 20174

NOV 23 1965

SEP 13 1974

133-125-022-418

Form V. S. No. 11-C—20m-2-15-12

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

9913

County of Fremont

City of Teton

No. ..... St.

Registration District No. 9 File No. .....

Primary Registration District No. 2039 Registered No. 617

Hospital .....

FULL NAME OF CHILD Jesse Wayne Allen

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Male			Yes	Aug 25 1912

FATHER		MOTHER	
FULL NAME	Myrum Allen	FULL MAIDEN NAME	Isabell Naylor.
RESIDENCE	Teton	RESIDENCE	Teton
COLOR	White	AGE AT LAST BIRTHDAY (Years)	29
COLOR	White	AGE AT LAST BIRTHDAY (Years)	25
BIRTHPLACE	Utah	BIRTHPLACE	Teton
OCCUPATION	Farmer.	OCCUPATION	Housewife

Number of child of this mother, including present birth 2

Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born Alive (Born alive or stillborn), at 11 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Bell Riggs.

Midwife (Physician or midwife)

Address Teton, Idaho.

Given names added from a supplemental report

..... 19.....

..... Registrar

Filed Nov. 10 1912 Ray T. Fisher. Registrar

B.V.S.

S-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

JUL 21 1972

899-226-022-666

PLACE OF BIRTH

Form V. S. No. 11-C 20m-2-15-12

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Fremont

City of Salem

No. ..... St.

Hospital .....

Registration District No. 9

Primary Registration District No. 2039

File No. 9914

Registered No. 620

FULL NAME OF CHILD .....

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Female			Yes	Oct. 26 1912

FATHER	MOTHER
FULL NAME: David Hirichi	FULL MAIDEN NAME: Magdalena Woodrich
RESIDENCE: Salem	RESIDENCE: Salem
COLOR: White	COLOR: White
AGE AT LAST BIRTHDAY: 46 (Years)	AGE AT LAST BIRTHDAY: 42 (Years)
BIRTHPLACE: Switzerland	BIRTHPLACE: Switzerland
OCCUPATION: Farmer	OCCUPATION: Housewife

Number of child of this mother, including present birth: 11

Number of children of this mother now living, including present birth: 10

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive at 5 P.M. on the date above stated.
(Born alive or ~~stillborn~~)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) C. Mitchell M.D.
(Physician or midwife)

Address Rexburg Ida

Given names added from a supplemental report

..... 19.....

Filed Nov. 10 19 12 Registrar

..... Registrar

S-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

K

239-106-022-719

Form V. S. No. 11-C—20m-2-15-12

MARGIN RESERVED FOR BINDING

WRITE PLAINLY. WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH

County of Fremont

City of Rexburg

No. ..... St.

Hospital .....

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

9915

Registration District No. 9 File No. .....

Primary Registration District No. 2039 Registered No. 671

FULL NAME OF CHILD .....

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Male			Yes	Oct. 6, 1909

FATHER		MOTHER	
FULL NAME	George Stratton.	FULL MAIDEN NAME	Mabel Parker.
RESIDENCE	Rexburg	RESIDENCE	Rexburg.
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	34 (Years)	AGE AT LAST BIRTHDAY	26 (Years)
BIRTHPLACE	Kentucky	BIRTHPLACE	Idaho
OCCUPATION	Mason	OCCUPATION	Housewife.

Number of child of this mother, including present birth 6

Number of children of this mother now living, including present birth 6

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born Alive (Born alive ~~or stillborn~~) at 4:30 A. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) H. A. Crismon.

(Physician ~~or midwife~~)

Address Rexburg, Idaho.

Given names added from a supplemental report

..... 19.....

Filed Nov 10 1909 Ray H. Fisher Registrar

..... Registrar

B. W. P.

8-Y CO. 20174

Amended 5-22-57

PLACE OF BIRTH

655-20-7022-796

County of Fremont

City of Sunnydell

No. ..... St.

Hospital .....

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 9 File No. 9916

Primary Registration District No. 2039 Registered No. 622

FULL NAME OF CHILD Eldora Pearl Weekes

(Certificate of no value without full name of child.)

Sex of Child	Twin / Triplet or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Female			Yes	Oct. 7, 1912

What bacterieidal solution was used in eyes? .....

Number of child of this mother, including present birth 9 Number of children of this mother now living, including present birth 8

FATHER		MOTHER	
FULL NAME	John Weekes	FULL MAIDEN NAME	Ida Grover
RESIDENCE	Sunnydell	RESIDENCE	Sunnydell
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	39 (Years)	AGE AT LAST BIRTHDAY	38 (Years)
BIRTHPLACE	Utah	BIRTHPLACE	Utah
OCCUPATION	Farmer	OCCUPATION	Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 6:30 a. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Give names added from a supplemental report.

....., 192.....

..... Registrar.

(Signature) J. A. Crisman

(Physician or midwife)

Address Rexburg, Idaho

Filed Nov. 10, 1912 Ray H. Fisher

Registrar.

IDAHO STATE BOARD OF HEALTH
DIVISION OF VITAL STATISTICS

RECEIVED
MAY 20 1957
Division of Vital Statistics

Affidavit to Correct or Amend An Original Certificate of Birth or Death

State of Idaho } ss.
County of Bonneville

Certificate No. 9916

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of birth (Birth or Death)
for Eldora Pearl Weekes (Name on Original Certificate) who was born (Was Born or Died) on Oct. 7, 1912 (Date of Event)
in Sunnydell, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts are shown by Baptismal and Blessing (Bible Record, Insurance Policy, Etc.) prepared on March 17, 1957 (Give Date), are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
Maiden name of mother	Ida Groves	Ida Grover

Subscribed and sworn to before me this 16th day of May, 19 57

O. A. Simpson
Notary Public, residing at Idaho Falls, Idaho
My commission expires June 20, 1960
(Seal)

Signed Clarence Grover (a Cousin)
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

639 Lee Ida Falls.
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Idaho } ss.
County of Bonneville

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

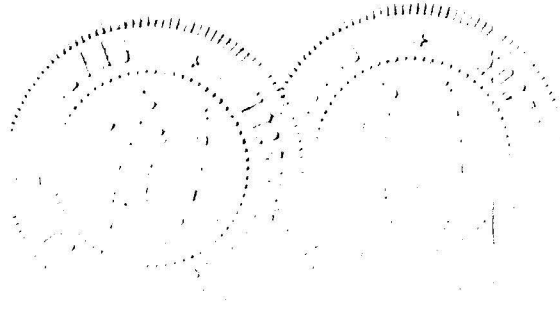
The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 16th day of May, 19 57

O. A. Simpson
Notary Public, residing at Idaho Falls, Idaho
My commission expires June 20, 1960
(Seal)

Signed Lelia Garland
(Signature of Any Credible Person)
Rural Route 2 D.S. Hospital
338-10th St. Idaho Falls, Ida.
(Street Address, City, State)

FORM DPH 55. 155



Amended 3-27-57

PLACE OF BIRTH

County of Fremont

City of Sunnydell

No. ..... St.

Hospital .....

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 9 File No. 9916

Primary Registration District No. 2039 Registered No. 622

FULL NAME OF CHILD Eldora Pearl Weekes

(Certificate of no value without full name of child.)

Sex of Child	Twin / Triplet or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Female			Yes	Oct. 7, 1912

What bactericidal solution was used in eyes? .....

Number of child of this mother, including present birth 9 Number of children of this mother now living, including present birth 8

FATHER		MOTHER	
FULL NAME	John Weekes	FULL MAIDEN NAME	Ida Groves
RESIDENCE	Sunnydell	RESIDENCE	Sunnydell
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	39 (Years)	AGE AT LAST BIRTHDAY	38 (Years)
BIRTHPLACE	Utah	BIRTHPLACE	Utah
OCCUPATION	Farmer	OCCUPATION	Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 6:30 a. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. A. Crisman

(Physician or midwife)

Address Rexburg, Idaho

Give names added from a supplemental report.

....., 192.....

..... Registrar.

Filed Nov. 10, 1912 Ray H. Fisher Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

IDAHO STATE BOARD OF HEALTH
DIVISION OF VITAL STATISTICS

Affidavit to Correct or Amend An Original Certificate of Birth or Death

State of ..... } ss.
County of .....

Certificate No. 9916

Date Filed .....

The undersigned does solemnly swear that certain facts on the certificate of birth
(Birth or Death)
for Unnamed Weeks (Name on Original Certificate) who was born (Was Born or Died) on Oct. 7, 1912 (Date of Event)
in Sunnydell (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the true facts are shown by Cert. of Baptism (Bible Record, Insurance Policy, Etc.) prepared on July 16, 1921 (Give Date), are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
Child's Name	Unnamed Weeks	Eldora Pearl Weekes
Father's Last Name	Weeks	Weekes

ert. of Blessing 12-1-12 Viewed by V. S.

Subscribed and sworn to before me this ..... day of
....., 19.....

Signed .....
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

Notary Public, residing at .....
My commission expires .....
(Seal)

(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of ..... } ss.
County of .....

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

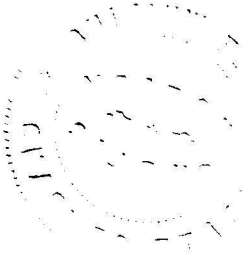
Subscribed and sworn to before me this 16th day of March, 1939.

Signed Leona Blackburn
(Signature of Any Credible Person)

Notary Public residing at Idaho Falls
My commission expires 6-28-39
(Seal)

1398 Idaho Ave Idaho Falls
(Street Address, City, State)

FORM DPH 55. 155



Form V. S. No. 11-C 10m-2-15-12

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Fremont

City of Sunnydell Registration District No. 9 File No. 9916

No. ____ St. Primary Registration District No. 2039 Registered No. 622

Hospital ____

FULL NAME OF CHILD ____

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Female			Yes	Oct. 5 1912

FATHER		MOTHER	
FULL NAME	John Meeks	FULL MAIDEN NAME	Ida Graves
RESIDENCE	Sunnydell	RESIDENCE	Sunnydell
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	39 (Years)	AGE AT LAST BIRTHDAY	38 (Years)
BIRTHPLACE	Utah	BIRTHPLACE	Utah
OCCUPATION	Farmer.	OCCUPATION	Housewife.

Number of child of this mother, including present birth 9 Number of children of this mother now living, including present birth 8

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (~~or stillborn~~) at 6 30 A.M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. A. Crismon

(Physician ~~or midwife~~)

Address Rexburg, Ida.

Given names added from a supplemental report

....., 19.....

Filed Nov. 15 19 12 Ray H. Fisher Registrar

....., Registrar

B. W. P.

S-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

MAY 23 1957

MAR 28 1957

MAY 6 1957

494-104-022-165

Form V. S. No. 11-C-20m-2-15-12

PLACE OF BIRTH

County of Fremont

City of Ryburg

No. ..... St.

Hospital .....

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

9917

Registration District No. 9 File No. .....

Primary Registration District No. 2039 Registered No. 623

FULL NAME OF CHILD Chauncey D. Middaugh

Sex of Child	Twin / Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Male			Yes	Aug 4 1912

FATHER		MOTHER	
FULL NAME	Samuel D. Middaugh	FULL MAIDEN NAME	Rose Jensen
RESIDENCE	Ryburg Ida	RESIDENCE	Ryburg
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	53	AGE AT LAST BIRTHDAY (Years)	43
BIRTHPLACE	Michigan	BIRTHPLACE	Utah
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 8 Number of children of this mother now living, including present birth 8

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born Alive (Born alive ~~or stillborn~~) at 9:25 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) M. A. Watts

~~(Physician or~~ midwife)

Given names added from a supplemental report

..... 19.....

Address Ryburg, Idaho

Filed Nov. 10 1912 Ray H. Hunter

.....
Registrar

.....
Registrar

6-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Form V.S. No. 11-C—Dim.-5-52

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

PLACE OF BIRTH

312-225
022-855
Amended 2-19-68

(Be sure the information is complete and accurate)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 9918
Local Reg. No. 624
Reg. Dist. No. 9

1. PLACE OF BIRTH

a. COUNTY: Fremont

b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN: Rexburg

c. FULL NAME OF (If NOT in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION:

2. USUAL RESIDENCE OF MOTHER (Where does mother live?)

a. STATE: Idaho b. COUNTY: Fremont

c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN: Rexburg

d. STREET ADDRESS (If rural, give location):

3. CHILD'S NAME *(Type or print)*

a. (First): Mable b. (Middle): Vilhelmine c. (Last): Casper

4. SEX: Female

5a. THIS BIRTH: SINGLE X TWIN ____ TRIPLET ____

5b. IF TWIN OR TRIPLET (This child born): 1st ____ 2nd ____ 3rd ____

6. DATE OF BIRTH (Month) (Day) (Year): July 25, 1912

FATHER OF CHILD

7. FULL NAME

a. (First): Oscar b. (Middle): D. c. (Last): Casper

8. AGE (At time of this birth): 40 YEARS

9. BIRTHPLACE (State or foreign country) (City or Town): Utah

10. USUAL OCCUPATION: Farmer

11. KIND OF BUSINESS OR INDUSTRY:

MOTHER OF CHILD

12. FULL MAIDEN NAME

a. (First): Wilhelmina b. (Middle): c. (Last): Hentz

13. AGE (At time of this birth): 36 YEARS

14. BIRTHPLACE (State or foreign country) (City or Town): Denmark

15. CHILDREN PREVIOUSLY BORN TO THIS MOTHER (Do NOT include this child)

a. How many OTHER children are now living? 6

b. How many OTHER children were born alive but are now dead? 2

c. How many children were stillborn (born dead after 20 wks. pregnancy?)

16. INFORMANT'S SIGNATURE OR NAME (Relationship):

I hereby certify that this child was born alive on the date stated above.

17. SIGNATURE: M. A. Watts

18. ATTENDANT AT BIRTH: M.D. X MIDWIFE ____ OTHER (Specify) ____

19. ADDRESS: Rexburg, Idaho

20. DATE SIGNED:

21. DATE REC'D BY LOCAL REG.: Nov. 10, 1912

22. REGISTRAR'S SIGNATURE: Ray H. Fisher

23. DATE ON WHICH GIVEN NAME ADDED BY ____ Registrar

FILE THIS BIRTH OCCURRED WITHIN 10 days after the date of birth of the child. Address: VITAL STATISTICS, BOISE, IDAHO.

FEB 20 1968

~~Marriage certificate given name of bride and groom~~

IDAHO DEPARTMENT OF HEALTH

BUREAU OF VITAL STATISTICS

Affidavit to Correct or Amend An Original Certificate of Birth or Death

State of ..... } ss.
County of ..... }

Certificate No. ((9918))

Date Filed .....

The undersigned does solemnly swear that certain facts on the certificate of birth (Birth or Death)
for Mabel Wilhelmine Casper (Name on Original Certificate) who was born (Was Born or Died) on July 25, 1912 (Date of Event)
in Fremont county, Idaho. (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts are shown by ..... (Bible Record, Insurance Policy, Etc.) prepared on ..... (Give Date), are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
~~name of child~~ Mable	Mabel Wilhelmine	Mable Vilhelmine
name of mother	Minnie Thompson	Wilhelmine Hentz
place of birth of mother & father	M- Utah F-Denmark	M- Denmark F- Utah

Subscribed and sworn to before me this 18 day of May, 19 61

Notary Public, residing at Pocatello, Ida.
My commission expires Dec 15, 1961
(Seal)

Signed Luella M Bachman
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)
326 Main Pocatello Ida
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Oregon } ss.
County of Clark }

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 18 day of May, 19 61

Notary Public, residing at Vancouver, Wash
My commission expires Dec 15, 1961
(Seal)

Signed Annie Harris
(Signature of Any Credible Person)
1140 Combs Flat Pocatello Ida
(Street Address, City, State)

FORM DN 60-185

1 copy add. Doc. #27823

Fathers death certificate gives his birthplace as Millcreek, Utah. Dated 11-12-49. File #49-3956. In Idaho.
Own childs birth certificate gives fathers name as Oscar D. Casper and his birthplace as Mill Creek, Utah. Also it gives mothers birthplace as Denmark.

Marriage certificate photocopy gives mothers name asMiss Hentz. Dated 1895. Viewed by V.S. The first name on the marriage certificate is spelled wrong. Another childs birth certificate gives mothers name as Wilhelmina Hentz. Dated November 27, 1918. File # 64463.

Another childs birth certificate, # 64463 on file - Idaho gives birthplace of mother as Denmark.
Viewed by V.S.

Obituary of mother listed in papter Feb. 13, 1961 gives birthplace as Copenhage, Denmark. Name of mother was listed as Wilhelmina Hentz.
Viewed by V. S.

Same Obituary of mother lists daughters name as Mable Vilhelmine Casper.
Viewed by V. S.

Own childs birth certificate on file - Idaho # 198271 gives name of mother as Mable Vilhelmine Casper.
Viewed by V. S.

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

Form V. S. No. 11-C (Rev. 1-9)

CERTIFICATE OF BIRTH

County of Fremont

City of Ryburg

Registration District No. 9 No. 9918

No. ..... St.

Primary Registration District No. 2039 624

Hospital .....

FULL NAME OF CHILD Mabel Wilhelmina Carlson

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day)
Female			Yes	[illegible] 5 [illegible]

FATHER		MOTHER	
FULL NAME	Oscar D Carlson	FULL MAIDEN NAME	Minnie Thompson
RESIDENCE	Ryburg	RESIDENCE	Ryburg
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	40 (Years)	AGE AT LAST BIRTHDAY	36 (Years)
BIRTHPLACE	Denmark	BIRTHPLACE	Utah
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 9 Number of children of this mother now living, including present birth 7

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 10:30 A. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) W. A. Watts

(Physician or midwife)

Address Ryburg, Idaho

Given names added from a supplemental report

..... 19.....

Filed [illegible] 19 12 Roy H. Hughes

..... Registrar

S-Y CO. 20174

A. M. D. Registrar

Form V.S. No. 11-C—20m-8-15-12

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

PLACE OF BIRTH

County of

552-102-022-419

PLACE OF BIRTH

Form V. S. No. 11-C—20m-2-15-12

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Fremont

City of Herbert

Registration District No. 9 File No. 9919

No. ..... St.

Primary Registration District No. 2039 Registered No. 626

Hospital .....

FULL NAME OF CHILD Willie Martin Nielson

Sex of Child	Twin / Triplet or other? (To be answered only in event of plural births) and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Male		Yes	Oct. 2 1912

FATHER	MOTHER
FULL NAME Louis M Nielson	FULL MAIDEN NAME Pearl E. Martin
RESIDENCE Herbert	RESIDENCE Herbert
COLOR White	COLOR White
AGE AT LAST BIRTHDAY 33 (Years)	AGE AT LAST BIRTHDAY 30 (Years)
BIRTHPLACE Nebraska	BIRTHPLACE Missouri
OCCUPATION Farmer	OCCUPATION Housewife

Number of child of this mother, including present birth 5

Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at ..... M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Rosine Plant

Herbert Idaho.

(Physician or midwife)

Address Herbert, Ida.

Given names added from a supplemental report

..... 19.....

Filed Nov. 10 1912 Ray S. Fisher Registrar

..... Registrar

S-Y CO. 20174

M. D.

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Form V. S. No. 11-C—20m-3-15-12

STATE OF IDAHO

PLACE OF BIRTH

413-203-022-165

Form V. S. No. 11-C—20m-2-15-12

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH

County of Fremont

City of Herbert

No. ..... St.

Hospital .....

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 9 File No. 9920

Primary Registration District No. 2039 Registered No. 625

FULL NAME OF CHILD Sarah Mack

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Female			Yes	July 3 1912

FATHER		MOTHER	
FULL NAME	John Mack	FULL MAIDEN NAME	Martha Martin
RESIDENCE	Herbert	RESIDENCE	Herbert
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	44 (Years)	AGE AT LAST BIRTHDAY	44 (Years)
BIRTHPLACE	Arkansas	BIRTHPLACE	Illinois
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 12

Number of children of this mother now living, including present birth 10

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive at 11 P M. on the date above stated.

(Born alive or ~~stillborn~~)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Rosina Rost

Rexburg R.F.D. Herbert

(Physician or midwife)

Given names added from a supplemental report

..... 19.....

Address .....

Filed May 10 19 12 Boyd Parker

..... Registrar

S-Y CO. 20174

Registrar

AUG 23 1968

389-217-022-269

Form V. S. No. 11-C—20m-2-15-12

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

9921

County of Fremont

City of Independence Registration District No. 9 File No.

No. St.

Primary Registration District No. 2039 Registered No. 627

Hospital

FULL NAME OF CHILD Rachel Christopherson

Sex of Child: Female | Twin, Triplet or other? Twin | and Number in order of birth: Second | Legitimate? Yes | Date of Birth: Dec. 17 (Month) (Day) 1912 (Year)

(To be answered only in event of plural births)

FATHER	MOTHER
FULL NAME: Joseph Christopherson	FULL MAIDEN NAME: Mary Amelia Lorenson
RESIDENCE: Independence	RESIDENCE: Independence
COLOR: White	COLOR: White
AGE AT LAST BIRTHDAY: 39 (Years)	AGE AT LAST BIRTHDAY: 28 (Years)
BIRTHPLACE: Utah	BIRTHPLACE: Utah
OCCUPATION: Farmer	OCCUPATION: Housewife

Number of child of this mother, including present birth: 6

Number of children of this mother now living, including present birth: 5

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 8:50 A. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Carl J. Peterson

Rexburg Idaho

(Physician or midwife)

Address

Given names added from a supplemental report

19

Registrar

Filed Nov. 10 19 12 Roy H. Davison A.M.C. Registrar

S-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

MAY 1 1 1944

389-217-022-269

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Form V. S. No. 11-C—20m-2-15-12

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

9922

County of Fremont

City of Ida Jpendence Registration District No. 9 File No.

No. St.

Primary Registration District No. 2039 Registered No. 678

Hospital

FULL NAME OF CHILD Jane Christofferson

Sex of Child	Twin / Triplet or other	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Female	Twin	First	Yes	Dec. 17 1912

(To be answered only in event of plural births)

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	Joseph C Christofferson	Inga Amelia Sorenson
RESIDENCE	Ida Jpendence	Ida Jpendence
COLOR	White	White
AGE AT LAST BIRTHDAY (Years)	38	28
BIRTHPLACE	Utah	Utah
OCCUPATION	Farmer	Housewife

Number of child of this mother, including present birth 5

Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born Alive (Born alive ~~or stillborn~~) at 8:30 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Mrs Carl J Peterson

(~~Physician or~~ midwife)

Address Rexburg - Idaho

Given names added from a supplemental report

.....19.....

Filed Nov 10 1912 Ray W Fisher Registrar

.....Registrar

S-Y CO. 20174

MAY 1 1 1944

539-119-022-792

MARGIN RESERVED FOR BINDING

WRITE PLAINLY. WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Form V. S. No. 11-C—20m-2-15-12

PLACE OF BIRTH

County of Fremont

City of Ryeburg

No. ..... St.

Hospital .....

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 9 File No. 9923

Primary Registration District No. 2039 Registered No. 629

FULL NAME OF CHILD Kenneth Klingler

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth
Male			Yes	Sept 19 (Month) (Day) 1912 (Year)

FATHER	MOTHER
FULL NAME: Christoph Klingler	FULL MAIDEN NAME: Martha Almeda Gibson
RESIDENCE: Ryeburg	RESIDENCE: Ryeburg
COLOR: White	COLOR: White
AGE AT LAST BIRTHDAY: 26 (Years)	AGE AT LAST BIRTHDAY: 20 (Years)
BIRTHPLACE: Idaho	BIRTHPLACE: Utah
OCCUPATION: Farmer	OCCUPATION: Housewife

Number of child of this mother, including present birth: 1

Number of children of this mother now living, including present birth: 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 11:30 A. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Mrs. Carl J. Peterson

(Physician or midwife)

Address Ryeburg - Idaho.

Given names added from a supplemental report

..... 19.....

Filed Nov. 10 1912 Ray A. Freiberg Registrar

..... Registrar

S-Y CO. 20174

a m P.

JUN 6 1967

765-27-022-659

PLACE OF BIRTH

Form V. S. Y 11-C—20m-2-15-12

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

9924

County of Fremont

City of Ashton

No. ..... St.

Registration District No. 9 File No. .....

Primary Registration District No. 2039 Registered No. 630

Hospital .....

FULL NAME OF CHILD THOMAS THEODORE GOE

Sex of Child	Twin / Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate	Date of Birth (Month) (Day) (Year)
Male			Yes	Sept 27 1912

FATHER	MOTHER
FULL NAME Thomas Goe	FULL MAIDEN NAME Bertha Weibel
RESIDENCE Ucon	RESIDENCE Ucon
COLOR White	COLOR White
AGE AT LAST BIRTHDAY 52 (Years)	AGE AT LAST BIRTHDAY 34 (Years)
BIRTHPLACE Ohio	BIRTHPLACE Switzerland
OCCUPATION Farmer	OCCUPATION Housewife

Number of child of this mother, including present birth 8

Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive, at 11 05 A. M. on the date above stated.
(Born alive ~~or stillborn~~)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Margaret Ann Briggs

(Physician or midwife)

Address Rexburg, Idaho

Given names added from a supplemental report

..... 19.....

Filed Nov. 10 1912 Ray W. Fisher Registrar

..... Registrar

S-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

K

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMENDED AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of Idaho }
County of Jefferson } ss.

SEP 10 1947

Certificate No. 9924

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of birth (Birth or Death)
for Thomas Theodore Goe. (Name on Original Certificate) who born (Was Born or Died) on September 27th, 1912 (Date of Event)
in Madison County, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts are shown by bible record (Bible Record, Insurance Policy, Etc.) prepared on October 16th, 1912. (Give Date), are:

FACTS TO BE CORRECTED ("Name", "Birth Date", "Cause of Death", Etc.)	FROM (As on Original)	TO (The Correct Facts)
Name	Unnamed	Thomas Theodore Goe

Subscribed and sworn to before me this 2nd
day of September, 19 42

Notary Public, residing at Rigby, Idaho.

My commission expires Nov. 9th, 1942.
(Seal)

Signed Bertha Goe Clark
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

Heise, Idaho.
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Idaho }
County of Jefferson } ss.

[This Affidivat MUST Also be Executed.
(See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 2nd
day of September, 19 42

Notary Public, residing at Rigby, Idaho.

My commission expires November 9th, 1942.
(Seal)

Signed James R Longdo
(Signature of Any Credible Person Other Than Previous Year)

Heise, Idaho
(Street Address, City, State)

SEP 1 1 1942

345-204-022-818

Form V. S. No. 11-C—20m-2-15-12

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Fremont

City of Burton

No. ____ St.

Registration District No. 9 File No. 9925

Primary Registration District No. 2039 Registered No. 631

Hospital ____

FULL NAME OF CHILD May Evelyn Cunningham

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of Birth
Female			Yes	May 4 (Month) (Day) 1912 (Year)

FATHER		MOTHER	
FULL NAME	Chas. H. Cunningham	FULL MAIDEN NAME	Della Haynes
RESIDENCE	Burton	RESIDENCE	Burton
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	52 (Years)	AGE AT LAST BIRTHDAY	21 (Years)
BIRTHPLACE	Canada	BIRTHPLACE	Georgia
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 3

Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive, at 11:25 A. M. on the date above stated.
(Born alive ~~or stillborn~~)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Mrs. Carl J. Peterson

~~(Physician)~~ or midwife)

Address Rexburg - Idaho.

Given names added from a supplemental report

....., 19.....

Filed May 10th 1912 Mary H. Tucker Registrar

S-Y CO. 20174 Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

K

MAR 30 1964

243-215-022-318

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Form V. S. No. 11-C ~~Rev. 9-15-22~~

PLACE OF BIRTH

County of Fremont

City of Sunnydell

No. ..... St.

Hospital .....

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

9927

Registration District No. 9 File No. .....

Primary Registration District No. 2039 Registered No. 633

FULL NAME OF CHILD Nell Eleanor Buckland

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Female			Yes	Oct. 15 1912

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	Cloud J Buckland	Eliza Taylor
RESIDENCE	Sunnydell	Sunnydell
COLOR	White	White
AGE AT LAST BIRTHDAY (Years)	36	26
BIRTHPLACE	Utah	Idaho
OCCUPATION	Farmer	Housewife

Number of child of this mother, including present birth 3

Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive, at 12 M. on the date above stated.
(Born alive ~~or stillborn~~)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Margaret Elma Briggs

(~~Physician or~~ midwife)

Address Teton Idaho

Given names added from a supplemental report

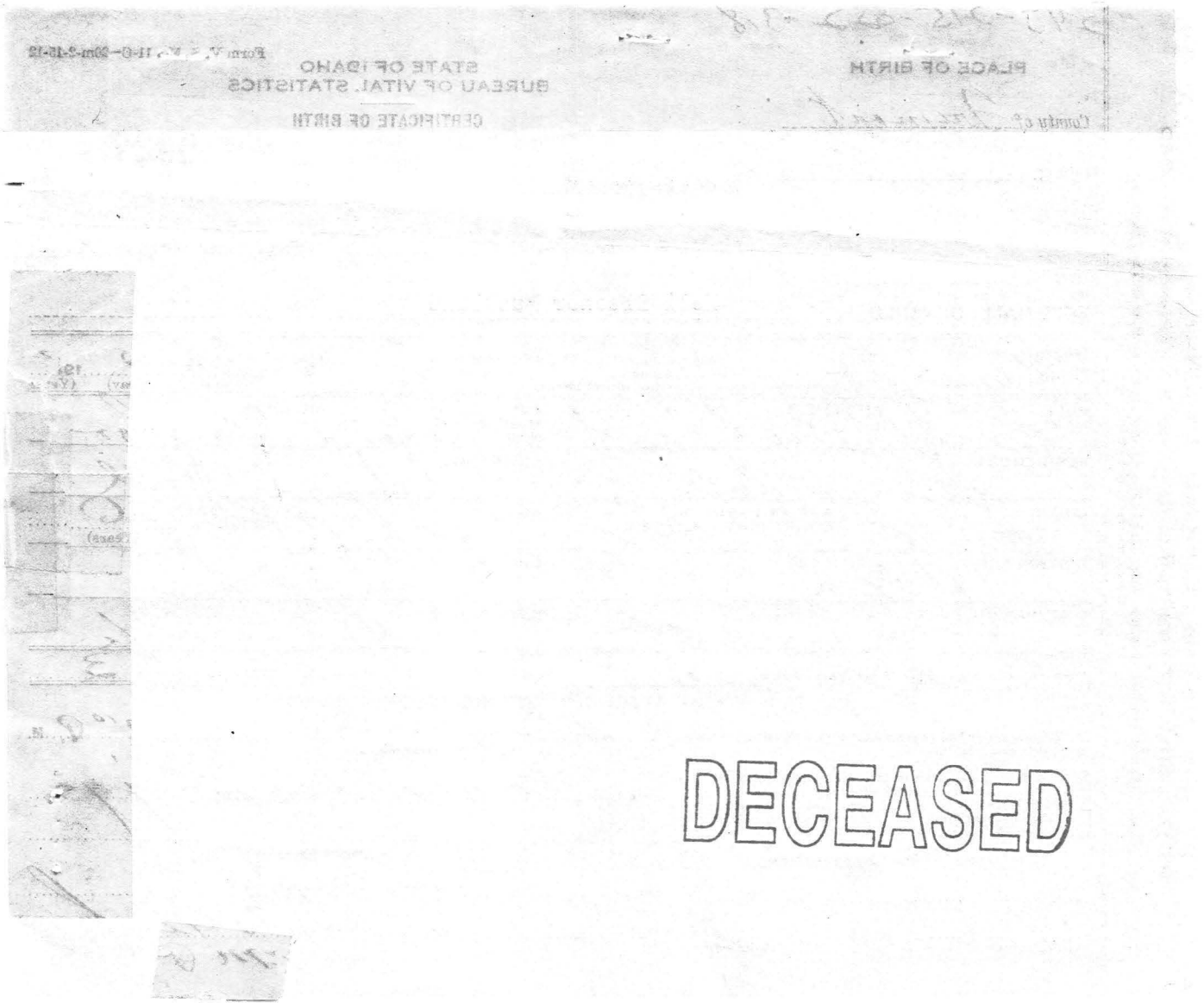
..... 19.....

Filed Nov 9 1912 Roy H Fisher

..... Registrar

S-Y CO. 20174

Registrar


DECEASED

IDAHO DEPARTMENT OF HEALTH

BUREAU OF VITAL STATISTICS

RECEIVED
BUREAU OF VITAL STATISTICS
MAR 12 12 47 PM '73

Affidavit to Correct or Amend An Original Certificate of Birth or Death

State of Idaho
County of Bonneville } ss.

Certificate No. 9927

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of birth (Birth or Death)
for Unnamed Buckland (Female) who was born on Oct. 15, 1912
(Name on Original Certificate) (Was Born or Died) (Date of Event)
in Sunnydell, ID are erroneous or were omitted; and that, to the best of his knowledge, the
(Place of Event)
true facts are shown by Baptismal Record (attached) prepared on 7/18/41, are:
(Bible Record, Insurance Policy, Etc.) (Give Date)

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
Child's name	Unnamed	Nell Eleanor Buckland

Subscribed and sworn to before me this 7 day of March, 1973

C E Jacoby
Notary Public, residing at Idaho Falls Idaho
My commission expires 5/12/74
(Seal)

X Signed Mrs. Jack Meyers
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

234-10-16th - Idaho Falls, Idaho
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Idaho
County of Bonneville } ss.

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 7 day of March, 1973

C E Jacoby
Notary Public, residing at Idaho Falls Idaho
My commission expires 5/12/74
(Seal)

Signed Mrs. Jack Meyers
(Signature of Any Credible Person)

234-10-16th Idaho Falls, Idaho
(Street Address, City, State)

FORM DH 60-155 CL 2/4/70 nm

Certificate of Baptism and Confirmation from LDS Church gives name as Nell Eleanor Bradford daughter of Claude J. Buckland and Eliza Taylor. Born Oct. 5, 1912. Was Baptized July 5, 1941. Was Confirmd. July 6, 1941. Viewed by V. S.

MAY 24 1973

Marriage License from Idaho gives groom's name as Lew Bradford and the bride's name as Nell Buckland. Dated Jan. 10,1931. Viewed by V.

556-219-022-864

PLACE OF BIRTH

Form V. S. No. 11—10m-6-20-11

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

County of Fremont

City of Herbert

Registration District No. 9 File No. 9929

No. ; St.

Primary Registration District No. 2039 Registered No. 635

Hospital

FULL NAME OF CHILD Gladys Bernice Newby

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	and { Number in order of birth }	Legitimate?	Date of birth (Month) (Day) (Year)
Female			Yes	May 19, 1912

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	Nicholas F. Newby	Isabella Geldon
RESIDENCE	Hyber Ft.	Hyber Ft.
COLOR	White	White
AGE AT LAST BIRTHDAY (Years)	47	47
BIRTHPLACE	England	England
OCCUPATION	Farmer	Housewife

Number of child of this mother, including present birth 13

Number of children, of this mother, now living, including present birth 11

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive, at M. on the date above stated.

(Born alive ~~or stillborn~~)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Roscoe Clark

(Physician or Midwife)

Address Herbert, Ida.

Given name added from a supplemental report

, 19

Filed Nov. 1.0 1912 Ray N. Brinker

Registrar

Registrar

S-Y CO., 16669

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at a birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

12

MAY 2 0 1943

NOV 2 6 1974

DECEASED

556-224-02-269

PLACE OF BIRTH

Form V. S. No. 11—10m-6-20-11

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

County of Fremont

City of Hibbert

No. ..... St.

Registration District No. 9 File No. 9930

Primary Registration District No. 2039 Registered No. 36

Hospital

FULL NAME OF CHILD Nada Newby

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	and (Number in order of birth)	Legitimate?	Date of birth (Month) (Day) (Year)
Female			Yes	Sept. 24, 191.2

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	Nicholas F. Newby Jr	Lounida Barber
RESIDENCE	Hibbert	Hibbert
COLOR	White	White
AGE AT LAST BIRTHDAY (Years)	25	24
BIRTHPLACE	England	Idaho.
OCCUPATION	Farmer	Housewife.

Number of child of this mother, including present birth 4

Number of children, of this mother, now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive ~~or stillborn~~ at 10 a. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Rosina Pfost

~~(Physician~~ or Midwife)

Address Hibbert Ida

Filed Nov. 10 1912 Roy S. Tucker Registrar

Given name added from a supplemental report

....., 19.....

Registrar

S-Y CO., 16669

MARGIN RESERVED FOR BINDING

WRITE PLAINLY. WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at a birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

MAR 4 1955

766 - 328 - 02 - 343

PLACE OF BIRTH

Form V. S. No. 11—10m-6-20-11

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

County of Fremont

City of Herbert

Registration District No. 9 File No. 9931

No. ....., ... St.

Primary Registration District No. 2039 Registered No. 637

Hospital .....

FULL NAME OF CHILD Violet Minnie Post

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	and (Number in order of birth)	Legitimate?	Date of birth (Month) (Day) (Year)
Female			Yes	Sept. 28, 1917

FATHER		MOTHER	
FULL NAME	C. W. Post	FULL MAIDEN NAME	Malouka Lutby
RESIDENCE	Herbert	RESIDENCE	Herbert
COLOR	White	AGE AT LAST BIRTHDAY (Years)	39
COLOR	White	AGE AT LAST BIRTHDAY (Years)	26
BIRTHPLACE	Germany	BIRTHPLACE	Switzerland
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth ..... 5 .....

Number of children, of this mother, now living, including present birth ..... 4 .....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was ..... Born alive ..... at 12:30 P. M. on the date above stated.

(Born alive or ~~stillborn~~)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Roscoe Post

(Physician or ~~Midwife~~)

Address Herbert, Ida

Given name added from a supplemental report

....., 19.....

Filed Nov. 10 1917 Ray H. Fisher Registrar

S-Y CO., 16669 ..... Registrar

Ja. m D.

MARGIN RESERVED FOR BINDING

WRITE PLAINLY. WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at a birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

MAR 5 1964

MARGIN RESERVED FOR BINDING

WRITE PLAINLY. WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at a birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

219-105-022-969

PLACE OF BIRTH

Form V. S. No. 11—10m-6-20-11

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

County of Fremont

City of Hibbert

Registration District No. 9 File No. 9932

No. ____, ____ St.

Primary Registration District No. 2039 Registered No. 638

Hospital

FULL NAME OF CHILD Louis Arthur Barber

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Male			Yes	Sept. 5, 1912

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	Emil Barber	Marie A. Romanenkamp
RESIDENCE	Herbert	Herbert
COLOR	White	White
AGE AT LAST BIRTHDAY (Years)	27	22
BIRTHPLACE	Utah	Idaho.
OCCUPATION	Farmer	Dressmaker.

Number of child of this mother, including present birth 1

Number of children, of this mother, now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive ~~or stillborn~~) at 8 A. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Rosina Rhat

~~Physician~~ or Midwife)

Given name added from a supplemental report

....., 19.....

Registrar

Address Herbert Idaho

Filed Nov. 10 1912 R. H. Fisher

Registrar

S-Y CO., 16669

275-121-022-313

Form V. S. No. 11—10m-6-20-11

PLACE OF BIRTH

STATE OF IDAHO
Bureau of Vital Statistics
CERTIFICATE OF BIRTH

County of Fremont

City of Rexburg — Registration District No. 9 — File No. 9933

No. ____, ____ St. — Primary Registration District No. 2039 — Registered No. 634

Hospital

FULL NAME OF CHILD Kenneth Spencer

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Male			Yes	Oct. 21, 191.2

FATHER		MOTHER	
FULL NAME	William J. Spencer	FULL MAIDEN NAME	Annie Sell
RESIDENCE	Hibbard	RESIDENCE	Hibbard
COLOR	White	AGE AT LAST BIRTHDAY (Years)	35
BIRTHPLACE	Utah	COLOR	White
OCCUPATION	Farmer	AGE AT LAST BIRTHDAY (Years)	31
		BIRTHPLACE	Utah
		OCCUPATION	Housewife

Number of child of this mother, including present birth 6 — Number of children, of this mother, now living, including present birth 6

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born Alive (Born alive or stillborn), at 8 45 P M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given name added from a supplemental report

....., 19.....

.....
Registrar

(Signature) G. G. Capps

(Physician or ~~Midwife~~)

Address Ray Station, Ida.

Filed Nov. 10 1912 Ray S. Fisher
Registrar

S-Y CO., 16669

MARGIN RESERVED FOR BINDING

WRITE PLAINLY. WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at a birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

297-106-022-415

PLACE OF BIRTH

County of Fremont

City of Rexburg

No. ..... St.

Hospital .....

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

Form V. S. No. 11—10m-6-20-11

Registration District No. 9 File No. 9934

Primary Registration District No. 2039 Registered No. 640

FULL NAME OF CHILD Harold D. Bigler

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Male			Yes	Oct. 6, 191.2

FATHER		MOTHER	
FULL NAME	Merel Bigler	FULL MAIDEN NAME	Mattie Davidson
RESIDENCE	Rexburg	RESIDENCE	Rexburg
COLOR	White	AGE AT LAST BIRTHDAY (Years)	27
COLOR	White	AGE AT LAST BIRTHDAY (Years)	21
BIRTHPLACE	Utah	BIRTHPLACE	Utah
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 1

Number of children, of this mother, now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or ~~stillborn~~), at 1105 P.M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) G. G. Cooper

(Physician or ~~Midwife~~)

Address Rexburg, Ida.

Given name added from a supplemental report

....., 19.....

Filed Nov. 10 19.12 Roy H. Fisher

Registrar

S-Y CO., 16669

Registrar

a.m.b.

MARGIN RESERVED FOR BINDING

WRITE PLAINLY. WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at a birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

JUN 29 1967

296-201-022-219

PLACE OF BIRTH

Form V. S. No. 11—10m-6-20-11

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

County of Fremont

City of Wilford

No. ..... St.

Registration District No. 9 File No. 9935

Primary Registration District No. 2039 Registered No. 641

Hospital

FULL NAME OF CHILD Hazel Evaline Brower

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Female			Yes	Sept. 1, 1912

FATHER		MOTHER	
FULL NAME	Joseph A. Brower	FULL MAIDEN NAME	Hazel Bunn
RESIDENCE	Wilford	RESIDENCE	Wilford
COLOR	White	AGE AT LAST BIRTHDAY (Years)	38
BIRTHPLACE	Utah	COLOR	White
OCCUPATION	Painter	AGE AT LAST BIRTHDAY (Years)	22
		BIRTHPLACE	Utah
		OCCUPATION	Housewife

Number of child of this mother, including present birth 1

Number of children, of this mother, now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive ~~or stillborn~~), at 2:30 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Bell Riggs

(Physician or Midwife)

Address Teton, Ida.

Given name added from a supplemental report

....., 19.....

Filed Nov. 10 1912 Ray H. Fuller Registrar

a.m.

Registrar

S-Y CO., 16669

MARGIN RESERVED FOR BINDING

WRITE PLAINLY. WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at a birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

125-222-022-449

Form V. S. No. 11-C—20m-2-15-12

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Fremont

City of Victor

No. ..... St.

Hospital

Registration District No. 9 File No. 9938

Primary Registration District No. 2039 Registered No. 644

FULL NAME OF CHILD Laura Fay Abegglen

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Female			Yes	Oct 22 1912

FATHER		MOTHER	
FULL NAME	Conrad Abegglen	FULL MAIDEN NAME	Magdalena Murri
RESIDENCE	Wilford	RESIDENCE	Wilford
COLOR	White	AGE AT LAST BIRTHDAY (Years)	55
BIRTHPLACE	Switzerland	COLOR	White
OCCUPATION	Gardener	AGE AT LAST BIRTHDAY (Years)	46
		BIRTHPLACE	Switzerland
		OCCUPATION	Housewife

Number of child of this mother, including present birth 15

Number of children of this mother now living, including present birth 12

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive, at 11 P. M. on the date above stated.
(Born alive ~~or stillborn~~)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Mary Dawson

~~(Physician~~ or midwife)

Address Victor Ida R.F.D. 1

Given names added from a supplemental report

..... 19.....

Filed Nov 9 1912 Ray H. Swipes
Registrar

..... Registrar

6-Y CO. 20174

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

MARGIN RESERVED FOR BINDING

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

FEB 16 1942

432-208-02-452

PLACE OF BIRTH

County of Fremont

City of Teton

No. ..... St.

Hospital .....

Form V. S. No. 11-C—20m-2-15-12

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 9 File No. 9939

Primary Registration District No. 2039 Registered No. 615

FULL NAME OF CHILD Xenia McKinlay.

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Female			Yes	July 8 1912

FATHER		MOTHER	
FULL NAME	James W. McKinlay	FULL MAIDEN NAME	Josephine Mesery.
RESIDENCE	Teton	RESIDENCE	Teton
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	41 (Years)	AGE AT LAST BIRTHDAY	33 (Years)
BIRTHPLACE	Scotland	BIRTHPLACE	Utah
OCCUPATION	Farmer.	OCCUPATION	Housewife

Number of child of this mother, including present birth 6

Number of children of this mother now living, including present birth 6

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born Alive, at 5 P. M. on the date above stated.
(Born alive ~~or stillborn~~)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Ben Rigas.

(~~Physician or~~ midwife)

Address Teton, Idaho.

Given names added from a supplemental report

..... 19.....

Filed Nov. 19 19 12 Ray H. Fisher
Registrar

S-Y CO. 20174

Registrar

W. W. P.

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

MAY 8 1970

251-201-022-259

Amended 4/5/77

Form V. S. No. 11-C—20m-2-15-12

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Fremont

City of Burton

No. ..... St.

Hospital .....

Registration District No. 9

Primary Registration District No. 2039

File No. 9240

Registered No. 619

FULL NAME OF CHILD Mae Della Beattie

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Female			Yes	Oct. 1 1912

FATHER		MOTHER	
FULL NAME	Henry W. Beattie	FULL MAIDEN NAME	Lillie Victoria Bergendorff
RESIDENCE	Burton	RESIDENCE	Burton
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	26 (Years)	AGE AT LAST BIRTHDAY	23 (Years)
BIRTHPLACE	Utah	BIRTHPLACE	Indian Territory
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 2

Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive, at 12 15 P.M. on the date above stated.

(Born alive ~~or stillborn~~)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Almira M. Nelson

Midwife

(~~Physician or~~ midwife)

Given names added from a supplemental report

..... 19.....

Address .....

Filed Nov. 15 1912 Ray H. Fisher

..... Registrar

S-Y CO. 20174 Registrar

B.V.S.

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

SEP 20 1974

IDAHO DEPARTMENT OF HEALTH

BUREAU OF VITAL STATISTICS

Affidavit to Correct or Amend An Original Certificate of Birth or Death

State of ..... } ss.
County of ..... }

2 48 PM '77

Certificate No. 9940

Date Filed .....

The undersigned does solemnly swear that certain facts on the certificate of birth (Birth or Death)
for Mae Della Beatty (Name on Original Certificate) who was born (Was Born or Died) on Oct. 1, 1912 (Date of Event)
in Burton, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts are shown by ..... (Bible Record, Insurance Policy, Etc.) prepared on ..... (Give Date), are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
child's name (Last)	Beatty	Beattie
father's last name	Beatty	Beattie

Subscribed and sworn to before me this 7th day of September, 19 77

Adma S. Bean

Notary Public, residing at Dubois

My commission expires 11-20-78

(Seal)

Signed Elsie D. Smith
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Idaho } ss.
County of Fremont }

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 7th day of March, 19 77

Adma S. Bean

Notary Public, residing at Dubois Idaho

My commission expires 11-20-78

(Seal)

Signed Vern Swanson
(Signature of Any Credible Person)

(Street Address, City, State)

FORM DH 60-155

CL 9/20/78 Adma S. Bean, Notary

Certif of Baptism and Confirmation from the LDS Church gives name as Robert Wayne Hoopes son of Horace Wylie Hoopes and Mae Della Beattie. born Dec 14, 1943 at Rexburg, Idaho. Baptized Jan 5, 1952 viewed by V. S.

APR 6 1977

Family Group record ~~from this~~ for Henry Watson Beattie and Lillie Victoria Bergendorf. child's name a given as Mae Della Beattie. born Oct 1, 1912 at Burton, Idaho. viewed by V. S.

714-207-022-815

PLACE OF BIRTH

Form V. S. No. 11-C—20m-2-15-12

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Fremont

City of Menan

Registration District No. 9

File No. 9941

No. ..... St.

Primary Registration District No. 2040

Registered No. 708

Hospital .....

FULL NAME OF CHILD .....

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Female			Yes	Nov. 7 1912

FATHER	MOTHER
FULL NAME George Paulsen	FULL MAIDEN NAME Emily Hanson
RESIDENCE Menan	RESIDENCE Menan
COLOR White	COLOR White
AGE AT LAST BIRTHDAY 37 (Years)	AGE AT LAST BIRTHDAY 31 (Years)
BIRTHPLACE Utah	BIRTHPLACE Utah
OCCUPATION Farmer	OCCUPATION Housewife

Number of child of this mother, including present birth 9

Number of children of this mother now living, including present birth 7

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive ~~or stillborn~~), at 12:50 A. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. E. Neltan

(Physician or midwife)

Address Menan Idaho

Given names added from a supplemental report

..... 19.....

Filed Dec. 10 1912 Ray D. Gardner

..... Registrar

Registrar

S-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

869-226-022-845

Form V. S. No. 11-C—20m-2-15-12

PLACE OF BIRTH

County of Fremont

City of Newan

No. ..... St.

Hospital .....

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 9 File No. 9942

Primary Registration District No. 2040 Registered No. 709

FULL NAME OF CHILD Ruby Akka York

Sex of Child	Twin / Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Female			Yes	Nov. 24 1912

FATHER		MOTHER	
FULL NAME	George York	FULL MAIDEN NAME	Ida Hunting
RESIDENCE	Newan	RESIDENCE	Newan
COLOR	white	COLOR	white
AGE AT LAST BIRTHDAY	21 (Years)	AGE AT LAST BIRTHDAY	18 (Years)
BIRTHPLACE	Montana	BIRTHPLACE	Idaho.
OCCUPATION	Fireman	OCCUPATION	Housewife.

Number of child of this mother, including present birth 1

Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 9:30 a. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. E. Milton

(Physician or midwife)

Address Newan

Given names added from a supplemental report

..... 19.....

Filed Dec. 10 1912 Rupert Tinker Registrar

..... Registrar

S-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

PLACE OF BIRTH

799-122-022-993

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Form V. S. No. 11-C—20m-2-15-12

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Fremont

Name added 5-14-79

City of Rigby

Registration District No. 9

File No. 9943

No. ____ St.

Primary Registration District No. 2040

Registered No. 710

Hospital ____

FULL NAME OF CHILD Henry Alfred Griffin

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Male			Yes	Nov. 22 1912

FATHER		MOTHER	
FULL NAME	Henry Griffin	FULL MAIDEN NAME	Mary E. Richardson
RESIDENCE	Rigby	RESIDENCE	Rigby
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	33	AGE AT LAST BIRTHDAY (Years)	24
BIRTHPLACE	Utah	BIRTHPLACE	Idaho
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 2

Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 10:30 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) A. M. Palmer

(Physician or ~~midwife~~)

Address Rigby, Idaho

Given names added from a supplemental report

19

Filed Dec. 30 1912 Ray H. Hughes

Registrar

S-Y CO. 20174

Registrar

DEC 13 1976

IDAHO DEPARTMENT OF HEALTH
BUREAU OF VITAL STATISTICS

RECEIVED
BUREAU OF
VITAL STATISTICS

Affidavit to Correct or Amend An Original Certificate of Birth or Death

State of ..... } ss.
County of ..... }

APR 3 2 13 PM '79

Certificate No. 9943

Date Filed .....

The undersigned does solemnly swear that certain facts on the certificate of birth (Birth or Death)
for Unnamed Griffin (Male) (Name on Original Certificate) who was born (Was Born or Died) on Nov 22, 1912 (Date of Event)
in Rigby, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts are shown by ..... (Bible Record, Insurance Policy, Etc.) prepared on ..... (Give Date), are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
child's name	Unnamed	Henry Alfred Griffin

Subscribed and sworn to before me this 6 day of
Jan, 19 77
Notary Public, residing at Aberdeen
My commission expires 8-21-80
(Seal)

Signed Mary E Griffin
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of ..... } ss.
County of ..... }

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this ..... day of
....., 19.....

Notary Public, residing at .....
My commission expires .....
(Seal)

Signed .....
(Signature of Any Credible Person)

(Street Address, City, State)

FORM DH 60-155 12/13/76 (fremont Co.)

photocopy of membership certificate Young Men's Mutual Improvement Associations of the LDS Church #4592 signed by Moroni Snow, General Secretary, states "Henry A. Griffin, Jr. of Rigby 1st Ward"dated November 18, 1926--viewed by VS

Photocopy of certificate of baptism and confirmation, LDS Church, Rigby 1st Ward signed by O.S. Cordon, Bishop states Henry Alfred Griffin son of Henry A. T. and Mary E. Richardson born November 22, 1912 in Rigby, Jefferson County, Idaho was baptized Feb. 5, 1921--viewed by VS

MAY 15 1979

692 103-022-212

PLACE OF BIRTH

County of Fremont

City of Annis

No. ____ St.

Hospital ____

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

Form V. S. No. 11-C—20m-2-15-12

CERTIFICATE OF BIRTH

Registration District No. 9 File No. 9944

Primary Registration District No. 2040 Registered No. 707

FULL NAME OF CHILD Eldon Lehi Fisher

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Male			Yes	Dec 3 1912

FATHER	MOTHER
FULL NAME A. L. Fisher	FULL MAIDEN NAME Martha Baker
RESIDENCE Annis	RESIDENCE Annis
COLOR White	COLOR White
AGE AT LAST BIRTHDAY 30 (Years)	AGE AT LAST BIRTHDAY 21 (Years)
BIRTHPLACE Idaho	BIRTHPLACE Wyoming
OCCUPATION Farmer	OCCUPATION Housewife

Number of child of this mother, including present birth 2

Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 7:30 A. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. E. Mellon

(Physician or midwife)

Address Menan

Given names added from a supplemental report

....., 19.....

Registrar

Filed Dec 10 1912 Rupert Idaho

Registrar

S-Y CO. 20174

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

MARGIN RESERVED FOR BINDING

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

IDAHO DEPARTMENT OF HEALTH

BUREAU OF VITAL STATISTICS

Affidavit to Correct or Amend An Original Certificate of Birth or Death

RECEIVED BUREAU OF VITAL STATISTICS MAR 12 33 PM '75

State of Idaho
County of Jefferson

Certificate No. 9944

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of birth (Birth or Death)
for Unnamed Fisher (Male) (Name on Original Certificate) who was born (Was Born or Died) on Dec. 3, 1912 (Date of Event)
in Annis, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the true facts are shown by (Bible Record, Insurance Policy, Etc.) prepared on (Give Date), are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
child's name	Unnamed	Eldon Lehi Fisher

Subscribed and sworn to before me this 6th day of May, 1975

Notary Public, residing at Rexburg, Idaho
My commission expires 9-24-76
(Seal)

Signed Parker A. Heaton Jr.
(Signature of patent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of
County of } ss.

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this day of , 19

Notary Public, residing at
My commission expires
(Seal)

Signed
(Signature of Any Credible Person)

(Street Address, City, State)

FORM DH 60-155

CL 3/18/75 nm

Certif. of Blessing from the LDS Church gives name as Elden Lehi Fisher born Dec. 3, 1912. son of Alma L. Fisher and Martha P. Baker. Blessed April 30, 1913. viewed by. V. S.

MAY 23 1975

Insurance policy from Beneficial Life Ins. Co. gives name as Eldon L. Fisher. dated Feb. 18, 1949. viewed by V. S.

NOV 10 1976

696-110-022-467

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Form V. S. No. 11-C—20m-3-15-12

PLACE OF BIRTH

County of Fremont

City of Lewisville

No. _____ St.

Hospital _____

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 9 File No. 9945

Primary Registration District No. 2040 Registered No. 704

FULL NAME OF CHILD _____

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Male			Yes	Oct. 10 1912

FATHER		MOTHER	
FULL NAME	William Tife	FULL MAIDEN NAME	Rosetta Dorr
RESIDENCE	Lewisville	RESIDENCE	Lewisville
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	35	AGE AT LAST BIRTHDAY (Years)	35
BIRTHPLACE	Utah	BIRTHPLACE	Utah
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 6

Number of children of this mother now living, including present birth 5

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 10 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) R. D. Tucker

(Physician or midwife)

Address Lewisville

Given names added from a supplemental report

_____ 19____

_____ Registrar

Filed Dec. 10 19 12 Ray W. Fuhriman Registrar

a m P.

S-Y CO. 20174

PLACE OF BIRTH

SEP 27 1968

893-101-022-693

Form V. S. No. 11-C—20m-2-15-12

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH

County of Fremont Grant

City of Lewisville

No. ..... St.

Hospital .....

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 9 File No. 9946

Primary Registration District No. 2040 Registered No. 705

FULL NAME OF CHILD Ernest William Hicks

Sex of Child	Twin / Triplet or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Male			Yes	Nov. 1 1912

FATHER		MOTHER	
FULL NAME	Walter Hicks	FULL MAIDEN NAME	Louisa Wilson
RESIDENCE	Grant	RESIDENCE	Grant
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	22 (Years)	AGE AT LAST BIRTHDAY	19 (Years)
BIRTHPLACE	Utah	BIRTHPLACE	England
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 1

Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 7 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) R. D. Tucker

(Physician or midwife)

Address Lewisville

Filed Dec. 10 1912 Ray H. Fuller Registrar

C. M. P.

Given names added from a supplemental report

..... 19.....

..... Registrar

S-Y CO. 20174

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of Idaho } ss.
County of Jefferson }

JAN 24 1942

Certificate No. 9946

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of Birth Legran Hicks
(BIRTH OR DEATH)
for Ernest Legrand Hicks (NAME ON ORIGINAL CERTIFICATE) who was born (WAS BORN OR DIED) on November 8, 1912 (DATE OF EVENT)
in Grant (PLACE OF EVENT) are erroneous or were omitted; and that, to the best of his knowledge, the true facts as shown by ---- (BIBLE RECORD, INSURANCE POLICY, ETC.) prepared on ---- (GIVE DATE), are:

FACTS TO BE CORRECTED ("NAME", "BIRTH DATE", "CAUSE OF DEATH", ETC.)	FROM (AS ON ORIGINAL)	TO (THE CORRECT FACTS)
name	Enrest William Hix	Ernest LaGrand Hicks
name of father	Walter Hix	Walter Hicks

Subscribed and sworn to before me this 23rd day of January, 1942

Notary Public, residing at Rigby, Idaho
My commission expires June 10, 1944
(SEAL)

Signed Louise Wilson Hicks
(SIGNATURE OF PARENT OR ATTENDANT IF CORRECTING A BIRTH RECORD; OF ATTENDANT, FUNERAL DIRECTOR, INFORMANT IF CORRECTING A DEATH RECORD; OR OTHER CREDIBLE PERSON.)

Route #1, Rigby, Idaho
(STREET ADDRESS, CITY, STATE)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Idaho } ss.
County of Jefferson }

[THIS AFFIDAVIT MUST ALSO BE EXECUTED. (SEE CHAPTER 139, 1937 IDAHO SESSION LAWS.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 23rd day of January, 1942

Notary Public, residing at Rigby, Idaho
My commission expires June 10, 1944
(SEAL)

Signed Eldred Lee
(SIGNATURE OF ANY CREDIBLE PERSON OTHER THAN PREVIOUS AFFIANT.)

Route # 1, Rigby, Idaho
(STREET ADDRESS, CITY, STATE)

Received for filing on JAN 24 1942 By
(REGISTRAR'S SIGNATURE)

JAN 31 1942

STATE OF IDAHO

DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of Idaho } ss.
County of Jefferson }

Certificate No. 9940

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of (BIRTH OR DEATH)

for Ernest Leonard Hicks (NAME ON ORIGINAL CERTIFICATE) who was born (WAS BORN OR DIED) on September 7, 1912 (DATE OF EVENT)

in Osgood (PLACE OF EVENT) are erroneous or were omitted; and that, to the best of his knowledge, the true facts as shown by (BIBLE RECORD, INSURANCE POLICY, ETC.) prepared on ---- (GIVE DATE), are:

FACTS TO BE CORRECTED ("NAME", "BIRTH DATE", "CAUSE OF DEATH", ETC.)	FROM (AS ON ORIGINAL)	TO (THE CORRECT FACTS)
Name	Ernest William Hicks	Ernest Leonard Hicks
Age 3 Years	Date Unknown	Sept 7 1912

Subscribed and sworn to before me this 31st day of January, 1942.

Signed [signature]
(SIGNATURE OF PARENT OR ATTENDANT IF CORRECTING A BIRTH RECORD OR ATTENDANT, FUNERAL DIRECTOR, INFORMANT IF CORRECTING A DEATH RECORD; OR OTHER CREDIBLE PERSON.)

Notary Public, residing at Terry, Idaho
(POST OFFICE ADDRESS, CITY, STATE)

My commission expires June 10, 1944.
(SEAL)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

(THIS AFFIDAVIT MUST ALSO BE EXECUTED IF CHANGE IS MADE IN NAME OF PARENT SHOWN ON ORIGINAL CERTIFICATE.)
(SEE CHAPTER 156, 1937 IDAHO SESSION LAWS.)

State of Idaho } ss.
County of Jefferson }

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this ---- day of ----, 19--.

Signed ----
(IF DIFFERENT FROM PERSON MAKING FIRST AFFIDAVIT.)

Notary Public, residing at ----
(POST OFFICE ADDRESS, CITY, STATE)

My commission expires ----.
(SEAL)

Received for filing on ---- By ----
(REGISTRAR'S SIGNATURE)

867-124-022-313

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Form V. S. No. 11-C—20m-2-15-12

PLACE OF BIRTH

County of Fremont

City of Rigby

No. ____ St.

Hospital ____

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 9 File No. 9947

Primary Registration District No. 2040 Registered No. 706

FULL NAME OF CHILD ____

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Male			Yes	May 29 1912

FATHER		MOTHER	
FULL NAME	Ralph L. Hoggan	FULL MAIDEN NAME	Hazel Teall
RESIDENCE	Rigby	RESIDENCE	Rigby
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	34	AGE AT LAST BIRTHDAY (Years)	26
BIRTHPLACE	Utah	BIRTHPLACE	Utah
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 3

Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive, at 11:20 P. M. on the date above stated.

(Born alive ~~or stillborn~~)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Ray H. Tucker

(Physician or midwife)

Address Rigby, Idaho

Given names added from a supplemental report

....19....

Filed Dec 6 1912 Ray H. Parker

....Registrar

S-Y CO. 20174

Registrar

APR 24 1967

622-116-022-559

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Form V. S. No. 11-C—20m-2-15-12

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

PLACE OF BIRTH

County of Fremont

City of Lewisville

No. ..... St.

Hospital .....

Registration District No. 9 File No. 9948

Primary Registration District No. 2040 Registered No. 703

FULL NAME OF CHILD Jesse Walter Osborne

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth
Male			Yes	Sept. 16 (Month) (Day) 1912 (Year)

FATHER		MOTHER	
FULL NAME	Walter Osborne	FULL MAIDEN NAME	Lizzie Nelson
RESIDENCE	Lewisville	RESIDENCE	Lewisville
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	30 (Years)	AGE AT LAST BIRTHDAY	22 (Years)
BIRTHPLACE	England	BIRTHPLACE	Utah
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 1

Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 10 a M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) R. D. Tucker

(Physician or midwife)

Address Lewisville

Given names added from a supplemental report

..... 19.....

Filed Dec 18 1912

..... Registrar

Ray Tucker M.D. Registrar

S-Y CO. 20174

119-204-022-759

PLACE OF BIRTH

Form V. S. No. 11-C—20m-2-15-12

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Fremont

City of Lewisville Registration District No. 9 File No. 9949

No. St. Primary Registration District No. 2040 Registered No. 702

Hospital

FULL NAME OF CHILD Vera Jardine

Sex of Child	Twin Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Female			Yes	Nov. 4 1912

FATHER	MOTHER
FULL NAME John William Jardine	FULL MAIDEN NAME Rhoda Tucker
RESIDENCE Lewisville	RESIDENCE Lewisville
COLOR White AGE AT LAST BIRTHDAY 28 (Years)	COLOR White AGE AT LAST BIRTHDAY 24 (Years)
BIRTHPLACE Idaho.	BIRTHPLACE Idaho.
OCCUPATION Farmer	OCCUPATION Housewife.

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 9 a. M. on the date above stated.

(Signature) R. D. Tucker

(Physician or midwife)

Address Lewisville

Filed Dec. 10 1912 Ray Tucker Registrar

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report

.....19.....

.....Registrar

S-Y CO. 20174

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

WRITE PLAINLY, WITH UNFADING INK

JUN 30 1844

866-121-022-483

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Form V. S. No. [illegible]

PLACE OF BIRTH

County of Fremont

City of Lewisville

No. ..... St.

Hospital .....

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 9 File No. 9950

Primary Registration District No. 2040 Registered No. 701

FULL NAME OF CHILD .....

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Male			Yes	Nov 24 1912

FATHER		MOTHER	
FULL NAME	Harry Howard	FULL MAIDEN NAME	Alice Myler
RESIDENCE	Lewisville	RESIDENCE	Lewisville
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	42	AGE AT LAST BIRTHDAY (Years)	30
BIRTHPLACE	Utah	BIRTHPLACE	Utah
OCCUPATION	Laborer	OCCUPATION	Housewife

Number of child of this mother, including present birth 6

Number of children of this mother now living, including present birth .....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 8 a M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) R. D. Tucker

(Physician or midwife)

Address Lewisville

Given names added from a supplemental report

..... 19.....

Filed Dec 12 19 12 Roy H Gyp Deputy

..... Registrar

8-Y CO. 20174 Registrar

693-208-022-414

Form V. S. No. 11-C—20m-2-15-12

PLACE OF BIRTH

County of Fremont

City of Rigby

No. ..... St.

Hospital .....

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 9 File No. 9951

Primary Registration District No. 2040 Registered No. 699

FULL NAME OF CHILD Not named

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Female			Yes	Nov. 8 1912

FATHER

FULL NAME Ezra Orton

RESIDENCE Rigby

COLOR White AGE AT LAST BIRTHDAY 33 (Years)

BIRTHPLACE Utah

OCCUPATION Farmer

MOTHER

FULL MAIDEN NAME Edith Medsen

RESIDENCE Rigby

COLOR White AGE AT LAST BIRTHDAY 30 (Years)

BIRTHPLACE Utah

OCCUPATION Housework

Number of child of this mother, including present birth 6 Number of children of this mother now living, including present birth 5

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive at 3 a. M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Ray H Fisher

(Physician or midwife)

Address Rigby Ida

Given names added from a supplemental report

..... 19.....

..... Registrar

Filed Dec 10 1912 Ray H Fisher A. M. P. Registrar

S-Y CO. 20174

WRITE PLAINLY, WITH UNFADING INK—THIS MARGIN RESERVED FOR BINDING

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

PLACE OF BIRTH

County of

618-100-022-459

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Form V. S. No. 11-C—20m-2-15-12

PLACE OF BIRTH

County of Fremont

City of Lorenzo

No. ..... St.

Hospital .....

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 9 File No. 9952

Primary Registration District No. 2040 Registered No. 698

FULL NAME OF CHILD .....

Sex of Child	Twin / Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
M			Yes.	Dec. - 1912

FATHER	MOTHER
FULL NAME Price Raymond	FULL MAIDEN NAME Elsie Merrill
RESIDENCE Lorenzo.	RESIDENCE Lorenzo
COLOR White	COLOR White
AGE AT LAST BIRTHDAY 40 (Years)	AGE AT LAST BIRTHDAY 31 (Years)
BIRTHPLACE Utah	BIRTHPLACE Utah
OCCUPATION Laborer	OCCUPATION Housewife

Number of child of this mother, including present birth 7

Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 8 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) B. A. Price

(Physician or ~~midwife~~)

Address Rigby, Ida.

Given names added from a supplemental report

..... 19.....

Filed Dec 12 1912 Ray S. Hunsaker Registrar

..... Registrar

a mo.

6-Y CO. 20174

331-228-022-962

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Form V. S. No. 11-C

PLACE OF BIRTH

County of Fremont

City of Annis

No. ____ St.

Hospital ____

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 9 File No. 9958

Primary Registration District No. 2040 Registered No. 6

FULL NAME OF CHILD ____

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth	Legitimate?	Date of Birth
Female				Yes	Nov. 2 (Month) (D

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	Charles Clark	Phoebe Ran
RESIDENCE	Annis	Annis
COLOR	White	White
AGE AT LAST BIRTHDAY	28 (Years)	2
BIRTHPLACE	Idaho	Idaho
OCCUPATION	Farmer	Housewife

Number of child of this mother, including present birth 4 Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), on the date above stated, at 7:30 A.M.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Roy H Funk

(Physician or midwife)

Address Rigby Ida

Given names added from a supplemental report

....., 19.....

.....
Registrar

Filed Dec 20 1912 Roy H Funk
C.R.D. Registrar

S-Y CO. 20174

749 - 213-022-963

Form V. S. No. 11-C—20m-2-15-12

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Fremont

City of Rudy

No. ..... St.

Registration District No. 9 File No. 9954

Primary Registration District No. 2040 Registered No. 696

Hospital .....

FULL NAME OF CHILD Anna Alice Purser

Sex of Child	Twin / Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Female			Yes	Nov 13 1912

FATHER		MOTHER	
FULL NAME	Israel Purser	FULL MAIDEN NAME	Bertha Jane Rolfe
RESIDENCE	Rudy	RESIDENCE	Rudy
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	31 (Years)	AGE AT LAST BIRTHDAY	21 (Years)
BIRTHPLACE	Utah	BIRTHPLACE	Idaho.
OCCUPATION	Farmer.	OCCUPATION	Housewife

Number of child of this mother, including present birth 4 Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born Alive (Born alive or stillborn), at 6.40 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) E. M. Rolfe.

(Physician or midwife)

Address Rigby R. F. D. #62

Given names added from a supplemental report

..... 19.....

Filed Dec 16 1912 Ray H. Funk C. M. B.

..... Registrar

S-Y CO. 20174 Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

JUL 13 1966

249-120-022-381

Form V. S. No. 11-C—20m-2-15-12

PLACE OF BIRTH

County of Fremont

City of Sugfield

No. ..... St.

Hospital .....

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 9 File No. 9955

Primary Registration District No. 2040 Registered No. 693

FULL NAME OF CHILD .....

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births) and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Male		Yes	Nov. 20 1912

FATHER		MOTHER	
FULL NAME	Willard Burton	FULL MAIDEN NAME	Vera Chandler
RESIDENCE	Sugfield	RESIDENCE	Sugfield
COLOR	White	AGE AT LAST BIRTHDAY (Years)	34
BIRTHPLACE	Utah		32
OCCUPATION	School Teacher	BIRTHPLACE	Utah
		OCCUPATION	Housewife

Number of child of this mother, including present birth 4

Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 2 00 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Josephine Thompson M.D.

(Physician or midwife)

Address Bonneville Co.

Given names added from a supplemental report

..... 19.....

Filed Dec 10 1912 Registrar

..... Registrar

S-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

569-107-022-598

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Form V. S. No. 11-C—20m-2-15-12

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

PLACE OF BIRTH

County of Fremont

City of Rigby

No. ..... St.

Hospital .....

Registration District No. 9 File No. 9956

Primary Registration District No. 2040 Registered No. 691

FULL NAME OF CHILD ANDREW Clarence Norrew

Sex of Child	Twin, Triplet or other?	and Number in order of birth	Legitimate?	Date of Birth
M.	—	1		Dec 7th 1917 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Mr. Otto Norrew.	FULL MAIDEN NAME	Chesty Nielson
RESIDENCE	Rigby.	RESIDENCE	
COLOR	W.	COLOR	W
AGE AT LAST BIRTHDAY	53 (Years)	AGE AT LAST BIRTHDAY	40 (Years)
BIRTHPLACE	Sweden.	BIRTHPLACE	Denmark.
OCCUPATION	Shoemaker.	OCCUPATION	Housekeeper.

Number of child of this mother, including present birth 6

Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive. (Born alive or stillborn), at 11.30 M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Sarah K. Sexton

(Physician or midwife)

Address Rigby — Idaho

Given names added from a supplemental report

..... 19.....

Filed Dec 10 19 17 Ray W. Fisher

..... Registrar

Registrar

S-Y CO. 20174

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of Idaho } ss.
County of Jefferson }

FEB 12 1942

Certificate No. 9956

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of birth (BIRTH OR DEATH)
for Clarence Noreen (NAME ON ORIGINAL CERTIFICATE) who was born (WAS BORN OR DIED) on Dec. 7, 1912 (DATE OF EVENT)
in Rigby, Route #1 (PLACE OF EVENT) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts as shown by Family Record (BIBLE RECORD, INSURANCE POLICY, ETC.) prepared on at time of birth (GIVE DATE), are:

FACTS TO BE CORRECTED ("NAME", "BIRTH DATE", "CAUSE OF DEATH", ETC.)	FROM (AS ON ORIGINAL)	TO (THE CORRECT FACTS)
name	Clarence Noreen	Andrew Clarence Noreen
name of father	M. Otto Noreen	Mots O. Noreen
date of birth	October 16, 1912	December 7, 1912

Subscribed and sworn to before me this 6th
day of February, 19 42.
George M. Lawson
Notary Public, residing at Menan Idaho.
My commission expires Dec. 12, 1943
(SEAL)

Signed Mrs. Christie Noreen.
(SIGNATURE OF PARENT OR ATTENDANT IF CORRECTING A BIRTH RECORD; OF ATTENDANT, FUNERAL DIRECTOR, INFORMANT IF CORRECTING A DEATH RECORD; OR OTHER CREDIBLE PERSON.)
Rigby, Idaho. R.
(STREET ADDRESS, CITY, STATE)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Idaho } ss.
County of Jefferson }

[THIS AFFIDAVIT MUST ALSO BE EXECUTED. (SEE CHAPTER 139, 1937 IDAHO SESSION LAWS.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 6th
day of February, 19 42
George M. Lawson
Notary Public, residing at Menan, Idaho.
My commission expires Dec. 12, 1943
(SEAL)

Signed A. T. Johnson
(SIGNATURE OF ANY CREDIBLE PERSON OTHER THAN PREVIOUS AFFIANT.)
Rigby, Idaho.
(STREET ADDRESS, CITY, STATE)

Received for filing on FEB 12 19 42 By
(REGISTRAR'S SIGNATURE)

133-215-022-669

Form V. S. No. 11-C—20m-2-15-12

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Jefferson

City of Rigby.

No. ..... St.

Hospital .....

Registration District No. 9 File No. 9957

Primary Registration District No. 9040 Registered No. 688

FULL NAME OF CHILD Hattie Alberga.

Sex of Child	Twin / Triplet or other? (To be answered only in event of plural births)	and — Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
F			Yes.	Oct 15 1917

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	Charles Albert Alberga.	Harriett May Foreman
RESIDENCE	Rigby.	Rigby.
COLOR	W.	W.
AGE AT LAST BIRTHDAY (Years)	34	34
BIRTHPLACE	England.	England.
OCCUPATION	Horseshoemaker.	Housewife

Number of child of this mother, including present birth 6 Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn), at 7:30 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) H. A. Anderson.

(Physician or midwife)

Address Rigby - Idaho.

Given names added from a supplemental report

..... 19.....

Filed Dec 10 19 17 Ray A. Fiske M.D.

..... Registrar

Registrar

8-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

JUN 7 1967

313 - 111-022-495

MARGIN RESERVED FOR BINDING

WRITE PLAINLY. WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Form V. S. No. 11-C—20m-2-15-12

PLACE OF BIRTH

County of Fremont

City of Rigby

No. ____ St.

Hospital ____

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 9 File No. 995

Primary Registration District No. 2040 Registered No. 687

FULL NAME OF CHILD — Not named.

Sex of Child	Twin / Triplet or other?	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
M	(To be answered only in event of plural births)		Yes.	Nov 11 1917

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	John Omer Call.	Lillian Dinsdale
RESIDENCE	Rigby	Rigby.
COLOR	W.	W.
AGE AT LAST BIRTHDAY (Years)	26	24
BIRTHPLACE	Utah.	Utah.
OCCUPATION	Farmer.	Housewife.

Number of child of this mother, including present birth 2

Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn), at 3a. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) H. A. Anderson

(Physician or midwife)

Address Rigby, Idaho

Given names added from a supplemental report

....., 19.....

Filed Dec 19 19 17 Ray H. Funke M.D.

Registrar

Registrar

8-Y CO. 20174

Form V. S. No. 11-C-20m

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

PLACE OF BIRTH

County of

381 - 206 - 022 - 313

Form V. S. No. 11-C—20m-2-15-12

PLACE OF BIRTH

County of Jonnock,

City of Rigby.

No. ____ St.

Hospital ____

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 9 File No. 9959

Primary Registration District No. 2040 Registered No. 686.

FULL NAME OF CHILD Erma Ruth Chandler.

Sex of Child	Twin / Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day)
F.			Yes.	Oct 6

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	Wm J. Chandler.	Mary Nancy Call.
RESIDENCE	Rigby.	Rigby.
COLOR	W.	W.
AGE AT LAST BIRTHDAY (Years)	27	28
BIRTHPLACE	Idaho,	Utah Idaho.
OCCUPATION	School Teacher.	Housewife.

Number of child of this mother, including present birth 3rd. Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn), at 1a. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) H. A. Anderson

(Physician or midwife)

Address Rigby, Idaho.

Given names added from a supplemental report

....., 19.....

Registrar

Filed DEC 10 19 13 Ray S. Fuller M.D.

Registrar

S-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

K

MAR 7 1973

DECEASED

713-128-022-469

Form V. S. No. 11-C—20m-2-15-12

PLACE OF BIRTH

County of Fremont

City of Saint Anthony

No. _____ St.

Hospital _____

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 9 File No. 9960

Primary Registration District No. 2040 Registered No. 684

FULL NAME OF CHILD EMMETT ELIEL GALLUP

Sex of Child	Twin, Triplet or other?	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
M	Twin (To be answered only in event of plural births)	2nd	Yes.	Nov 28 1912

FATHER	MOTHER
FULL NAME AMOS Ubah GALLUP	FULL MAIDEN NAME Lella G. Morgan
RESIDENCE St Anthony	RESIDENCE St Anthony
COLOR W	COLOR W
AGE AT LAST BIRTHDAY 33 (Years)	AGE AT LAST BIRTHDAY 19 (Years)
BIRTHPLACE Utah	BIRTHPLACE Idaho
OCCUPATION Farmer	OCCUPATION Housewife

Number of child of this mother, including present birth 2

Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Alive (Born alive or stillborn) at 1:30 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) H. A. Anderson M.D.

(Physician or midwife)

Address Ragley Idaho

Filed Dec 10 1912 Ray M. Fisher M.D.

Given names added from a supplemental report

_____ 19____

_____ Registrar

Registrar

S-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

PLACE OF BIRTH

County of

Use only BLACK INK or BLACK Record typewriter ribbon in completing this certificate. This certificate MUST be filed with the LOCAL REGISTRAR in the district where the birth occurred WITHIN 10 days after the date of birth of the child. Address correspondence to STATE BUREAU OF VITAL STATISTICS, Boise, Idaho.

United States
Department of Commerce
Bureau of the Census

(Be sure the information is complete and accurate)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. 1760
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH:
   (a) County Jefferson Co (b) City
   (c) Street address or R. F. D. No. Lorenzo RD 1
   (d) Name of Hospital or Maternity Home: At her home
   (e) Mother's stay BEFORE delivery: In Hospital or Maternity Home at home Days; In THIS county 20 years months days

2. USUAL RESIDENCE of MOTHER: (Always fill in these)
   (a) State Idaho (b) County Jefferson
   (c) City Lorenzo RD 1
   (d) Street address of R. F. D. No. RD 1
   (e) How long has MOTHER lived in Idaho? 20 yrs.
   (f) Mother's mailing address (For registration notice): Mrs. Levi Laurey Rexburg RD 2 Idaho
   (Street or R. F. D.) (Postoffice)

3. RESIDENCE OF FATHER (city, state) Same

4. FULL NAME OF CHILD Emmett Eliel Gallup

5. DATE OF BIRTH (Month, day, year) Nov 28th 1912

6. Sex Male

7. Twin or Triplet

If so born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? Yes

FATHER OF CHILD

10. FULL NAME Amos Eliel Gallup

11. Color or Race White

12. Age at time of THIS birth 23 yrs.

13. Birthplace Sevier Co. Utah (City or Town) (State or foreign country)

14. Exact Occupation Farming

15. Industry or Business Agriculture

MOTHER OF CHILD

16. FULL MAIDEN NAME Lola Gertrude Morgan

17. Color or Race White

18. Age at time of THIS birth 20 yrs.

19. Birthplace Labelle Jefferson Co Idaho (City or Town) (State or foreign country)

20. Exact Occupation Housewife

21. Industry or Business Home

OCT 19 1942

22. Name prophylactic used to prevent Ophthalmia Neonatorum Silver Nitrate 1%

23. Number of children of this mother: (a) At time of birth and including this child 1 (b) Born alive and now living 0
   (c) Born alive and now dead 0 (d) Stillborn 0

24. I HEREBY CERTIFY That I attended the birth of this child, who was 1 alive (born alive, stillborn) at 2:30 A. M. on the date and at the place stated above, and that personal particulars were furnished by Lola Morgan Gallup (First name) (Last name), who is related to this child as Mother (Mother, etc.)

26. (a) ..... (Date received) (b) ..... (Registrar's signature)

27. Given name added on ..... by ..... (Registrar's signature)

25. Attendant's OWN signature H. A. Anderson M. D. M. D. (D. O., Midwife, etc.)
and address Rigby, Idaho Date Oct. 6, 1942

LOCAL REGISTRATION OF BIRTHS

SEC. 38-213. All births that occur in the state shall be immediately registered in the districts in which they occur; as hereinafter provided.

SEC. 38-214. SAME: DUTIES OF THE PHYSICIANS AND MIDWIVES. It shall be the duty of the attending physician or midwife to file a certificate of birth, properly and completely filled out, giving all the particulars required by this article, with the local registrar of the district in which the birth occurred, *within* 10 *days after the date of birth;* and if there be no attending physician or midwife, then it shall be the duty of the father or mother of the child, nurse, householder, or owner of the premises, having knowledge of such birth, manager or superintendent of public or private institutions in which birth occurred, to notify the local registrar, within 10 days after the birth, of the fact of such birth having occurred. It shall then, in such case, be the duty of the local registrar to secure the necessary information and signature to make proper certificate of birth: Provided, That in cities, the certificate of birth shall be filed at a less interval than 10 days after the birth, if so required by municipal ordinances of regulations now in force or that may hereafter be enacted.

SEC. 38-215. CERTIFICATES OF BIRTH. The certificate of birth shall be filed out as per blanks for that purpose.

SEC. 38-223. * * * * *, any physician or midwife, in attendance upon a case of confinement, or any other person charged with responsibility for reporting births, in the order named in Sec. 38-214 who shall neglect or refuse to file a proper certificate of birth with the local registrar, within the time required by this article, shall be deemed guilty of a misdemeanor, and, upon conviction thereof, shall be fined not less than $10 nor more than $300.

MEDICAL REPORT

(Not for certified copies)

(To be used for Crippled Children, Maternal & Child Health work)

(a) Pregnancy: Complications of _____

_____

_____

(b) Labor: Complications: _____

_____

_____ Induced? _____

_____

(c) State all operations for delivery _____

_____

_____

(d) Did baby have any:

(1) Congenital Malformation? _____

Describe: _____

(2) Birth Injury? _____

Describe: _____

(3) Was mother given a Wasserman before delivery?

Yes_____ No_____ Pos._____ Neg._____

(e) Signature of Physician:

_____

365-126-022-917

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Form V. S. No. 11-C—20m-2-15-12

PLACE OF BIRTH

County of Fremont

City of Rudy.

No. ..... St.

Hospital .....

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 9 File No. 9962

Primary Registration District No. 2040 Registered No. 683

FULL NAME OF CHILD Henry Vernal Connell

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
M			Yes.	Oct 26 1912

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	Henry G. Samuel Connell	Hattie Luella Topp
RESIDENCE	Rudy.	Rudy.
COLOR	W	W
AGE AT LAST BIRTHDAY (Years)	25.	19.
BIRTHPLACE	Utah.	Utah.
OCCUPATION	Farmer.	Housewife.

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was ..... (Born alive or stillborn), at 10. M. on the date above stated.

(Signature) H. A. Anderson M.D.

(Physician or midwife)

Address Rigby, Idaho.

Filed Dec. 18th 1912 Ray Stirk M.D. Registrar

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report

..... 19.....

..... Registrar

8-Y CO. 20174

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

PLACE OF BIRTH

County of

Delayed Report

United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH

STATE OF IDAHO Jefferson Co after 1913

State File No.
Local Reg. No. 234
Reg. Dist. No. 641

PLACE OF BIRTH (All items at time of this birth)
(a) County Fremont (b) City Rigby
(c) Street Address or R.F.D. No. 2
(d) Name of Hospital or Maternity Home: Home
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 7 years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Fremont (Jefferson Co after 1918)
(c) City Rigby
(d) Street Address or R.F.D. No. 2
(e) How long has **MOTHER** lived in Idaho? 2 yrs.

3. RESIDENCE OF FATHER (city, state) Rigby Ida

FULL NAME OF CHILD Vernal Henry Bonnell

5. Date of Birth of Child (Month, day, year) Oct 2 1912

Sex Male

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy 9

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** Henry Samuel Bonnell
11. Color or Race White
12. Age at time of THIS birth 25 yrs.
13. Birthplace Washington Utah (City or town) (State or foreign country)
14. Exact Occupation Farming
15. Industry or Business Farming

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Hattie Rapp
17. Color or Race White
18. Age at time of THIS birth 19 yrs.
19. Birthplace Salt Lake City Utah (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business Home

22. Name prophylactic used to prevent Ophthalmia Neonatorum Argyrol
23. Number of children of this mother: (a) At time of birth and including this child 1 (b) Born alive and now living 1

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was b. alive (Born alive, stillborn) at 1 A. M. on the date and at the place stated above and that personal particulars were furnished by Hattie Ralph Bonnell (First name) (Last name), who is related to this child as Mother (Mother, etc.)

25. Attendant's **OWN** signature H. A. Anderson M.D. M.D. Midwife Address Rigby, Idaho Date 1-3-42

State of ..... } ss.
County of ..... }

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the ..... (Mother, etc.) of the person whose name appears Item 4, above, that I am now ..... years of age, that I have known this person for ..... years, and that ..... (First name) ..... (Last name), who attended this birth ..... (Is now deceased) or (Cannot be located) I further state that e facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under apter 139, 1937 Session Laws.

..... Signature

..... P. O. Address

Subscribed and sworn to before me this ..... day of ....., 19.....

(SEAL) ..... Notary Public, residing at .....

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on 1-5-42 by Mrs A B Eckersall, Registrar.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

613-107-022-866

Form V. S. No. 11-C—20m-2-15-12

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

PLACE OF BIRTH

County of Bonneville

City of Gaut

No. ——— *St.*

Hospital ———

Registration District No. 9 **File No.** 9963

Primary Registration District No. 2040 **Registered No.** 671

FULL NAME OF CHILD Harvey Wallers.

Sex of Child	Twin / Triplet or other?	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
M	———	———	Yes.	Dec. 7 1917

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	R. H. Wallers.	FULL MAIDEN NAME	Lettie Howick.
RESIDENCE	Gaut.	RESIDENCE	Gaut.
COLOR	W.	COLOR	W.
AGE AT LAST BIRTHDAY (Years)	37	AGE AT LAST BIRTHDAY (Years)	33
BIRTHPLACE	Utah	BIRTHPLACE	Utah
OCCUPATION	Farmer.	OCCUPATION	Housewife.

Number of child of this mother, including present birth 9 Number of children of this mother now living, including present birth 7

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was ——— (Born alive or stillborn), at 5 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Nancy Rawson

(Physician or midwife)

Address Idaho Falls. R.F.D. 5

Filed Dec. 10 1917 Ray H. Fisher

Registrar

Given names added from a supplemental report

——— 19———

———
Registrar

S-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Form V. S. No. 11-O—20m-2-15-12

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

PLACE OF BIRTH

County of

469-111-022-963

Form V. S. No. 11-C—20m-2-15-12

PLACE OF BIRTH

County of Fremont

City of LaBelle

No. ..... St.

Hospital .....

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 9 File No. 9964

Primary Registration District No. 2040 Registered No. 677

FULL NAME OF CHILD Ivan Morgan

Sex of Child M	**Twin, Triplet or other?** — and **Number in order of birth** — (To be answered only in event of plural births)	**Legitimate?** Yes	**Date of Birth** Dec 11 (Month) (Day) 1917 (Year)	

FATHER		**MOTHER**	
FULL NAME	Ivan Morgan	**FULL MAIDEN NAME**	Myrtle Rork
RESIDENCE	LaBelle	**RESIDENCE**	LaBelle
COLOR	W.	**COLOR**	W
AGE AT LAST BIRTHDAY (Years)	24	**AGE AT LAST BIRTHDAY** (Years)	19
BIRTHPLACE	Idaho	**BIRTHPLACE**	Utah
OCCUPATION	Farmer	**OCCUPATION**	Housewife

Number of child of this mother, including present birth 1 **Number of children of this mother now living, including present birth** 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was ..... (Born alive or stillborn) at 3.00 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Ray H. Fisher M.D.

(Physician or midwife)

Address Rigby-Idaho.

Given names added from a supplemental report

..... 19.....

Filed Dec. 17 1917 Ray H. Fisher

..... Registrar

Registrar

8-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

889-111-022-255

Form V. S. No. 11-C—20m-2-15-12

PLACE OF BIRTH

County of Fremont

City of Rudy

No. ____ St.

Hospital ____

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 9 File No. 9965

Primary Registration District No. 2040 Registered No. 678

FULL NAME OF CHILD ____

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
M			Yes.	Dec. 11 1912

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	Milford Hyrum	Annie Benson
RESIDENCE	Rudy	Rudy
COLOR	W.	W
AGE AT LAST BIRTHDAY (Years)	27	27
BIRTHPLACE	Idaho,	Utah,
OCCUPATION	School teacher,	Housewife

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn), at 4 a.m. on the date above stated.

(Signature) A. M. Palmer M.D.

(Physician or midwife)

Address Rigby Idaho

Filed Dec 13 1912 Ray H. Fisher M.D. Registrar

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report

____ 19____

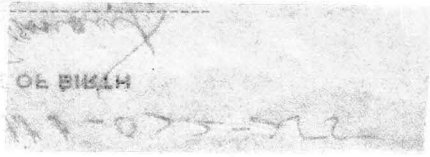
____ Registrar

S-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.


OF BIRTH

381-103-022-366

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Form V. S. No. 11-C—20m-2-15-12

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Fremont

City of ~~Reg~~ Butlers Island — Registration District No. 9 — File No. 9966

No. ____ St. — Primary Registration District No. 2040 — Registered No. 270

Hospital ____

FULL NAME OF CHILD No name. 6 mo. Utero gestation

Sex of Child	Twin / Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
M.			Yes.	Dec 3 19 12

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	Marcellus Chase	Lena Fowler
RESIDENCE	Butlers Island.	Butlers Island
COLOR	W.	W
AGE AT LAST BIRTHDAY (Years)	30	30
BIRTHPLACE	Utah	Utah
OCCUPATION	Farmer.	Housework

Number of child of this mother, including present birth 4 — Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Alive First 2 min., at 10 P. M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Ray H. Finch MD
(Physician or midwife)

Address Rigby Idaho

Given names added from a supplemental report

....., 19.....
Registrar

Filed Dec 10 19 12 — Ray H. Finch M.D.
Registrar

S-Y CO. 20174

812-128-022-765

Form V. S. No. 11-C—20m-2-15-12

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH

County of Fremont

City of Heise

No. ____ St.

Hospital ____

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 9 File No. 9967

Primary Registration District No. 2040 Registered No. 669

FULL NAME OF CHILD Walter Heise Hastings

Sex of Child	Twin / Triplet or other? (To be answered only in event of plural Births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
M			Yes	Nov 28 1912

FATHER		MOTHER	
FULL NAME	W. O. Hastings	FULL MAIDEN NAME	Bertha Jones
RESIDENCE	Heise	RESIDENCE	Heise
COLOR	W.	COLOR	W.
AGE AT LAST BIRTHDAY (Years)	24	AGE AT LAST BIRTHDAY (Years)	22
BIRTHPLACE	Missouri	BIRTHPLACE	Missouri
OCCUPATION	~~Bertha Jones~~ Forest Ranger	OCCUPATION	Housewife

Number of child of this mother, including present birth 1

Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn), at 6 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. E. Milton

(Physician or midwife)

Address Menan Idaho

Given names added from a supplemental report

....., 19.....

.....
Registrar

Filed Dec 10 1912 Ray H. Fisher Mrs.
Registrar

S-Y CO. 20174

PLACE OF BIRTH

County of .....

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

155-120-022-255

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Form V. S. No. 11-C—20m-2-15-12

PLACE OF BIRTH

County of Fremont

City of Rexburg

No. _____ St.

Hospital _____

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 9 File No. 9968

Primary Registration District No. 2040 Registered No. 668

FULL NAME OF CHILD Wilburn Gerald Jenkins

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
M	—	—	Yes	Nov. 20 1917

FATHER		MOTHER	
FULL NAME	Lorenzo Jenkins	FULL MAIDEN NAME	Rozella Bennett
RESIDENCE		RESIDENCE	
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY (Years)	47	AGE AT LAST BIRTHDAY (Years)	43
BIRTHPLACE	Utah	BIRTHPLACE	Utah
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 9 Number of children of this mother now living, including present birth 7

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was _____ (Born alive or stillborn) at 1130 11 AM M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Ray H. Fisher MD

(Physician or midwife)

Given names added from a supplemental report

_____ 19____

_____ Registrar

Address _____

Filed DEC. 10 19 17 Ray H. Fisher MD Registrar

S-Y CO. 20174

JUL 22 1975

IDAHO DEPARTMENT OF HEALTH

BUREAU OF VITAL STATISTICS

Affidavit to Correct or Amend An Original Certificate of Birth or Death

RECEIVED
BUREAU OF
VITAL STATISTICS
DEC 8 | 48 PM '75

State of IDAHO
County of Jefferson } ss.

Certificate No. 9968

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of birth (Birth or Death)
for Unnamed Jenkins (Male) (Name on Original Certificate) who was born (Was Born or Died) on Nov. 20, 1912 (Date of Event)
in Rigby, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts are shown by (Bible Record, Insurance Policy, Etc.) prepared on (Give Date), are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
child's name	Unnamed	Wilburn Gerald Jenkins

Subscribed and sworn to before me this 5th day of December, 19 75

Michael J. Donohue, Jr.
Notary Public residing at Rigby, Ida 83442
My commission expires 1 Feb 1979
(Seal)

Signed Wilburn Gerald Jenkins
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

Rt. 1, Box 70, Rigby, Idaho, 83442
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of
County of } ss.

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this day of , 19

Notary Public, residing at
My commission expires
(Seal)

Signed
(Signature of Any Credible Person)

(Street Address, City, State)

FORM DH 60-155CL 12/1/75 lcc pd.

Family record gives name as Wilburn Gerald Jenkins born ~~Nov~~. 20, 1912 at Bybee, Idaho. Blessed Feb. 2, 1913 and Baptized Aug 6, 1921. viewed by VS

JAN 5 1976

Family group record gives father's name as Lorenzo Barnes Jenkins.and mother's nameas Bennett, Rosetta. gives child's name as Wilburn Gerald Jenkins. born Nov 20. 1912. viewed by V. S.

154-222-022-141

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Form V. S. No. 11-C—[redacted]

PLACE OF BIRTH

County of Bonneville

City of LaBelle

No. ____ St.

Hospital ____

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 9 File No. 9970

Primary Registration District No. 2040 Registered No. 666

FULL NAME OF CHILD Ruby Mae Anderson Not named 4/9

Sex of Child	Twin Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
F			Yes.	Nov 7 1914

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	A. W. Anderson	Alice Adams
RESIDENCE	LaBelle.	LaBelle.
COLOR	W	W
AGE AT LAST BIRTHDAY (Years)	39	39
BIRTHPLACE	Kansas.	Kansas.
OCCUPATION	Farmer.	Housewife.

Number of child of this mother, including present birth 12

Number of children of this mother now living, including present birth 5

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was (Born alive or ~~stillborn~~) at 12 noon M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Ray S. Finke. M.D.

(Physician or ~~midwife~~)

Address Rigby Idaho

Given names added from a supplemental report

....., 19.....

Filed Nov. 10 1914 Ray S. Finke, M.D.

Registrar

S-Y CO. 20174

Registrar

APR 29 1948
SEP 8 1969

963-102-022-63

Form V. S. No. 11-C—20m-2-15-12

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH

County of Fremont

City of Rexburg

No. ..... St.

Hospital .....

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 9. File No. 9971

Primary Registration District No. 2039 Registered No. 714

FULL NAME OF CHILD VERN ZOLLINGER

Sex of Child	Twin / Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth	Legitimate?	Date of Birth
Male				Yes	Dec. 2 (Month) (Day) 1912 (Year)

FATHER		MOTHER	
FULL NAME	Chas. Zollinger	FULL MAIDEN NAME	Mable Walters
RESIDENCE	Rexburg	RESIDENCE	Rexburg
COLOR	White	AGE AT LAST BIRTHDAY (Years)	29
BIRTHPLACE	Utah	COLOR	White
OCCUPATION	Carpenter	AGE AT LAST BIRTHDAY (Years)	23
		BIRTHPLACE	Idaho
		OCCUPATION	Housewife

Number of child of this mother, including present birth 2

Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 5 a M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) G. G. Capps

(Physician or ~~midwife~~)

Address Rexburg, Ida.

Given names added from a supplemental report

..... 19.....

..... Registrar

Filed Dec. 10 1912 Ray R. Fisher Registrar

S-Y CO. 20174

STATE OF IDAHO

DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMENDED AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of Idaho } ss.
County of Madison }

Certificate No. 9971

Date Filed NOV 4 1942

The undersigned does solemnly swear that certain facts on the certificate of (BIRTH OR DEATH)

for (NAME ON ORIGINAL CERTIFICATE) who (WAS BORN OR DIED) on (DATE OF EVENT)

in (PLACE OF EVENT) are erroneous or were omitted; and that, to the best of his knowledge, the true facts as shown by (BIBLE RECORD, INSURANCE POLICY, ETC.) prepared on (GIVE DATE), are:

FACTS TO BE CORRECTED ("NAME", "BIRTH DATE", "CAUSE OF DEATH", ETC.)	FROM (AS ON ORIGINAL)	TO (THE CORRECT FACTS)
name	Unnamed	Vern Zollinger

Subscribed and sworn to before me this 2nd day of November 1942

D. W. Smith

Notary Public, residing at Rexburg Idaho

My commission expires 1-24-46

(SEAL)

Signed Charles Zollinger

(SIGNATURE OF PARENT OR ATTENDANT IF CORRECTING A BIRTH RECORD; OF ATTENDANT, FUNERAL DIRECTOR, INFORMANT IF CORRECTING DEATH RECORD; OR OTHER CREDIBLE PERSON.)

Rexburg Idaho

(STREET ADDRESS, CITY, STATE)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Idaho } ss.
County of Madison }

[THIS AFFIDAVIT MUST ALSO BE EXECUTED. (SEE CHAPTER 139, 1937 IDAHO SESSION LAWS.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 2nd day of November 1942

D. W. Smith

Notary Public, residing at Rexburg, Idaho

My commission expires 1-24-46

(SEAL)

Signed R. Willis Walker

(SIGNATURE OF ANY CREDIBLE PERSON OTHER THAN PREVIOUS AFFIANT.)

Rexburg, Idaho

(STREET ADDRESS, CITY, STATE)

Received for filing on ..... By .....

(REGISTRAR'S SIGNATURE)

NOV 5 1942

299-106-022-123

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Form V. S. No. 11-C—20m-2-15-12

PLACE OF BIRTH

County of Fremont

City of Ryeburg

No. ..... St.

Hospital .....

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 9 File No. 9972

Primary Registration District No. 2039 Registered No. 713

FULL NAME OF CHILD .....

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate	Date of Birth
Male			yes	Nov. 6 (Month) (Day) 1912 (Year)

FATHER		MOTHER	
FULL NAME	Ed. Berger	FULL MAIDEN NAME	Wilhelmina Sackler
RESIDENCE	Ryeburg	RESIDENCE	Ryeburg
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	40	AGE AT LAST BIRTHDAY (Years)	34
BIRTHPLACE	Switzerland	BIRTHPLACE	Switzerland
OCCUPATION	Carpenter	OCCUPATION	Housewife

Number of child of this mother, including present birth 6 Number of children of this mother now living, including present birth 6

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 6:25 a. M. on the date above stated.

(Signature) G. G. Eaife

(Physician or midwife)

Address Ryeburg, Ida.

Filed Dec. 10 1912 Ray S. Hoisington Registrar

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report

..... 19.....

..... Registrar

S-Y CO. 20174

854-109-022-113

Form V. S. No. 11-C—20m-2-15-12

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH

County of Fremont

City of Plano

No. ..... St.

Hospital .....

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. .....

Primary Registration District No. 2039

File No. 9973

Registered No. 712

FULL NAME OF CHILD Merle Richard Hemsley

Sex of Child	Twin Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Male			Yes	Nov. 9 1912

FATHER	MOTHER
FULL NAME Richard Hemsley	FULL MAIDEN NAME Luella Jackson
RESIDENCE Plano	RESIDENCE Plano
COLOR White	COLOR White
AGE AT LAST BIRTHDAY 23 (Years)	AGE AT LAST BIRTHDAY 22 (Years)
BIRTHPLACE Utah	BIRTHPLACE Utah
OCCUPATION Farmer	OCCUPATION Housewife

Number of child of this mother, including present birth 1

Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 7:45 A. M. on the date above stated.

(Signature) G. G. Estes

(Physician or Midwife)

Address Raymond Idaho

Filed Dec. 10 1912 Roy H. Fisher Registrar

a.m.o.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report

..... 19.....

..... Registrar

S-Y CO. 20174

Form V. S. No. 11-D—20m-2-16-43

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

PLACE OF BIRTH

(County of)

Social Security Application, June 3, 1937, #519-01-7912 gives full name as Merle Richard Hemsley, born Nov. 9, 1912 at Plano, Idaho, Sex-Male, Color-White - viewed by V.S. and American National Life Insurance Policy, #13-762-940, dated April 6, 1942 gives full name of insured as Merle Richard Hemsley, beneficiary is given as Belle Sarha Hemsley, wife - age of insu at time policy was taken out-30 years old - viewed by V.S.

IDAHO STATE BOARD OF HEALTH
DIVISION OF VITAL STATISTICS

Affidavit to Correct or Amend An Original Certificate of Birth or Death

State of Idaho
County of Madison } ss.

Certificate No. 9973

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of birth (Birth or Death)
for Unnamed Hemsley (Name on Original Certificate) who born (Was Born or Died) on 11-9-12 (Date of Event)
in Plano (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the true facts are shown by aunt who was present at time of birth, (Bible Record, Insurance Policy, Etc.) prepared on June 21, 1961 (Give Date), are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
Child's Name	Unnamed	Merle Richard Hemsley

Subscribed and sworn to before me this 21st day of June, 1961

Mary Smith
Notary Public, residing at Rexburg, Idaho
My commission expires June 25, 1963
(Seal)

Signed Eliza Jane White
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

1275 Sage Ave., Idaho Falls, Idaho
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Idaho
County of Madison } ss.

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 21st day of June, 1961

Mary Smith
Notary Public, residing at Rexburg, Idaho
My commission expires June 25, 1963.
(Seal)

Signed John Hemsley
(Signature of Any Credible Person)

Rexburg, Idaho.
(Street Address, City, State)

FORM DPH 55.155

NN 10-7-57 1 copy paid

JUL 26 1961

895-213-022-412

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Form V. S. No. 11-C—20m-2-15-12

PLACE OF BIRTH

County of Fremont

City of Rexburg

No. ..... St.

Hospital .....

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 9 File No. 9974

Primary Registration District No. 2089 Registered No. 711

FULL NAME OF CHILD .....

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Female			yes	Oct. 13 1912

FATHER	MOTHER
FULL NAME Arthur J. Hinkley	FULL MAIDEN NAME Ethel L. Mason
RESIDENCE Rexburg	RESIDENCE Rexburg
COLOR White	COLOR White
AGE AT LAST BIRTHDAY 39 (Years)	AGE AT LAST BIRTHDAY 32 (Years)
BIRTHPLACE Utah	BIRTHPLACE Utah
OCCUPATION Laborer	OCCUPATION Housewife

Number of child of this mother, including present birth 5

Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 1.50 A. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) K. R. Tarrismon

(Physician or Midwife)

Address Rexburg, Idaho

Given names added from a supplemental report

..... 19.....

Filed Dec 10 1912 Ray H. Tuckett

..... Registrar (C.M.D.) Registrar

8-Y CO. 20174

713-216-022-345

Form V. S. No. 11-C-20m-9-15-12

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH

County of Fremont

City of Rexburg.

No. ..... St.

Hospital .....

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 9 File No. 9975

Primary Registration District No. 2059 Registered No. 692

FULL NAME OF CHILD Norma Curtis Galbraith

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Female	✓	✓	Yes	Oct. 16 1912

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	William L. Galbraith	Annie Pearl Curtis
RESIDENCE	Lorenzo Ida.	Lorenzo Ida.
COLOR	White	White
AGE AT LAST BIRTHDAY (Years)	30	25
BIRTHPLACE	Utah	Utah
OCCUPATION	Farmer	House wife

Number of child of this mother, including present birth 3rd. Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 1:30 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) H. A. Harrison M.D.

(Physician or midwife)

Address Rexburg, Ida.

Given names added from a supplemental report

..... 19.....

Filed Dec 10 1912 Ray H. Funke M.D.

Registrar

..... Registrar

8-Y CO. 2017

Did not copy This - as Jam out of blanks.

Form V. S. No. U-O—20m-2-15-12

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

PLACE OF BIRTH

County of

IDAHO DEPARTMENT OF HEALTH
BUREAU OF VITAL STATISTICS

RECEIVED
BUREAU OF
VITAL STATISTICS
SEP 20 1 49 PM '76

Affidavit to Correct or Amend An Original Certificate of Birth or Death

State of Utah
County of Salt Lake } ss.

Certificate No. 9975

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of birth (Birth or Death)
for Unnamed Galbraith (female) (Name on Original Certificate) who was born (Was Born or Died) on Oct. 16, 1912 (Date of Event)
in Rexburg, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts are shown by LDS Church records (Bible Record, Insurance Policy, Etc.) prepared on 3 Feb 1975 5 Jan 1913 (Give Date), are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
child's name	Unnamed	Norma Curtis Galbraith

Subscribed and sworn to before me this 16th day of
Sept. 19 76
Easton Harris
Notary Public, residing at Salt Lake City
My commission expires march 14-1979
(Seal)

Signed Lois A. Chapman
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)
269 Rosewood Ave, Salt Lake City Utah 84115
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Utah
County of Salt Lake } ss.

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 16th day of
September 19 76
Easton Harris
Notary Public, residing at Salt Lake City
My commission expires march 14-1979
(Seal)

Signed Jean S Galbraith
(Signature of Any Credible Person)
1418 Cedarcliff Ave - Whittier Cal
(Street Address, City, State)

FORM DH-00-159 CL 1/23/75 nm

SEP 2 0 1976

Birth Certificate from the LDS Church gives namdas Norma Curtis Galbraith born Oct 16, 1912 at Rexburg, Idaho. Father's name as William L. Galbraith and mother's name as Annie P. Curtis. viewed by V. S.

Memorial Guide for Norma Curtis Galbraith Anderson. born Oct 16, 1912 at Rexburg,Idaho. father's name as William Layton Galbriath and mother's name as Annie Pearl Curtis. Married Reed G. Anderson. viewed by V. S. dated 6-4-70.

666-123-022-855

Form V. S. No. 11-C [redacted]

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Fremont

City of Rexburg

Registration District No. 9

File No. 9976

No. ____ St.

Primary Registration District No. 2039

Registered No. 690

Hospital ____

FULL NAME OF CHILD Owen Hruday Woods

Sex of Child	Twin, Triplet or other?	Number in order of birth	Legitimate?	Date of Birth
M	(To be answered only in event of plural births)		Yes.	Oct 23 (Month) (Day) 191 7 (Year)

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	Henry Woods.	Elizabeth Hruday
RESIDENCE	Rexburg.	Rexburg.
COLOR	W.	W.
AGE AT LAST BIRTHDAY (Years)	38	34
BIRTHPLACE	Utah	Utah.
OCCUPATION	Farmer	Housewife.

Number of child of this mother, including present birth 6

Number of children of this mother now living, including present birth 6

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive, at 109 M.
on the date above stated. (Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) K. A. Crismon M.D.

(Physician or midwife)

Address Rexburg Idaho

Given names added from a supplemental report

....., 19.....

Filed Dec 10 19 17 Ray H. Fuchs M.D.

Registrar

S-Y CO. 20174 Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

OCT 9 1941

AUG 10 1971

257-204-022693

PLACE OF BIRTH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

County of Fremont

City of Rexburg

No. ..... St.

Hospital .....

AMENDED 5/22/46

CERTIFICATE OF BIRTH

9977

Registration District No. 9 File No. [redacted]

Primary Registration District No. 2039 Registered No. 689

FULL NAME OF CHILD Matilda E. Begert
(Certificate of no value without full name of child.)

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
F			Yes	Nov. 4, 1912

What bacteriacidal solution was used in eyes? .....

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

FATHER	MOTHER
FULL NAME: John Begert	FULL MAIDEN NAME: Emma Witmer
RESIDENCE: Rexburg	RESIDENCE: Rexburg
COLOR: W	COLOR: W
AGE AT LAST BIRTHDAY: 24 (Years)	AGE AT LAST BIRTHDAY: 23 (Years)
BIRTHPLACE: Switzerland	BIRTHPLACE: Switzerland
OCCUPATION: Laborer	OCCUPATION: Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 1:45 A. M. on the date above stated.

(Signature) K. A. Crismon, M. D.
(Physician or midwife)

Address Rexburg, Idaho

Filed Dec. 10 1912 Ray H. Fisher, M. D.
Registrar.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Give names added from a supplemental report.

....., 192.....

.....
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of Oregon } ss.
County of Washington }

Certificate No. 9977

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of birth (Birth or Death)
for Matilda E. Begert (Name on Original Certificate) who was born (Was Born or Died) on Nov. 4, 1912 (Date of Event)
in Rexburg, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts are shown by (Bible Record, Insurance Policy, Etc.) prepared on (Give Date), are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
Name	Tillie Begort	Matilda Begert
Father's Name	John Begort	John Begert

Subscribed and sworn to before me this 14 day of May, 1946.
Fern DeVroeder
Notary Public, residing at Gaston
My commission expires Feb. 22. 49
(Seal)

Signed / John Begert
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Oregon } ss.
County of Washington }

[This Affidavit **MUST** Also be Executed. (See Chapter 139, 1937 Idaho Session Laws,)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 14 day of May, 1946.
Fern DeVroeder
Notary Public, residing at Gaston Ore.
My commission expires Feb. 22, 49
(Seal)

Signed / Alice G. Ahlgren
(Signature of Any Credible Person)

(Street Address, City, State)
Gaston Oregon

FEB 17 1961
MAY 16 1961
MAY 4 1964

Form V. S. No. 11-C—20m-2-15-12

PLACE OF BIRTH

County of Fremont

City of Rexburg

No. ____ St.

Hospital ____

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

9977

Registration District No. 9 — File No. ____

Primary Registration District No. 2039 — Registered No. 689

FULL NAME OF CHILD Lillie Bigot

Sex of Child	Twin / Triplet or other?	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
F	(To be answered only in event of plural births)		Yes,	February 4 1912

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	John Bigot X.	Emma Witmer.
RESIDENCE	Rexburg.	Rexburg.
COLOR	W.	W
AGE AT LAST BIRTHDAY (Years)	24	23
BIRTHPLACE	Switzerland	Switzerland.
OCCUPATION	Laborer.	Housewife.

Number of child of this mother, including present birth 1st

Number of children of this mother now living, including present birth 1st

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive. (Born alive or stillborn) at 1:45 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) N. A. Crismon M.D.

(Physician or midwife)

Address Rexburg, Idaho.

Given names added from a supplemental report

....., 19.....

Filed Dec 10 1912 Ray H. Fisher M.D.

Registrar

Registrar

8-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

MAR 14 1969

MAR 15 1976

331-130-22-331

Form U. S. No. 11-C—20m-2-15-12

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH

County of Fremont

City of Teton

No. ..... St.

Hospital

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 9 File No. 9978

Primary Registration District No. 2037 Registered No. 676

FULL NAME OF CHILD Marian Clark.

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
M			Yes	10-30-191[illegible]

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	James. J Clark.	Julia Ann Clark
RESIDENCE	Teton.	Teton
COLOR	W.	W.
AGE AT LAST BIRTHDAY (Years)	45.	[illegible]
BIRTHPLACE	Utah,	Utah.
OCCUPATION	Farmer	Housewife.

Number of child of this mother, including present birth 7

Number of children of this mother now living, including present birth 7

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn), at 1 a. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Mary Sorensen.

(Physician or midwife)

Given names added from a supplemental report

..... 19.....

..... Registrar

Address .....

Filed Dec 10 191[illegible] Ray Stricker M.D. Registrar

5-Y CO. 20174

419-115-022-693

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Form V. S. No. 11-C—20m-2-15-12

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

PLACE OF BIRTH

County of Fremont

City of Rexburg

No. \ St.

Hospital \

Registration District No. 9 File No. 9979

Primary Registration District No. 2039 Registered No. 678

FULL NAME OF CHILD

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
M	\	\	Yes.	11 — 15 — 1912

FATHER		MOTHER	
FULL NAME	John H. Marshall.	FULL MAIDEN NAME	Isabell Willy.
RESIDENCE	Swan Valley	RESIDENCE	Swan Valley
COLOR	W.	COLOR	W.
AGE AT LAST BIRTHDAY (Years)	32	AGE AT LAST BIRTHDAY (Years)	28
BIRTHPLACE	Utah	BIRTHPLACE	Utah
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 7 Number of children of this mother now living, including present birth 6

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive, at 6 a. M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) M. A. Briggs.
(Physician or midwife)

Address Rexburg Idaho

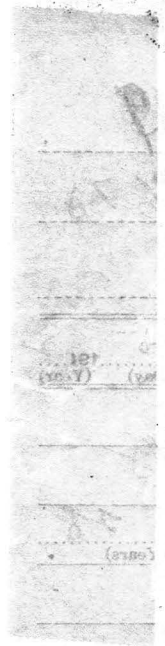
Given names added from a supplemental report

....., 19.....

Filed Dec 10 1912 J. Ray Hatch
Registrar

S-Y CO. 20174

.....
Registrar



759 - 204 - 022 - 215

Form V. S. No. 11-C—20m-2-15-12

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

9980

PLACE OF BIRTH

County of Fremont

City of Rexburg

No. ____ St.

Hospital ____

Registration District No. 9 File No. 9980

Primary Registration District No. 2039 Registered No. 674

FULL NAME OF CHILD Gadu Perry

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
F.			Yes.	12 - 4 - 1912

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	Leslie Perry	Nora Sonna
RESIDENCE	Rexburg.	Rexburg.
COLOR	W.	W.
AGE AT LAST BIRTHDAY (Years)	28	27
BIRTHPLACE	Utah.	Utah
OCCUPATION	School Teacher.	Housewife.

Number of child of this mother, including present birth 1

Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn) at 3 a. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) G. E. Gaffer M.D.

(Physician or midwife)

Address Rexburg, Ida

Given names added from a supplemental report

....., 19.....

Filed Dec. 10, 19 12 Ray H. Finch

Registrar

S-Y CO. 20174

Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

OCT 29 1959

763-230-022-468

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Form V. S. No. 11-C—20m-2-15-12

PLACE OF BIRTH

County of Fremont

City of Rexburg

No. ..... St.

Hospital .....

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 9 File No. 9981

Primary Registration District No. 2039 Registered No. 613

FULL NAME OF CHILD Cora Alberta Gold

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
F.			Yes	11—30—12

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	Louis Gold.	Bertha Moyer.
RESIDENCE	Burton.	Burton.
COLOR	W.	W
AGE AT LAST BIRTHDAY (Years)	28.	23.
BIRTHPLACE	Idaho.	Iowa.
OCCUPATION	Farmer.	Farmer.

Number of child of this mother, including present birth 2

Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive, at 7:55 P.M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) G. Gle per M.

(Physician or midwife)

Address Rexburg Ida.

Given names added from a supplemental report

..... 19.....

Filed Dec 10 19 12 J. Ray Hicks M.D.

S-Y CO. 20174 Registrar

Registrar

IDAHO DEPARTMENT OF HEALTH

BUREAU OF VITAL STATISTICS

RECEIVED
BUREAU OF VITAL STATISTICS
AUG 26 3 38 PM '74

Affidavit to Correct or Amend An Original Certificate of Birth or Death

State of ..... } ss.
County of ..... }

Certificate No. 9981

Date Filed .....

The undersigned does solemnly swear that certain facts on the certificate of birth (Birth or Death)
for Unnamed Gold (female) (Name on Original Certificate) who was born (Was Born or Died) on Nov. 30, 1912 (Date of Event)
in Rexburg, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts are shown by ..... (Bible Record, Insurance Policy, Etc.) prepared on ..... (Give Date) , are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
child's name	Unnamed	Cora Alberta Gold

Subscribed and sworn to before me this 5 day of July, 1974.

Notary Public, residing at Idaho Falls, Idaho

My commission expires Nov 6 76

(Seal)

Signed Bertha H. Gold
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Idaho } ss.
County of Bonneville }

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 5 day of July, 1974.

Notary Public, residing at Idaho Falls, Idaho

My commission expires Nov 6 76

(Seal)

Signed Edna M. Dillree
(Signature of Any Credible Person)

Rexburg Route one
(Street Address, City, State)

FORM DH 60-158

CL 6/7/74 ret'd $1

Notification of Birth Registration from Helena, Montana gives child's name as Lewis Roy Dillree (file No. Tn.1378) gives date of birth as Sept. 8, 1934 at Choteau, Mont. father's name as Willard Lee Dillree and mother's name as Cora Alberta Gold. viewed by V. S.

OCT 21 1974

Appl to Beneficial Life Ins C. gives name as Willard LeRoy Dillree. Beneficiary given as Cora Alberta G. Dillree. viewed by V. S. Dated July 2, 1952.

243-117-022-844

Form V. S. No. 11-C—20m-2-15-12

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

PLACE OF BIRTH

County of Fremont

City of Archer

No. ..... St.

Hospital .....

Registration District No. 9 File No. 9982

Primary Registration District No. 2039 Registered No. 672

FULL NAME OF CHILD Not named. John Henry Butler

Sex of Child	Twin / Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) 191 (Year)
M			Yes.	11 17

FATHER		MOTHER	
FULL NAME	Edwin W. Butler.	FULL MAIDEN NAME	Jane Trumble.
RESIDENCE	Archer.	RESIDENCE	Archer.
COLOR	W.	AGE AT LAST BIRTHDAY (Years)	44
BIRTHPLACE	Mah.	BIRTHPLACE	Utah
OCCUPATION	Farmer.	OCCUPATION	Housewife

Number of child of this mother, including present birth 7

Number of children of this mother now living, including present birth 7

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was ..... (Born alive or stillborn) at 6:30 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) G. G. Epps,

(Physician or midwife)

Address Rexburg - Idaho

Given names added from a supplemental report

..... 19.....

Filed Dec. 10. 1917 Ray H. Fisher

Registrar

..... Registrar

S-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of Idaho }
County of Teton } ss.

Certificate No. 9982

Date Filed 3 June 1944

The undersigned does solemnly swear that certain facts on the certificate of 17 November 1912 (Birth or Death)
for John Henxry Butler (Name on Original Certificate) who was Born (Was Born or Died) on 17 November 1912 (Date of Event)
in Raymond Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts are shown by Bible Record (Bible Record, Insurance Policy, Etc.) prepared on 21 May 1944 (Give Date), are:

FACTS TO BE CORRECTED ("Name", "Birth Date", "Cause of Death", Etc.)	FROM (As on Original)	TO (The Correct Facts)
name	none given	John Henry Butler

Subscribed and sworn to before me this 13th day of June, 1944

J. D. Lauritzen
Notary Public, residing at Victor, Ida.
My commission expires Feb. 7-1945.
(Seal)

Signed Jane Butler (Mother)
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)
Victor, Idaho.
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Idaho }
County of Teton } ss.

[This Affidivat **MUST** Also be Executed.
(See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 13th day of June, 1944

J. D. Lauritzen
Notary Public, residing at Victor, Ida.
My commission expires Feb. 7, 1945
(Seal)

Signed F. C. Gullett
(Signature of Any Credible Person Other Than Previous Year)
Victor, Ida
(Street Address, City, State)

JUN 19 1944

195-102-022-249

Form V. S. No. 11-C—20.—2-30-12

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH

County of Fremont

City of Rexburg

No. ..... St.

Hospital .....

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

Registration District No. 9 — File No. 9983

Primary Registration District No. 2039 — Registered No. 619

FULL NAME OF CHILD No name

Sex of Child	Twin / Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
M			Yes.	Dec 7 191 7

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	Elbert Arnold	Eva Leora Smith
RESIDENCE	Lyman.	Lyman.
COLOR	W.	W
AGE AT LAST BIRTHDAY (Years)	20	18
BIRTHPLACE	Idaho	Lyman. - Idaho
OCCUPATION	Farmer	Housewife.

Number of child of this mother, including present birth 1

Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was ..... (Born alive or stillborn) at 5:05 P. M. on the date above stated.

(Signature) R. A. Ansman M.D.

(Physician or midwife)

Address Rexburg, Idaho.

Filed Dec 12 1917 Ray S. Fisher Registrar

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report

..... 19.....

..... Registrar

S-Y CO. 20174

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

PLACE OF BIRTH

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

154-19-022-469

Form V. S. No. 11-C—20m-2-15-12

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

PLACE OF BIRTH

County of Fremont

City of Rexburg

No. ____ St.

Hospital ____

Registration District No. 9 File No. 9984

Primary Registration District No. 1039 Registered No. 687

FULL NAME OF CHILD No name

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
M			Yes.	Nov 19 191 7

FATHER		MOTHER	
FULL NAME	John T. Anderson	FULL MAIDEN NAME	Emma Morton
RESIDENCE	Rexburg	RESIDENCE	Rexburg
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY (Years)	40	AGE AT LAST BIRTHDAY (Years)	32
BIRTHPLACE	Utah	BIRTHPLACE	Utah
OCCUPATION	Grain dealer	OCCUPATION	Housewife

Number of child of this mother, including present birth 3

Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive. (Born alive or stillborn) at 11:17 a. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) N. A. Crismon M.D.

(Physician or midwife)

Address Rexburg

Given names added from a supplemental report

....., 19.....

Filed Dec 10 19 17 Ray S. Fisk M.D.

Registrar

S-Y CO. 20174

Registrar

Form V. S. No. 11-C—20m-2-15-12

STATE OF IDAHO

BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

File No. 1004

Registered No.

PLACE OF BIRTH

(Month) (Day) (Year)

COLOR

BIRTHPLACE

OCCUPATION

Number of child

RESERVED FOR UNIFORMING INK—TH

631-129-022-319

Form V. S. No. 11-C—20m-8-15-12

PLACE OF BIRTH

County of Fremont.

City of Ryburg.

No. ..... St.

Hospital .....

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 9 File No. 9985

Primary Registration District No. 2039 Registered No. 681

FULL NAME OF CHILD Vaughn Herbert Flamm.

Sex of Child	Twin Triplet or other?	and	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
M	( )		( )	Yes.	Nov. 29 1912

(To be answered only in event of plural births)

	FATHER	MOTHER
FULL NAME	J. Herbert Flamm.	Delilah Larsen.
RESIDENCE	Ryburg.	Ryburg.
COLOR	W.	W.
AGE AT LAST BIRTHDAY (Years)	25	21
BIRTHPLACE	Ryburg.	Salem Idaho.
OCCUPATION	Mail Carrier.	Housewife.

Number of child of this mother, including present birth .....

Number of children of this mother now living, including present birth .....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive, at 2:30 P. M. on the date above stated.

(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) R. A. Swainson M.D.

(Physician or midwife)

Address Ryburg Idaho

Given names added from a supplemental report

..... 19.....

Filed DEC. 10 19 13 Amy Hisley

Registrar

..... Registrar

S-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY. WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Form V. S. No. 11-O—20m-2-19-12

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

299-218-022-653

PLACE OF BIRTH

Form V. S. No. 11-C—20m-2-15-12

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

9986

County of Fremont

City of Wilford.

No. ..... St.

Hospital .....

Registration District No. 9

Primary Registration District No. 2038

File No. .....

Registered No. 680

FULL NAME OF CHILD .....

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth
♂			Yes.	Nov 18 1912 (Month) (Day) (Year)

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	William Birch	Bessie Welch.
RESIDENCE	Wilford.	Wilford.
COLOR	W	W.
AGE AT LAST BIRTHDAY	27 (Years)	24 (Years)
BIRTHPLACE	Utah.	Idaho.
OCCUPATION	Farmer.	Housewife.

Number of child of this mother, including present birth 2

Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn), at 5:20 A. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) A. Morfeed M.D.

(Physician or Midwife)

Address Dingor City - Idaho.

Given names added from a supplemental report

..... 19.....

Filed Dec 19 1912 Ray H. Fuik M.D.

Registrar

S-Y CO. 20174

Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY. WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Form V. S. No. 10-C-20...

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

PLACE OF BIRTH

16

Registered No.

(Month) (Day) 19... (Year)

ER

AT LAST

(Years)

493-121-022-893

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Fremont

City of Hayden

No. ..... St.

Registration District No. 9

Primary Registration District No. 2037

File No. 9987

Registered No. 693

Hospital

FULL NAME OF CHILD Alma Micklesen

Sex of Child: Male

Twin, Triplet or other? (To be answered only in event of plural births) and Number in order of birth

Legitimate? Yes

Date of Birth: Oct. 29 (Month) (Day) 1912 (Year)

FATHER

FULL NAME: Peter Micklesen

RESIDENCE: Hayden

COLOR: White

AGE AT LAST BIRTHDAY: 42 (Years)

BIRTHPLACE: Utah

OCCUPATION: Farmer

MOTHER

FULL MAIDEN NAME: Hannah Hill

RESIDENCE: Hayden

COLOR: White

AGE AT LAST BIRTHDAY: 29 (Years)

BIRTHPLACE: Utah

OCCUPATION: Housewife

Number of child of this mother, including present birth: 4

Number of children of this mother now living, including present birth: 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 11 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Caroline Kennedy

(Physician or midwife)

Address Hayden

Given names added from a supplemental report

..... 19.....

Filed Dec. 10 1912 Ralph Hunter Registrar

..... Registrar

S-Y CO. 20174

SEP 2 1976

APR 1 2 1973

863-217-022-643

PLACE OF BIRTH

Form V. S. No. 11-C—20m-2-15-12

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Fremont

City of Hayden

No. ..... St.

Registration District No. 9 File No. 9988

Primary Registration District No. 2037 Registered No. 694

Hospital .....

FULL NAME OF CHILD Alice Hockstrasser

Sex of Child	Twin / Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Female			Yes	Nov 17 1912

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	Joseph Hockstrasser	Alice Fullmer
RESIDENCE	Hayden	Hayden,
COLOR	White	White
AGE AT LAST BIRTHDAY (Years)	47	43
BIRTHPLACE	Utah,	Utah
OCCUPATION	Farmer	Housewife

Number of child of this mother, including present birth 14

Number of children of this mother now living, including present birth 10

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 11:30 A. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Caroline Rammell

(Physician or midwife)

Address Hayden,

Given names added from a supplemental report

..... 19.....

Filed Dec 30 1912 Ray H. Fisher a. m. P.

..... Registrar

S-Y CO. 20174 Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

553-224-022-5-99

Form V. S. No. 11-C—20m-2-15-12

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

9989

County of Fremont

City of Hayden

No. ..... St.

Hospital .....

Registration District No. 9 File No. .....

Primary Registration District No. 2037 Registered No. 695

FULL NAME OF CHILD Edna Nelson

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth
Female			Yes	Nov. 24 (Month) (Day) 1912 (Year)

FATHER		MOTHER	
FULL NAME	Nels Nelson	FULL MAIDEN NAME	Caroline Erickson
RESIDENCE	Hayden	RESIDENCE	Hayden
COLOR	White	AGE AT LAST BIRTHDAY (Years)	35
BIRTHPLACE	Idaho	COLOR	White
OCCUPATION	Farmer	AGE AT LAST BIRTHDAY (Years)	25
		BIRTHPLACE	Utah
		OCCUPATION	Housewife

Number of child of this mother, including present birth 4

Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 1:30 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Caroline Rommell

(Physician or midwife)

Address Hayden,

Given names added from a supplemental report

..... 19.....

Filed Dec 9 1912 Ray H Fisher

..... Registrar

S-Y CO. 20174

Registrar

a-m-p.

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

266-210-022-389

Form V. S. No. 11-C—20m-2-15-12

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH

County of Fremont

City of Driggs

No. 11 St.

Hospital

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 9

File No. 9990

Primary Registration District No. 2031

Registered No. 700

FULL NAME OF CHILD Sarah Rebecca Bowles

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Female			Yes	Nov 10 1913

FATHER

FULL NAME Andy Bowles

RESIDENCE Driggs

COLOR White AGE AT LAST BIRTHDAY 40 (Years)

BIRTHPLACE Virginia

OCCUPATION Farmer

MOTHER

FULL MAIDEN NAME Violenia Christman

RESIDENCE Driggs

COLOR White AGE AT LAST BIRTHDAY 36 (Years)

BIRTHPLACE Idaho

OCCUPATION Housewife

Number of child of this mother, including present birth 5

Number of children of this mother now living, including present birth 5

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or Stillborn) at 9 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) M. P. Tuttle

(Physician or midwife)

Address Driggs Ida

Given names added from a supplemental report

..... 19.....

Filed Dec 12 1913 Roy W. Hunter

Registrar

S-Y CO. 20174

Registrar

a.m.

MAY 1 6 1967

122040-653

Form V. S. No. 11-C—15m-6-20-11

PLACE OF BIRTH

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

County of Shoshone

City of Wallace

Registration District No. 28

File No. 9991

No. ____, ____ St.

Primary Registration District No. 1011

Registered No. 5-6

Hospital Providence

FULL NAME OF CHILD Burt Clinton Johnson

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
male			yes	Oct. 22nd 1912

FATHER		MOTHER	
FULL NAME	Nels Johnson	FULL MAIDEN NAME	Elvera Wrlandy
RESIDENCE	Kellogg Idaho	RESIDENCE	Kellogg Idaho
COLOR	White	AGE AT LAST BIRTHDAY (Years)	35
COLOR	White	AGE AT LAST BIRTHDAY (Years)	22
BIRTHPLACE	Sweden	BIRTHPLACE	Sweden
OCCUPATION	Miner	OCCUPATION	Housewife

Number of child of this mother, including present birth ... one

Number of children, of this mother, now living, including present birth ... one

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 8 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) C. S. Stone M.D.

Physician (Physician or Midwife)

Address Wallace, Ida.

Given names added from a supplemental report

Dec 2, 1912

F. Leo Tinsley Registrar

Filed Nov. 1, 1912 F. Leo Tinsley Registrar

S-Y CO., 16670

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

Form V. S. No. 11-C 10m-6-20

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

PLACE OF BIRTH

331 229-040-168

PLACE OF BIRTH

Form V. S. No. 11—10m-6-20-11

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

County of Shoshone

City of Wallace

No. Canyon St.

Hospital

Registration District No. 28 File No. 9992

Primary Registration District No. 104 Registered No. 57

FULL NAME OF CHILD Mildred Maine Clark

Sex of Child	Twin, Triplet, or other?	Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
F	One (To be answered only in event of plural births)	2nd	yes	Oct 29, 1912

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	W. M. Clark	Minnie Johnson
RESIDENCE	Wallace Ida	Wallace Ida
COLOR	W	W
AGE AT LAST BIRTHDAY (Years)	27	
BIRTHPLACE	Iowa	Minnesota
OCCUPATION	Millman	Housework

Number of child of this mother, including present birth 2

Number of children, of this mother, now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Alive (Born alive or stillborn) at 10.20 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Dr. Mowery

Physician

(Physician or Midwife)

Address Wallace Idaho

Given name added from a supplemental report

....., 19.....

.....
Registrar

Filed Nov. 9, 1912 H. Lee Tinsley
Registrar

S-Y CO., 16669

MARGIN RESERVED FOR BINDING

WRITE PLAINLY. WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at a birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

JUN 20 1972

466-203-040-249

PLACE OF BIRTH

Form V. S. No. 11—10m-6-20-11

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

File No. 9993

County of Shoshone

City of Wallace

No. ——, High St.

Registration District No. 28

Primary Registration District No. 1011

Registered No. 58

Hospital ——

FULL NAME OF CHILD Mabel Moore

Sex of Child: F	Twin, Triplet, or other? One (To be answered only in event of plural births)	and Number in order of birth: 2nd	Legitimate? Yes	Date of birth: Nov. (Month) 3 (Day) 1912 (Year)	

FATHER		MOTHER	
FULL NAME	Stanley R. Moore	FULL MAIDEN NAME	Annie Dunn
RESIDENCE	Wallace	RESIDENCE	Wallace
COLOR	W	COLOR	W.
AGE AT LAST BIRTHDAY	35 (Years)	AGE AT LAST BIRTHDAY	28 (Years)
BIRTHPLACE	Ohio	BIRTHPLACE	Scotland
OCCUPATION	Mining Engineer	OCCUPATION	Housewife

Number of child of this mother, including present birth 2

Number of children, of this mother, now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn) at 6 P. M. on the date above stated.

(Signature) Dr. Mowry

Physician

(Physician or Midwife)

Address Wallace Idaho

Filed Nov. 9 1912 J. Leo Dunphy Registrar

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given name added from a supplemental report

....., 19.....

Registrar

S-Y CO., 16669

MARGIN RESERVED FOR BINDING

WRITE PLAINLY. WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at a birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

65-1-106-040-666

PLACE OF BIRTH

Form V. S. No. 11—10m-6-20-11

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

9994

County of Shoshone

City of Wallace — Registration District No. 28 — File No.

No. King St. — Primary Registration District No. 10 11 — Registered No. 59

Hospital Providence

FULL NAME OF CHILD Wray Woolcott Featherstone

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
M.	One	2nd	Yes	Nov. 6, 1912

	FATHER	MOTHER
FULL NAME	Wm. Featherstone	FULL MAIDEN NAME: Clara Woolcott
RESIDENCE	Wallace Ida	Wallace Ida
COLOR	W.	W.
AGE AT LAST BIRTHDAY (Years)	31	29
BIRTHPLACE	Minnesota	South Dakota
OCCUPATION	Electrician	Housewife

Number of child of this mother, including present birth 2nd

Number of children, of this mother, now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Alive (Born alive or stillborn), at 10 A. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Dr. Mowery

Physician

(Physician or Midwife)

Address Wallace Ida.

Given name added from a supplemental report

Nov. 12, 1912

A. Leo Langley Registrar

Filed Nov. 9, 1912 A. Leo Langley Registrar

S-Y CO., 16669

MARGIN RESERVED FOR BINDING

WRITE PLAINLY. WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at a birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

APR 11 1942

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Typewrite or print

STATE OF IDAHO — Bureau V. S. No. 51

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

City of Wallace — Registration District No. 28 — File No. 9995

No. ____, ____ St. — Primary Registration District No. 1011 — Registered No. 60

Hospital Providence

FULL NAME OF CHILD Myle Melvin Sheets

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Male			Yes	Nov 8, 1912

FATHER	MOTHER
FULL NAME: J. Melvin Sheets	FULL MAIDEN NAME: Hazlett Jane Bailie
RESIDENCE: Wallace Idaho	RESIDENCE: Wallace Idaho
COLOR: White — AGE AT LAST BIRTHDAY: 31 (Years)	COLOR: White — AGE AT LAST BIRTHDAY: 24 (Years)
BIRTHPLACE: Oregon	BIRTHPLACE: Helena Montana
OCCUPATION: Book Keeper	OCCUPATION: Home wife

Number of child of this mother, including present birth: One

Number of children, of this mother, now living, including present birth: One

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) on Nov. 8 19 12, at 1 a. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) C. L. Stone M. D.

(Physician or Midwife)

Address

Given names added from a supplemental report

....., 19.....

Filed Nov. 13 19 12 — H. Leo Dingley

Registrar

S-Y CO., 16670

Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

JAN 22 1958

815-205-040-219

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

Form V. S. No. 11-C—1m-6-20-11

PLACE OF BIRTH

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

County of Shoshone

City of Wallace

No. Pearl St.

Registration District No. 28 File No. 9996

Primary Registration District No. 10 11 Registered No. 61

Hospital

FULL NAME OF CHILD Catherine Francis Hanley

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Female			Yes	Nov. 12, 1912

FATHER	MOTHER
FULL NAME: Lewis Eugene Hanley	FULL MAIDEN NAME: Persis Bailey
RESIDENCE: Wallace	RESIDENCE: Wallace
COLOR: White	COLOR: White
AGE AT LAST BIRTHDAY: 32 (Years)	AGE AT LAST BIRTHDAY: 26 (Years)
BIRTHPLACE: North Dacota	BIRTHPLACE: Vermont
OCCUPATION: See. Hecla Mine	OCCUPATION:

Number of child of this mother, including present birth: One

Number of children, of this mother, now living, including present birth: One

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 9:15 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) C. S. Stone MD

Physician

(Physician or Midwife)

Address Wallace Ida.

Given names added from a supplemental report

....., 19.....

Filed Nov. 15, 1912 St. Leo Lenfesty

Registrar

S-Y CO., 16670

Registrar

PLACE OF BIRTH

STATE OF IDAHO

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK. THIS IS A PERMANENT RECORD

465-115-040-942

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Form V. S. No. 11-C—20m-2-15-12

PLACE OF BIRTH

County of Shoshone

City of Wallace

No. ..... St.

Hospital Providence

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 28 — File No. 9997

Primary Registration District No. 10 11 — Registered No. 62

FULL NAME OF CHILD .....

Sex of Child: M	Twin, Triplet or other? One; and Number in order of birth: 4th (To be answered only in event of plural births)	Legitimate? yes	Date of Birth: Nov 15 (Month) (Day) 191 2 (Year)

FATHER		MOTHER	
FULL NAME	John Monahan	FULL MAIDEN NAME	Marie Russell
RESIDENCE	Burke Ida	RESIDENCE	Burke, Ida
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY	38 (Years)	AGE AT LAST BIRTHDAY	31 (Years)
BIRTHPLACE	N. D.	BIRTHPLACE	Wis.
OCCUPATION	Miner	OCCUPATION	Housewife

Number of child of this mother, including present birth: 4th

Number of children of this mother now living, including present birth: None

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 5 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Dr Mowery

Physician (Physician or midwife)

Address Wallace Ida

Given names added from a supplemental report

..... 19.....

..... Registrar

Filed Nov. 22 1912 A. Lee Lemley Registrar

6-Y CO. 20174

449-108-040-556

MARGIN RESERVED FOR BINDING

WRITE PLAINLY. WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at a birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

Form V. S. No. 11—10m-6-20-11

PLACE OF BIRTH

County of Shoshone

City of Wallace

No. ..... St.

Hospital Providence

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

Registration District No. 28 File No. 9998

Primary Registration District No. 10 11 Registered No. 63

FULL NAME OF CHILD Joseph Murphy

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
M	One	6th	Yes	Nov. 8, 1912

	FATHER	MOTHER
FULL NAME	Daniel Murphy	FULL MAIDEN NAME Katie Tessay
RESIDENCE	Monarch Idaho	RESIDENCE Monarch Idaho
COLOR	W	COLOR W.
AGE AT LAST BIRTHDAY	41 (Years)	AGE AT LAST BIRTHDAY 29 (Years)
BIRTHPLACE	Michigan	BIRTHPLACE Pennsylvania
OCCUPATION	Miner	OCCUPATION Housewife

Number of child of this mother, including present birth 6

Number of children, of this mother, now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Alive (Born alive or stillborn) at 10.30 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Dr. Emery

Spraggins

(Physician or Midwife)

Address Wallace Ida.

Given name added from a supplemental report

....., 19.....

Filed Nov. 26, 1912 G. Leo Langdon

S-Y CO., 16669 Registrar

Registrar

OCT 4 1949

859-218-040-859

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

PLACE OF BIRTH

Form V. S. No. 11-C—10m-8-7-11

STATE OF IDAHO
Bureau of Vital Statistics
CERTIFICATE OF BIRTH

9999

County of Shoshone

City of Wallace

Registration District No. 28 File No.

No. ....., ... St.

Hospital Wallace Primary Registration District No. 1811 Registered No. 67

FULL NAME OF CHILD Mary Isabel Herriet

Sex of Child	Twin, Triplet or Quadruplet? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Female	and	1 born of 1	Yes.	Nov 18 1912

FATHER		MOTHER	
FULL NAME	Hildreth Henry Herriet	FULL MAIDEN NAME	Margaret Ann Herriet
RESIDENCE	Wallace	RESIDENCE	Wallace
COLOR	White	AGE AT LAST BIRTHDAY (Years)	37
COLOR	White	AGE AT LAST BIRTHDAY (Years)	32
BIRTHPLACE	Aswego N. Y.	BIRTHPLACE	Scotland
OCCUPATION	Miner	OCCUPATION	Housewife.

Number of child of this mother, including present birth 2

Number of children, of this mother, now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Alive (Born alive or stillborn) at 5:30 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) [signature]

(Physician or Midwife)

Address Wallace Idaho

Given names added from a supplemental report

....., 19.....

Filed Nov. 28 1912 A. Leo Tunley
Registrar

.....
Registrar

SYMS - YORK CO., PTRS. & BDRS. 17326

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

PLACE OF BIRTH

859 - 118-040-859

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

Form V. S. No. 11-C—10m-8-7-11

STATE OF IDAHO,
Bureau of Vital Statistics

CERTIFICATE OF BIRTH

10000

PLACE OF BIRTH

County of Shoshone

City of Wallace

No ....., ... St.

Registration District No 28 File No .....

Primary Registration District No 1011 Registered No. 65

Hospital Wallace

FULL NAME OF CHILD Robert Condit Herrick

Sex of Child	Twin, Triplet, number? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Male		1st 2nd	Yes	Nov 18 1912

FATHER		MOTHER	
FULL NAME	William Henry Herrick	FULL MAIDEN NAME	Margaret Anne Herrick
RESIDENCE	Wallace	RESIDENCE	Wallace
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	37 (Years)	AGE AT LAST BIRTHDAY	32 (Years)
BIRTHPLACE	Avoca, N. Y.	BIRTHPLACE	Scotland
OCCUPATION	Miner	OCCUPATION	Housewife

Number of child of this mother, including present birth 2

Number of children, of this mother, now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn) at 3 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report

....., 19.....

..... Registrar

(Signature) E. H. Lean
Physician
(Physician or Midwife)

Address Wallace Idaho

Filed Nov. 26 1912 H. Leo Beasley Registrar

STEIN - YORK CO., PTRS. & BDRS. 17326

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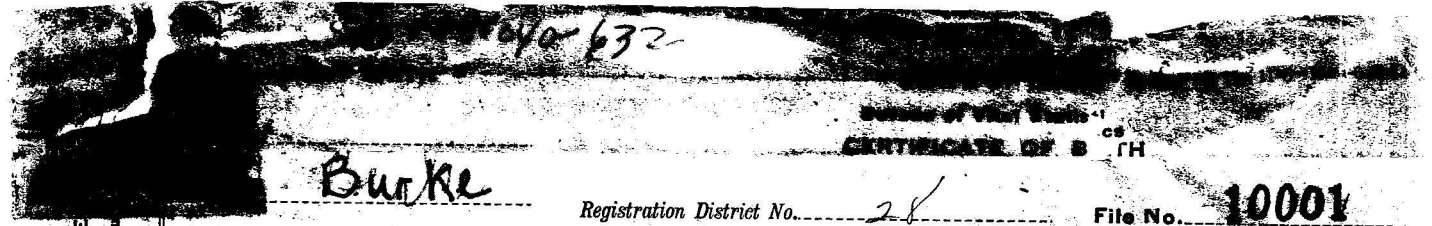


Burke

Registration District No. 28 File No. 10001

No. ..... St.

Primary Registration District No. 1414 Registered No. 66

Hospital .....

FULL NAME OF CHILD ~~John Edward~~ HAROLD ORVILLE ELVERUM

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Male			Yes	Nov 8 1912

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	Samuel Elverum	Mary Olson
RESIDENCE	Burke, Idaho	Burke, Idaho
COLOR	White	White
AGE AT LAST BIRTHDAY (Years)	34	33
BIRTHPLACE	Norway	Norway
OCCUPATION	Miner	Housewife

Number of child of this mother, including present birth 1

Number of children, of this mother, now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born (Born alive or stillborn) at 1130 A.M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Wm. L. Smith

(Physician or Midwife)

Address .....

Given names added from a supplemental report

....., 19.....

Registrar

Filed Dec. 9 1912 A. Lee Ducifer

Registrar

S-Y CO., 16670

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RE

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the nu of each, in order of birth stated

STATE OF IDAHO — Rev. V. S. No. 11-C — (Rev. 1-6-20-1)

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

File No. 10101

Registered No.

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth, a separate certificate must be made for each and the

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH ~~OR DEATH~~

Certificate No. 10001

State of Washington } ss.
County of Spokane }

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of Birth (Birth or death)
for Harold Orville Elverum (Name on original certificate) who Born (Was born or died) on November 8, 1912 (Date of event)
in Wallace, Idaho (Place of event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts as shown by Bible Record (Bible record, insurance policy, etc.) prepared on November 8, 1912 (Give date), are:

FACTS TO BE CORRECTED ("Name", "birth date", "cause of death", etc.)	FROM (As on original)	TO (The correct facts)
Name	John Elverum	Harold Orville Elverum
	Harold Orville Elverum	Harold Orville Elverum

Subscribed and sworn to before me this 22nd
day of September, 1941
[illegible]
Notary Public, residing at Spokane
My commission expires 4-11-44
[SEAL]

Signed Grace H Elverum
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)
1725 N. Crescent Spokane Wash
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Washington } ss.
County of Spokane }

[This affidavit MUST also be executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

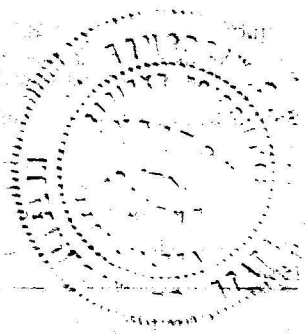
Subscribed and sworn to before me this 26th
day of December, 1941
[illegible]
Notary Public, residing at Spokane
My commission expires 4-11-44
[SEAL]

Signed Mrs Anlang Elverum
(Signature of any credible person other than the previous affiant.)
1725 N Crescent Spokane Wash
(Street Address, City, State)

Received for filing on ..... By .....
(Registrar's signature)

[redacted]

JAN 5 1942



MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

City of Missoula

No. _____ St.

Hospital _____

Registration District No. 24 File No. 10002

Primary Registration District No. 2098 Registered No. 279

FULL NAME OF CHILD _____

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Female			yes	Nov 16 1912

FATHER		MOTHER	
FULL NAME	A. B. Hayward	FULL MAIDEN NAME	Eva Davis
RESIDENCE	Missoula	RESIDENCE	Missoula
COLOR	white	COLOR	white
AGE AT LAST BIRTHDAY	23 (Years)	AGE AT LAST BIRTHDAY	22 (Years)
BIRTHPLACE	Mich.	BIRTHPLACE	Ohio
OCCUPATION	Fireman N. P. R.	OCCUPATION	wife

Number of child of this mother, including present birth 2

Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn) at 12 M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Ashley F. Cooley

(Physician or midwife)

Address Missoula

Given names added from a supplemental report

_____ 19____

_____ Registrar

Filed Dec 1 11 1912 J. W. Hayward Registrar

S-Y CO. 20174

PLACE OF BIRTH

County of

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Form V. S. No. 11-C-60m-7-42

2544 1910 OOK-238

PLACE OF BIRTH

County of Kootenai

City of Mountain View

No. ____ St.

Hospital ____

Form V. S. No. 11-C—20m-8-15-12

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

10004

Registration District No. 24 File No. ____

Primary Registration District No. 2098 Registered No. 283

FULL NAME OF CHILD ____

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
male			yes	Nov 10 1912

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	Adolph Summers	Anna R. Schiesser
RESIDENCE	Mountain View	Mountain View
COLOR	white	white
AGE AT LAST BIRTHDAY (Years)	43	19
BIRTHPLACE	Switzerland	Paris
OCCUPATION	U.S. Blacksmith	nurse

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Alive (Born alive or stillborn) at 11 a M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Lieut Cooley

(Physician or midwife)

Address M & P.

Given names added from a supplemental report

....., 19.....

Filed Dec 11 1912

J W Kaywood Registrar

.....
Registrar

S-Y CO. 20174

RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH

County of

STATE OF IDAHO

BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Form V. S. No. 11-O—20m-8-10-12

264-109-004-238

Form V. S. No. 11-C—20m-2-15-12

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

10005

County of Ada

City of Meridian — Registration District No. 24 — File No.

No. ____ St. — Primary Registration District No. 2098 — Registered No. 281

Hospital ____

FULL NAME OF CHILD LOWELL ADOLPH SOMMERS

Sex of Child	Twin / Triplet or other? (To be answered only in event of plural births)	and — Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
M			Yes	10 8 1912

FATHER		MOTHER	
FULL NAME	Adolph Sommers	FULL MAIDEN NAME	Emma Schiem
RESIDENCE	Meridian	RESIDENCE	Meridian
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY (Years)	23	AGE AT LAST BIRTHDAY (Years)	19
BIRTHPLACE	Germany	BIRTHPLACE	Penn
OCCUPATION	C & L Blacksmith	OCCUPATION	H

Number of child of this mother, including present birth 1 — Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive at 12 M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) ____ (Physician or midwife)

Address ____

Given names added from a supplemental report

....19....

....Registrar

Filed Nov 27 1912 J. W. Hayward Registrar

S-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

34. If child was born dead, state whether stillborn or fetal death. DATE REPORTED (Month, day, and year)

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH-BUREAU OF VITAL STATISTICS

Affidavit to Correct or Amend an Original Certificate of Birth or Death

State of Idaho)
)ss
County of Bear Lake)

Certificate No. 10005

Date Filed .....

The undersigned does solemnly swear that certain facts on the certificate of birth (birth or death) for Summers (Name on original certificate) who was born (was born or died) on November 8, 1912 (Date of event) in Montpelier (Place of event) are erroneous or were ommitted; and that, to the best of his knowledge, the true facts of the case as shown by Bible Church Record (Bible record, insurance plcy.etc.) prepared on December, 1912 (Give date) are:

FACTS TO BE CORRECTED (Name, birthdate,etc.)	FROM (As on original)	TO (The correct facts)
Name	no name given	Lowell Adolph Sommers
Surname	Summers	Sommers

Subscribed and sworn to before me this 14 day of Jan. 1942

M. E. Raymond
Notary Public
Residing at Fair Oaks

My commission expires 4-16-45

(SEAL)

Signed Anna Bertha Sommers mother
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

R.1 - 25-60 Sacramento Calif.
(Street address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON
(Both affidavits must be completed)

State of California)
)ss
County of Sacramento)

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

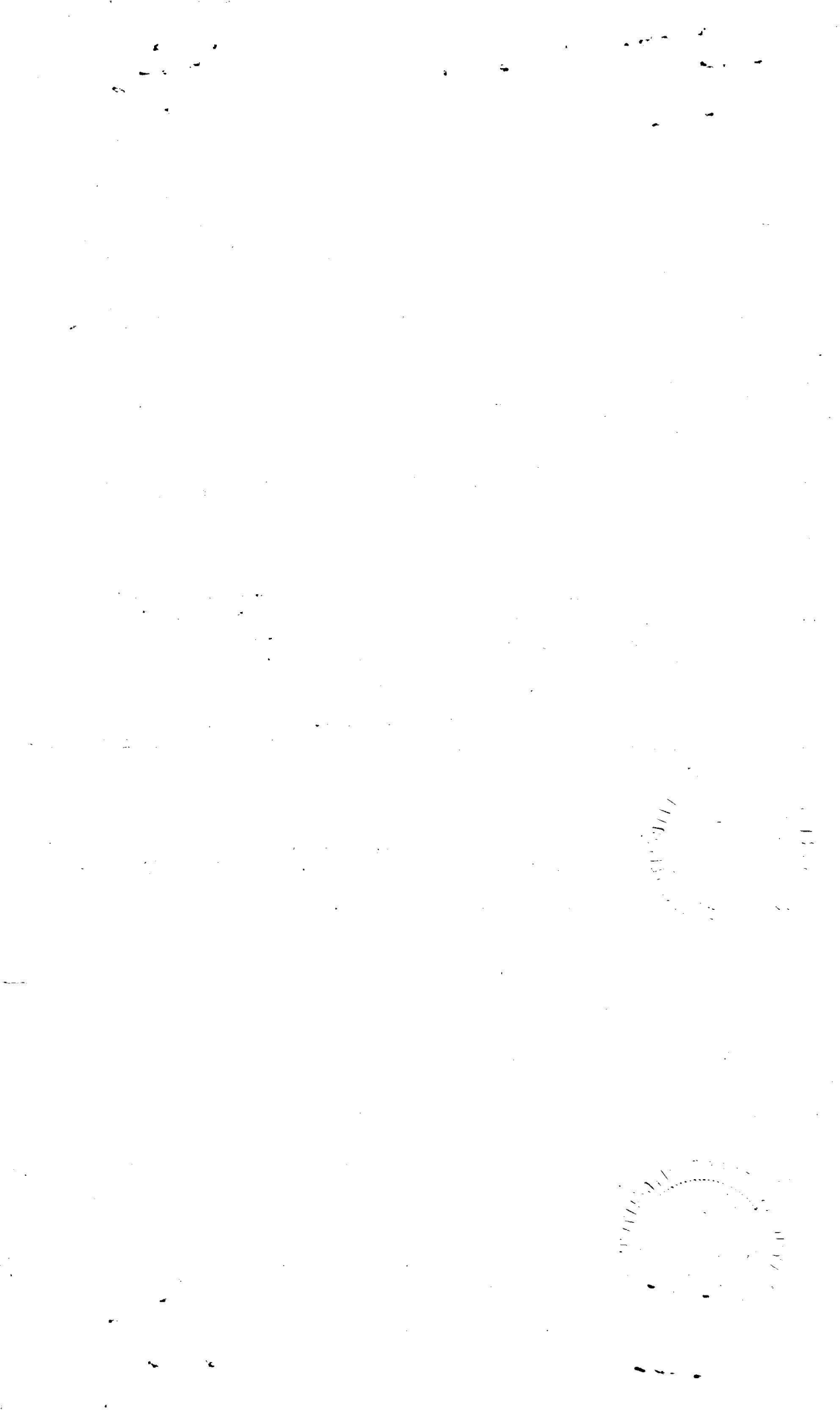
Subscribed and sworn to before me this 14 day of January 1942

M. E. Raymond
Notary Public
Residing at Fair Oaks

My commission expires 4016-45
(SEAL)

Signed Louis Chiappe
(Signature of any credible person other than the previous affiant.)

Del Paso Heights Calif.
(Street address, City, State)



MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

217-111-0004315

PLACE OF BIRTH

County of B. L.

City of Montpelier

No. ..... St.

Hospital .....

Form V. S. No. 11-C—20m-2-15-12

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 24 File No. 10006

Primary Registration District No. 2098 Registered No. 287

FULL NAME OF CHILD Maine L. Bagley

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
boy			yes	[illegible] 1912

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	C. G. Bagley	Manda Lunsford
RESIDENCE	Montpelier	Montpelier
COLOR	W	W
AGE AT LAST BIRTHDAY (Years)	23	21
BIRTHPLACE	Montpelier	Wadsworo
OCCUPATION	farmer	none

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn), at 12 M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report

..... 19.....

..... Registrar

(Signature) [illegible]

(Physician or midwife)

Address Montpelier Idaho

Filed Nov. 20 1912 [illegible] Registrar

S-Y CO. 20174

MAY 7 1952

33/201.004-366

Form V. S. No. 11-C—20m-2-15-12

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

10007

PLACE OF BIRTH

County of Bl

City of Montpelier

No. ____ St.

Hospital ____

Registration District No. 24 File No. ____

Primary Registration District No. 2098 Registered No. 283

FULL NAME OF CHILD Ruby

Sex of Child	Twin Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
F			Yes	Nov 1 1912

FATHER		MOTHER	
FULL NAME	[illegible]	FULL MAIDEN NAME	Ethel Cook
RESIDENCE	Montpelier	RESIDENCE	Montpelier
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY (Years)	26	AGE AT LAST BIRTHDAY (Years)	26
BIRTHPLACE	Box Elder [illegible]	BIRTHPLACE	Oregon
OCCUPATION	Laborer	OCCUPATION	Wife

Number of child of this mother, including present birth 1

Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive at 7 a M. on the date above stated.

(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) [illegible]

(Physician or midwife)

Address Montpelier

Given names added from a supplemental report

....., 19.....

Filed Nov. 28 1912

J. W. Hayward
Registrar

.....
Registrar

8-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

693104004268

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

Form V. S. No. 11-C—10m-8-7-11

PLACE OF BIRTH

County of Bear Lake

City of Montpelier

No. ____, ____ St.

Hospital

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

Registration District No. 24 File No. 10008

Primary Registration District No. 2098 Registered No. 278

FULL NAME OF CHILD Baby Stevens, Woodrow Wilson

Sex of Child: Male	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate? Yes.	Date of birth: Nov. 4th, 1912 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Justus Perry Stevens	FULL MAIDEN NAME	Juliet Dohney
RESIDENCE	Montpelier	RESIDENCE	Montpelier
COLOR	White	AGE AT LAST BIRTHDAY (Years)	37
BIRTHPLACE	Utah	COLOR	White
OCCUPATION	Loco, Fireman	AGE AT LAST BIRTHDAY (Years)	36.
		BIRTHPLACE	Utah
		OCCUPATION	Housewife

Number of child of this mother, including present birth: 8

Number of children, of this mother, now living, including present birth: 8

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 12 50 a. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) N. K. King M.D.

Phy. (Physician or Midwife)

Address Montpelier Idaho

Given names added from a supplemental report

....., 19.....

Filed Nov. 27 1912 J. W. Hargrave Registrar

SYMS - YORK CO., PTRS. & BDRS 17926 Registrar

DEC 31 1941

JUN 18 1976

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

38-103-004-663

PLACE OF BIRTH

County of Bear Lake

City of Montpelier

No. ____, ____ St.

Hospital ____

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

Form V. S. No. 11-C—15m-6-20-11

Registration District No. 24 File No. 10009

Primary Registration District No. 2098 Registered No. 277

FULL NAME OF CHILD Bailey Chaffin

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Male			Yes	11, 3, 1912

FATHER		MOTHER	
FULL NAME	Ira Chaffin	FULL MAIDEN NAME	Amy Bradford
RESIDENCE	Montpelier Ida	RESIDENCE	Montpelier Ida
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	43	AGE AT LAST BIRTHDAY (Years)	35
BIRTHPLACE	U.S.	BIRTHPLACE	U.S.
OCCUPATION	R.R. Engineer	OCCUPATION	Domestic

Number of child of this mother, including present birth 7

Number of children, of this mother, now living, including present birth 7

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 1.30 A.M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) E. F. Runyan M.D

Physician (Physician or Midwife)

Address Montpelier Idaho

Given names added from a supplemental report

....., 19.....

Registrar

Filed Nov. 27 19 12 J.W. Hayward Registrar

S-Y CO., 16670

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

JUL 3 0 1975

493-203-004-542

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

Form V. S. No. 11-C—10m-8-7-11

PLACE OF BIRTH

County of Bear Lake

City of Montpelier

No. ____, ____ St.

Hospital ____

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

10010

Registration District No. 24 File No. ____

Primary Registration District No. 2078 Registered No. 289

FULL NAME OF CHILD Anna Miller

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Female		1	Yes	Nov 3 1912

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	Edward Miller	Anna Rasbaum
RESIDENCE	Montpelier	Montpelier
COLOR / AGE AT LAST BIRTHDAY (Years)	White 28	White 28
BIRTHPLACE	Germany	Germany
OCCUPATION	O.S.L. Employee	Housewife

Number of child of this mother, including present birth 1

Number of children, of this mother, now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn) at 4 6 M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) O M Snyder

M.D.

(Physician or Midwife)

Address Montpelier Idaho.

Given names added from a supplemental report

....., 19.....

Filed Nov 4—1912 J.W. Langford

Registrar

SYMS - YORK CO., PTRS. & BDRS. 17328

Registrar

NOV 16 1967

296-220-004-863

Amended 7-17-72

(Be sure the information is complete and accurate)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 10011
Local Reg. No. 290
Reg. Dist. No. 24

1. PLACE OF BIRTH

a. COUNTY: Bear Lake

b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN: Montpelier

c. FULL NAME OF (If NOT in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION:

2. USUAL RESIDENCE OF MOTHER (Where does mother live?)

a. STATE: Idaho b. COUNTY: Bear Lake

c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN: Montpelier

d. STREET ADDRESS (If rural, give location):

3. CHILD'S NAME (Type or print)

a. (First): Myrtle b. (Middle): c. (Last): Brown

4. SEX: female

5a. THIS BIRTH SINGLE X TWIN ____ TRIPLET ____

5b. IF TWIN OR TRIPLET (This child born) 1st ____ 2nd ____ 3rd ____

6. DATE OF BIRTH (Month) (Day) (Year): November 20,1912

FATHER OF CHILD

7. FULL NAME

a. (First): Fergus b. (Middle): c. (Last): Brown

8. AGE (At time of this birth): 31 YEARS

9. BIRTHPLACE (State or foreign country) (City or Town): Liberty

10. USUAL OCCUPATION: Farmer

11. KIND OF BUSINESS OR INDUSTRY: Farming

MOTHER OF CHILD

12. FULL MAIDEN NAME

a. (First): May b. (Middle): c. (Last): Holmes

13. AGE (At time of this birth): 31 YEARS

14. BIRTHPLACE (State or foreign country) (City or Town): Montpelier, Idaho

15. CHILDREN PREVIOUSLY BORN TO THIS MOTHER (Do NOT include this child)

a. How many OTHER children are now living? 4

b. How many OTHER children were born alive but are now dead? 1

c. How many children were stillborn (born dead after 20 wks. pregnancy?)

16. INFORMANT'S SIGNATURE OR NAME (Relationship):

I hereby certify that this child was born alive on the date stated above.

17. SIGNATURE: D"Orr Poynter

18. ATTENDANT AT BIRTH: M.D. X MIDWIFE ____ OTHER (Specify) ____

19. ADDRESS: Montpelier

20. DATE SIGNED: December 4,1912

21. DATE REC'D BY LOCAL REG.: Dec.4,1912

22. REGISTRAR'S SIGNATURE: J.W. Hayward

23. DATE ON WHICH GIVEN NAME ADDED BY ____ Registrar

Record typewriter ribbon in completing this certificate. This certificate MUST be filed with the trict where the birth occurred WITHIN 10 days after the date of birth of the child. Address VITAL STATISTICS, BOISE, IDAHO.

IDAHO DEPARTMENT OF HEALTH

BUREAU OF VITAL STATISTICS

RECEIVED
BUREAU OF
VITAL STATISTICS
JUL 14 9 29 AM '72

Affidavit to Correct or Amend An Original Certificate of Birth or Death

State of IDAHO } ss.
County of Bear Lake }

Certificate No. 10011

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of birth (Birth or Death)
for Goldie Brown (Name on Original Certificate) who was born (Was Born or Died) on Nov. 20, 1912 (Date of Event)
in Montpelier, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts are shown by Cert. of Blessing (Bible Record, Insurance Policy, Etc.) prepared on JUNE 20, 1972 (Give Date), are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
Child's name	Goldie Brown	Myrtle Brown

Subscribed and sworn to before me this 20th day of JUNE, 19 72

Notary Public, residing at CORONA, CAL
My commission expires

RALPH NEATE, JR.
NOTARY PUBLIC—CALIFORNIA
PRINCIPAL OFFICE IN
FRESNO COUNTY
My Commission Expires March 7, 1975

Signed X Myrtle B. Baker
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

252 UNIVERSITY COALINGA, CAL
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of California } ss.
County of FRESNO }

[This Affidavit MUST Also be Executed (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 20TH day of JUNE, 19 72

Notary Public, residing at COALINGA, CAL
My commission expires
(Seal)

RALPH NEATE, JR.
NOTARY PUBLIC—CALIFORNIA
PRINCIPAL OFFICE IN
FRESNO COUNTY
My Commission Expires March 7, 1975

Signed Ralph Neate Jr.
(Signature of Any Credible Person)

252 UNIVERSITY COALINGA, CAL
(Street Address, City, State)

FORM DH 60-155

CL 5/31/72 nm

Church Certificate of Birth gives name as Myrtle Brown born Nove. 20, 1912 in Montpelier, Idaho.Father - Fergus Brown and Mother - Laura Holmes. Recorded in Bear Lake Stake, Montpelier 1st Ward Record of Births and Blessings, 1915 page 54 line 207 Entered on record March 28, 1915.
Viewed by V.S.

The Prudential Insurance Co. of America gives name as Myrtle B. Trapier born November 2(1912 in Montpelier, Idaho. Policy # 110 095 997 issued June 28, 1937.
Viewed by V.S.

Family Record of births gives name as Myrtle Brown born November 20, 1912 at Montpelier Idaho. Parents - Fergus Brown and Laura May Holmes.
Viewed by V.S.

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

Form V. S. No. 11-C—10m-8-7-11

PLACE OF BIRTH

County of Bear Lake

City of Montpelier

No. ..... St.

Hospital .....

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

Registration District No. 24

Primary Registration District No. 2098

File No. 10011

Registered No. 290

FULL NAME OF CHILD Galdie Brown

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Female			Yes	Nov. 20, 1913

	FATHER	MOTHER
FULL NAME	Fergus Brown	FULL MAIDEN NAME Mary Holmes
RESIDENCE	Montpelier	RESIDENCE Montpelier
COLOR	White	COLOR White
AGE AT LAST BIRTHDAY (Years)	31	AGE AT LAST BIRTHDAY (Years) 31
BIRTHPLACE	Liberty	BIRTHPLACE Montpelier
OCCUPATION	Farmer	OCCUPATION Housewife

Number of child of this mother, including present birth 5

Number of children, of this mother, now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn), at 5:30 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report

....., 19.....

..... Registrar

(Signature) Dr. Payne

(Physician or Midwife)

Address Montpelier Idaho

Filed Dec. 4, 1913 J. W. Glenwood Registrar

SYMS - YORK CO., PTRS. & BDRS. 17328

APR 23 1969

JUL 17 1972

962-109-004-295

MARGIN RESERVED FOR BINDING

PLEASE PRINT PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

Form V. S. No. 11-C—10m-8-7-11

PLACE OF BIRTH

County of Bear Lake

City of Montpelier

No ____, ____ St.

Hospital ____

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

Registration District No 74 — File No. 10012

Primary Registration District No 2098 — Registered No. 291

FULL NAME OF CHILD John Gilbert Robinson

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Male		1	Yes	Nov 9, 1912

	FATHER	MOTHER
FULL NAME	John T Robinson	FULL MAIDEN NAME Lena Bigg
RESIDENCE	Montpelier	RESIDENCE Montpelier
COLOR	White	COLOR White
AGE AT LAST BIRTHDAY (Years)	27	AGE AT LAST BIRTHDAY (Years) 21
BIRTHPLACE	Bear Lake City	BIRTHPLACE Montpelier
OCCUPATION	Carpenter	OCCUPATION Housewife

Number of child of this mother, including present birth 1

Number of children, of this mother, now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn), at 6:30 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) D M Rogers

(Physician or Midwife)

Address Montpelier Idaho

Given names added from a supplemental report

....., 19.....

Filed Dec 4 19 12 J W Langsmaid Registrar

Registrar

SYMS - YORK CO., PTRS. & BDRS. 17326

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

File No. .....

Registered No. .....

Name of Child .....

Sex .....

Color .....

Date of Birth .....

Place of Birth .....

Name of Father .....

Color .....

Age at Last Birthday .....

Birthplace .....

Name of Mother .....

Color .....

Age at Last Birthday .....

Birthplace .....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of the child above named.

Signature .....

(Physician or Midwife)

Address .....

Given name added from a supplemental report

Filed ..... 19 .....

Registrar .....

365-110-004-493

PLACE OF BIRTH

County of Bo

City of Georgetown

No. _____ St.

Hospital _____

Form V. S. No. 11-C—20m-2-15-12

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 24 File No. 10013

Primary Registration District No. 2096 Registered No. 289

FULL NAME OF CHILD Curley Carson Loveland

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
M			Yes	Nov 10 1912

FATHER		MOTHER	
FULL NAME	H M Loveland	FULL MAIDEN NAME	Effie Hulse
RESIDENCE	Georgetown	RESIDENCE	Georgetown
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY	37 (Years)	AGE AT LAST BIRTHDAY	31 (Years)
BIRTHPLACE	Randolph	BIRTHPLACE	Bloomington
OCCUPATION	Farming	OCCUPATION	W

Number of child of this mother, including present birth 5

Number of children of this mother now living, including present birth 5

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive at 1:00 M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) _____
(Physician or midwife)

Address _____

Given names added from a supplemental report

_____ 19____

_____ Registrar

Filed Dec. 1 — 1912

J. W. Kenyon Registrar

8-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

MAY 7 1942

24920810042-19

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

Form V. S. No. 11-C—16m-8-7-11

PLACE OF BIRTH

County of B. L.

City of Georgetown

No. ____, ____ St.

Hospital ____

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

Registration District No. 24 File No. 10014

Primary Registration District No. 2096 Registered No. 292

FULL NAME OF CHILD Mark Oliver

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Girl		3rd	Yes	Nov. 8, 1912

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	Wells Smith	Florence Barkdull
RESIDENCE	Georgetown Idaho	Georgetown
COLOR	White	White
AGE AT LAST BIRTHDAY	26 (Years)	28 (Years)
BIRTHPLACE	Georgetown	Georgetown
OCCUPATION	Farmer	Housewife

Number of child of this mother, including present birth 3

Number of children, of this mother, now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was ____ (Born alive or stillborn) at ____ M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Alice J. Tippets

(Physician or Midwife)

Address Georgetown Idaho

Given names added from a supplemental report

____, 19____

____ Registrar

Filed Dec 4 19 12 J. Hayward, Registrar

SYMS - YORK CO., PTRS. & BDRS. 17826

K

AUG 2 8 1974

DECEASED

219-106-004-231

MARGIN RESERVED FOR BINDING

WRITE PLAINLY. WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

Form V. S. No. 11-C—10m-8-7-11

PLACE OF BIRTH

County of Bear Lake

City of Georgetown

No. ____, ____ St.

Hospital ____

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

10015

Registration District No. 24 File No. ____

Primary Registration District No. 2096 Registered No. 293

FULL NAME OF CHILD Wilson Grant Barkdull

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth
Boy			Yes	Sept. (Month) 6 (Day) 1912 (Year)

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	David Barkdull.	Alice Black.
RESIDENCE	Georgetown Idaho.	Georgetown Idaho
COLOR	~~Light~~ White	AGE AT LAST BIRTHDAY 45 (Years) ~~Dark~~ White
BIRTHPLACE	Morgan, Utah	Pleasant Grove, Utah
OCCUPATION	Farmer	Housewife

Number of child of this mother, including present birth 10 Number of children, of this mother, now living, including present birth 10

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Alive (Born alive or stillborn), at ____ M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report

____, 19____

____ Registrar

(Signature) ____

Alice J. Tippetts (Physician or Midwife)

Address Georgetown Idaho

Filed Dec 4 19 12 J. W. Maynard Registrar

SYMS - YORK CO., PTRS. & BDRS. 17326

SEP 1 2 1972

MAY 2 0 1953

912-125-004219

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

Form V. S. No. 11-C—10m-8-7-11

PLACE OF BIRTH

County of Bear Lake

City of Georgetown

No. ____, ____ St.

Hospital ____

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

Registration District No. 24 — File No. 10016

Primary Registration District No. 2096 — Registered No. 259

FULL NAME OF CHILD ____

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Boy.			Yes	Aug 25 1912

FATHER		MOTHER	
FULL NAME	James Rasmussen	FULL MAIDEN NAME	Mary E Barkdull
RESIDENCE	Georgetown Idaho	RESIDENCE	Georgetown Idaho
COLOR	Light	COLOR	W.
AGE AT LAST BIRTHDAY	25 (Years)	AGE AT LAST BIRTHDAY	21 (Years)
BIRTHPLACE	Mink Creek Idaho	BIRTHPLACE	Georgetown Idaho
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 2.

Number of children, of this mother, now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Celine (Born alive or stillborn), at ____ M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report

____, 19____

____ Registrar

(Signature) Alice P. Tippets (Physician or Midwife)

Address Georgetown Idaho

Filed Dec 4 1912 J W Leyland Registrar

SYMS - YORK CO., PTRS. & BDRS. 17826

469-206-004-469

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

Form V. S. No. 11-C—10m-8-7-11

PLACE OF BIRTH

County of Bear Lake

City of Liberty

No. ____, ____ St.

Hospital ____

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

10017

Registration District No. 24

File No. ____

Primary Registration District No. 2093

Registered No. 295

FULL NAME OF CHILD J. Morgan

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
F.			Yes	June 6, 1913

FATHER	MOTHER
FULL NAME Charles Linford	FULL MAIDEN NAME Hannah Morgan
RESIDENCE Liberty	RESIDENCE Liberty
COLOR W. AGE AT LAST BIRTHDAY 38 (Years)	COLOR W. AGE AT LAST BIRTHDAY 29 (Years)
BIRTHPLACE Idaho	BIRTHPLACE Idaho
OCCUPATION Farmer	OCCUPATION Housewife

Number of child of this mother, including present birth 3

Number of children, of this mother, now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn), at 5:30 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report

....., 19....

.....
Registrar

(Signature) Ill Hayward M.D.

(Physician or Midwife)

Address Preis Idaho

Filed June 10 19 Ill Hayward
Registrar

SYMS - YORK CO., PTRS. & BDRS. 17826

DEC 8 1969

884.20/100K-799

Form V. S. No. 11-C—20m-2-15-12

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Bear Lake

City of Sharon

No. ..... St.

Hospital .....

Registration District No. 24 File No. 10019

Primary Registration District No. 2093 Registered No. 276

FULL NAME OF CHILD Edna

Sex of Child	Twin / Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
girl			Yes	June 8 1912

FATHER		MOTHER	
FULL NAME	B. P. Symas	FULL MAIDEN NAME	Elizabeth Price
RESIDENCE	Sharon	RESIDENCE	Sharon
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	43 (Years)	AGE AT LAST BIRTHDAY	40 (Years)
BIRTHPLACE	Paris	BIRTHPLACE	Paris
OCCUPATION	farmer	OCCUPATION	wife

Number of child of this mother, including present birth 16

Number of children of this mother now living, including present birth 10

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive, at 11:30 A. M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) .....
Ashley & Cooley
(Physician or midwife)

Address Montpelier Idaho

Given names added from a supplemental report

..... 19.....

..... Registrar

Filed Nov. 27 19 12 J. W. Hayward Registrar

S-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

K

759-101-00K-249

PLACE OF BIRTH

County of Bo

City of Shamrock

No. ____ St.

Hospital ____

Form V. S. No. 11-C—20m-2-15-12

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

10020

Registration District No. 24 File No. ____

Primary Registration District No. 2093 Registered No. 284

FULL NAME OF CHILD Eyon

Sex of Child	Twin Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
M			To	Nov 1 1912

FATHER		MOTHER	
FULL NAME	John Gerlach	FULL MAIDEN NAME	Mrs E Lewis
RESIDENCE	Shamrock	RESIDENCE	Shamrock
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY (Years)	35	AGE AT LAST BIRTHDAY (Years)	29
BIRTHPLACE	Kansas	BIRTHPLACE	Illinois
OCCUPATION	Farmer	OCCUPATION	W

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth ____

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 11 P. M. on the date above stated.

(Signature) Elizabeth Smith

(Physician or midwife)

Address Shamrock Texas

Filed Nov 27 19 12 J. W. Maynard Registrar

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report

____ 19____

____ Registrar

8-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

OCT 26 1966

817-214-604-613

Form V. S. No. 11-C—20m-2-15-12

PLACE OF BIRTH

County of Bear Lake

City of Paris

No. ____ St.

Hospital ____

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 24 File No. 10021

Primary Registration District No. 2092 Registered No. 280

FULL NAME OF CHILD Bernice

Sex of Child	Twin / Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Female			yes	Nov 14 1912

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	W B Hayes	Mary Wallen
RESIDENCE	Paris	Paris
COLOR / AGE AT LAST BIRTHDAY (Years)	white 29	white 24
BIRTHPLACE	Paris	Logan
OCCUPATION	farmer	Wife

Number of child of this mother, including present birth 3

Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Alive (Born alive or stillborn), at 9 a M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Caroline Peterson

(Physician or midwife)

Address Paris

Given names added from a supplemental report

....., 19.....

Registrar

Filed Nov 11 – 1912 J W Hargrave

Registrar

S-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

FEB 2 1976

717-22-004-884

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Form V. S. No. 11-C—20m-8-15-12

PLACE OF BIRTH

County of Bear Lake

City of Paris

No. ..... St.

Hospital .....

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 24 File No. 10022

Primary Registration District No. 2092 Registered No. 281

FULL NAME OF CHILD Earl Gordon PARKER

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Female			Yes	Nov. 27 1912

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	John Parker	Mary Hymas
RESIDENCE	Paris	Paris
COLOR	White	White
AGE AT LAST BIRTHDAY (Years)	50	46
BIRTHPLACE	England	Liberty
OCCUPATION	Farmer	Wife

Number of child of this mother, including present birth 5

Number of children of this mother now living, including present birth 5

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn) at 11 a M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) .....

(Physician or midwife)

Address .....

Given names added from a supplemental report

..... 19.....

..... Registrar

Filed Dec. 11 1912 J. W. Haymond Registrar

8-Y CO. 20174

DEC 24 1941

DEC 27 1941

AUG 2 1974

213-21-00495

Form V. S. No. 11-C—20m-2-15-12

PLACE OF BIRTH

County of Bear Lake

City of Paris

No. ____ St.

Hospital ____

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 24 File No. 10023

Primary Registration District No. 2092 Registered No. 285

FULL NAME OF CHILD ____

Sex of Child	Twin / Triplet / or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Girl			yes	June 4 1912

FATHER		MOTHER	
FULL NAME	Steven Bateman	FULL MAIDEN NAME	Blanch Turner
RESIDENCE	Bloomington	RESIDENCE	Bloomington
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	24 (Years)	AGE AT LAST BIRTHDAY	20 (Years)
BIRTHPLACE	Utah	BIRTHPLACE	Paris
OCCUPATION	farmer	OCCUPATION	____

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn) at 7.30 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) ____

(Physician or midwife)

Address Montpelier and Idaho

Given names added from a supplemental report

____ 19____

Filed Nov. 27 19 12 J. W. Hayward Registrar

____ Registrar

S-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

135.220.004-818

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

Form V. S. No. 11-C—10m-8-7-11

PLACE OF BIRTH

County of Bear Lake

City of Bloomington

No. ____, ____ St.

Hospital ____

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

Registration District No. 24 — File No. 10024

Primary Registration District No. 2091 — Registered No. 297

FULL NAME OF CHILD Ellen Mary

Sex of Child	Twin, Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of birth (Month) (Day) (Year)
F.	2	Yes	Nov 20 1912

FATHER		MOTHER	
FULL NAME	Ermin Stevens	FULL MAIDEN NAME	Ellen Hayward
RESIDENCE	Bloomington	RESIDENCE	Bloomington
COLOR	W.	COLOR	W.
AGE AT LAST BIRTHDAY	27 (Years)	AGE AT LAST BIRTHDAY	29 (Years)
BIRTHPLACE	Idaho	BIRTHPLACE	Idaho
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 2

Number of children, of this mother, now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn) at 6 P.M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. M. Hayward M.D.

(Physician or Midwife)

Address Paris Idaho

Given names added from a supplemental report

....., 19.....

Filed Dec 3 1912 J. M. Hayward

Registrar

SYMS - YORK CO., PTRS. & BDRS. 17826

Registrar

OCT 5 1956

MAR 23 1959

713-202-004386

MARGIN RESERVED FOR BINDING
WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

Form V. S. No. 11-C—10m-8-7-11

STATE OF IDAHO
Bureau of Vital Statistics
CERTIFICATE OF BIRTH

PLACE OF BIRTH

County of Bear Lake

City of Bloomington

No ____, ____ St.

Hospital ____

Registration District No 24 — File No. 10025

Primary Registration District No 209 — Registered No. 296

FULL NAME OF CHILD Helen Patterson

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
F			Yes	Nov 2 1912

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	E. J. Patterson	Angeline Thomsock
RESIDENCE	Bloomington	Bloomington
COLOR	W.	W.
AGE AT LAST BIRTHDAY (Years)	38	28
BIRTHPLACE	Idaho	Idaho
OCCUPATION	Farmer	Housewife

Number of child of this mother, including present birth 3

Number of children, of this mother, now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn), at ____ M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report

....., 19....

.....
Registrar

(Signature) J. M. Hayward M. D.
(Physician or Midwife)

Address Paris Idaho

Filed Nov. 10 1912 J. M. Hayward
Registrar

SYMS - YORK CO., PTRS. & BDRS. 17326

MAR 6 1950

818-120-004-818

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

Form V. S. No. 11-C—10m-8-7-11

PLACE OF BIRTH

County of Fremont

City of Bloomington

No ____, ____ St.

Hospital ____

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

10026

Registration District No. 24

File No. ____

Primary Registration District No. 2091

Registered No. 224

FULL NAME OF CHILD Alexander Hayward

Sex of Child	Twin, ~~Triplet~~ or ~~other~~? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of birth (Month) (Day) (Year)
M.	1	Yes	Nov 20 1912

FATHER	MOTHER
FULL NAME Erwin Stevens	FULL MAIDEN NAME Ella Hayward
RESIDENCE Bloomington	RESIDENCE Bloomington
COLOR W.	COLOR W.
AGE AT LAST BIRTHDAY 27 (Years)	AGE AT LAST BIRTHDAY 29 (Years)
BIRTHPLACE Idaho	BIRTHPLACE Idaho
OCCUPATION Farmer	OCCUPATION Housewife

Number of child of this mother, including present birth 1

Number of children, of this mother, now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn), at 6:10 a M. on the date above stated.

(Signature) J. W. Hayward M.D.

(Physician or Midwife)

Address Paris Idaho

Filed Nov. 20 1912 J. W. Hayward Registrar

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report

....., 19.....

..... Registrar

SYMS - YORK CO., PTRS. & BDRS. 17326

SEP 2 9 1975

168-216.004-955

Form V. S. No. 11-C—20m-2-15-12

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

PLACE OF BIRTH

County of Bear Lake

City of Bloomington

No. ..... St.

Hospital .....

Registration District No. 24 File No. 10027

Primary Registration District No. 2091 Registered No. 278

FULL NAME OF CHILD Donna

Sex of Child	Twin / Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Female			Yes	May 16 191[illegible]

FATHER		MOTHER	
FULL NAME	W. S. Johnson	FULL MAIDEN NAME	Mary Housley
RESIDENCE	Bloomington	RESIDENCE	Bloomington
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	29 (Years)	AGE AT LAST BIRTHDAY	24 (Years)
BIRTHPLACE	Texas	BIRTHPLACE	Ogden
OCCUPATION	Laborer	OCCUPATION	[illegible]

Number of child of this mother, including present birth 3

Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn), at 9:30 A. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Cash D. Thompson

(Physician or midwife)

Address Montpelier

Given names added from a supplemental report

..... 19.....

..... Registrar

Filed Dec 11 - 19 12 J. W. Thompson Registrar

5-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

MAR 19 1942

636-110-004-213

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Form V. S. No. 11-C—20m-2-15-12

PLACE OF BIRTH

County of D. L.

City of St. Charles

No. ..... St.

Hospital .....

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 24 File No. 10028

Primary Registration District No. 2090 Registered No. 288

FULL NAME OF CHILD Lowell Floyd

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
boy			yes	Nov. 10 1912

	FATHER	MOTHER
FULL NAME	Geo. H. Floyd	Full Maiden Name Charlotte M. Bateman
RESIDENCE	St. Charles	St. Charles
COLOR	w	w
AGE AT LAST BIRTHDAY (Years)	41	35
BIRTHPLACE	St. Charles	Bloomington
OCCUPATION	farmer	keep house

Number of child of this mother, including present birth 4 Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn) at 8 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report

..... 19.....

..... Registrar

(Signature) Ashley & Cooley

(Physician or midwife)

Address Paris and Montpelier

Filed Nov. 1 1912 J. W. Hayward Registrar

S-Y CO. 20174

FEB 15 1974

4/3/41 L. B.

433.130 · 004313

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

Form V. S. No. 11-C—10m-8-7-11

PLACE OF BIRTH

County of Bear Lake

City of Georgetown

No. ____, ____ St.

Hospital ____

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

Registration District No. 24 — File No. 10029

Primary Registration District No. 2096 — Registered No. 285

FULL NAME OF CHILD William Ray McCammon

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Male			yes	Nov. 30, 1912

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	Wm McCammon	Tabitha Latham
RESIDENCE	Georgetown Idaho	Georgetown Idaho
COLOR	White	white
AGE AT LAST BIRTHDAY (Years)	43	33
BIRTHPLACE	Osborn Co, Kansas	Bennington Idaho
OCCUPATION	Farmer	Housewife

Number of child of this mother, including present birth 7

Number of children, of this mother, now living, including present birth 6

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 2:10 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Emma V. Clark

Midwife (Physician or Midwife)

Address Georgetown, Bear Lake Co. Idaho

Given names added from a supplemental report

....., 19.....

.....
Registrar

Filed Dec. 19 12

.....
Registrar

SYMS - YORK CO., PTRS. & BDRS. 17826

APR 6 1950

236-129-004154

PLACE OF BIRTH

Form V. S. No. 11-C—10m-8-7-11

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

County of Bear Lake

City of Georgetown

No _____, _____ St.

Hospital _____

Registration District No 24 File No. 10030

Primary Registration District No 2096 Registered No. 294

FULL NAME OF CHILD Robert Ralph

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Male			yes	Nov. 29, 1912

FATHER	MOTHER
FULL NAME: Willard Ray Stoddard	FULL MAIDEN NAME: Mary Josephine Anderson
RESIDENCE: Georgetown Idaho	RESIDENCE: Georgetown, Idaho
COLOR: white	COLOR: White
AGE AT LAST BIRTHDAY: 24 (Years)	AGE AT LAST BIRTHDAY: 22 (Years)
BIRTHPLACE: Georgetown Idaho	BIRTHPLACE: Georgetown, Idaho
OCCUPATION: Farmer	OCCUPATION: Housewife

Number of child of this mother, including present birth 1

Number of children, of this mother, now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 3:27 A. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Emma V. Clark

Midwife (Physician or Midwife)

Address Georgetown Idaho

Given names added from a supplemental report

_____, 19____

_____ Registrar

Filed Dec. 11, 1912 _____ Registrar

SYMS - YORK CO., PTRS. & BDRS. 17826

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

MAR 6 0 1969

71-20-004-523

PLACE OF BIRTH

County of Bear Lake

City of Paris

No. _____ St.

Hospital _____

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

Form V. S. No. 11-C—Rev. 2-15-12

CERTIFICATE OF BIRTH

Registration District No. 24

File No. 10031

Primary Registration District No. 2099

Registered No. 280

FULL NAME OF CHILD Evelyn Olive Sparks

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Fem			Yes	Nov. 12 1912

FATHER		MOTHER	
FULL NAME	Lee Sparks	FULL MAIDEN NAME	Emma Easterbrook
RESIDENCE	Paris	RESIDENCE	Paris
COLOR	White	AGE AT LAST BIRTHDAY (Years)	28
BIRTHPLACE	Lehi Utah	COLOR	White
OCCUPATION	Farmer	AGE AT LAST BIRTHDAY (Years)	27
		BIRTHPLACE	Denmark
		OCCUPATION	Wife

Number of child of this mother, including present birth 2

Number of children of this mother now living, including present birth 8

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive, at 11:30 P. M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report

_____, 19____

_____
Registrar

(Signature) _____

Physician

(Physician or midwife)

Address Montpelier Idaho

Filed Nov. 27 19 12 J. W. Hayward
Registrar

S-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

JUL 19 1965

APR 15 1976

255 668-866

PLACE OF BIRTH

County of Clearwater

City of Oro Fino

No. ..... St.

Hospital .....

Form V. S. No. 11-C—20m-2-15-12

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 17 File No. 10033

Primary Registration District No. 2078 Registered No. 64

FULL NAME OF CHILD Thelma Lavon Kennedy to-4

Sex of Child	Twin, Triplet or other?	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Female	X	X	Yes	Nov 15 1912

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	Angus D. Kennedy	FULL MAIDEN NAME	Ethel E. Howard
RESIDENCE	Oro Fino Ida	RESIDENCE	Oro Fino Ida
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	27 (Years)	AGE AT LAST BIRTHDAY	24 (Years)
BIRTHPLACE	Missoula Mont.	BIRTHPLACE	Grangeville Ida
OCCUPATION	Grocery Clerk	OCCUPATION	Housewife

Number of child of this mother including present birth 2

Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born Alive (Born alive or stillborn), at 10 a. M. on the date above stated.

(Signature) Earle V. Horsvill M.D.

(Physician or midwife)

Address Oro Fino, Ida

Filed Dec 11 19 12 J. M. Gaither Registrar

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report

..... 19.....

..... Registrar

S-Y CO. 20174

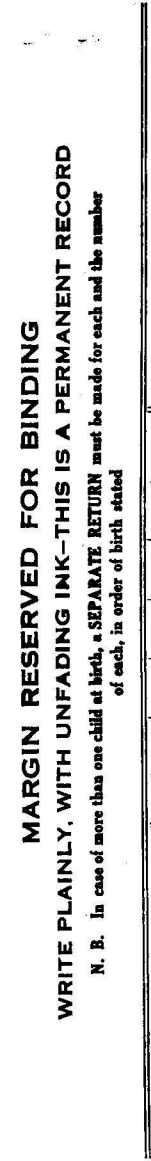
MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

K

DEC 1 0 1969



MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

386-121 18

PLACE OF BIRTH

Form V. S. No. 11-C—10m-8-7-11

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

10034

County of Washington

City of Weiser

No. ....., ... St.

Registration District No 26 File No. .....

Primary Registration District No 2112 Registered No. 167

Hospital .....

FULL NAME OF CHILD William Edward Thornton

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
M			Yes	Sept 21st 1912

FATHER	MOTHER
FULL NAME William P Thornton	FULL MAIDEN NAME Mary C. Mayfield
RESIDENCE Weiser Idaho R.F.D. No 2	RESIDENCE Weiser Idaho
COLOR W. AGE AT LAST BIRTHDAY 43 (Years)	COLOR White AGE AT LAST BIRTHDAY 39 (Years)
BIRTHPLACE Oregon	BIRTHPLACE Oregon
OCCUPATION Farmer	OCCUPATION H. W.

Number of child of this mother, including present birth 9

Number of children, of this mother, now living, including present birth 6

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) on the date above stated, at 6 a. M.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) William P Thornton Father

(Physician or Midwife)

Given names added from a supplemental report

....., 19.....

Registrar

Address .....

Filed Nov 25th 1912 W. R. Hamilton

Registrar

SYMS - YORK CO., PTRS. & SDRS. 17826

STATE OF IDAHO

JUL 30 1942

Bureau of Vital Statistics

Form V. S. No. H-C—10m-8-7-41

PLACE OF BIRTH

315-231-004-315

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

Form V. S. No. 11-C—10m-8-7-11

PLACE OF BIRTH

County of [redacted]

City of Nuss

No ____, ____ St.

Hospital ____

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

Registration District No 26 — File No. 10035

Primary Registration District No. 1011 — Registered No. 168

FULL NAME OF CHILD — Lancaster

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
female	—	—	yes	Oct 31 [illegible]

FATHER		MOTHER	
FULL NAME	Roy Lancaster	FULL MAIDEN NAME	Ermma Lancaster
RESIDENCE	Nuss Idaho	RESIDENCE	Nuss Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	24 (Years)	AGE AT LAST BIRTHDAY	22 (Years)
BIRTHPLACE	Imperial Nebraska	BIRTHPLACE	Memphis Missouri
OCCUPATION	Laborer	OCCUPATION	Housewife

Number of child of this mother, including present birth: three

Number of children, of this mother, now living, including present birth: two

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or ~~stillborn~~), at Dead P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) James A Young

Physician

(Physician or ~~Midwife~~)

Given names added from a supplemental report

....., 19.....

Registrar

Address .....

Filed Nov 29th 1912 W. R. Hamilton

Registrar

SYMS - YORK CO., PTRS. & BDRS. 17326

493-131-044753

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

Form V. S. No. 11-C—10m-8-7-11

PLACE OF BIRTH

County of Washington

City of Weiser

No. ____, ____ St.

Hospital ____

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

Registration District No. 26 File No. 10036

Primary Registration District No. 2112 Registered No. 169

FULL NAME OF CHILD Howard Halton Miller

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth
Male	—	—	yes	March 31 (Month) (Day) 1912 (Year)

FATHER		MOTHER	
FULL NAME	John C Miller	FULL MAIDEN NAME	Anna Peterson
RESIDENCE	Weiser Idaho	RESIDENCE	Weiser Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	37 (Years)	AGE AT LAST BIRTHDAY	29 (Years)
BIRTHPLACE	Beaver City Nebraska	BIRTHPLACE	Joliet Ill
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth.....

Number of children, of this mother, now living, including present birth.....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 2.9 M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report

....., 19.....

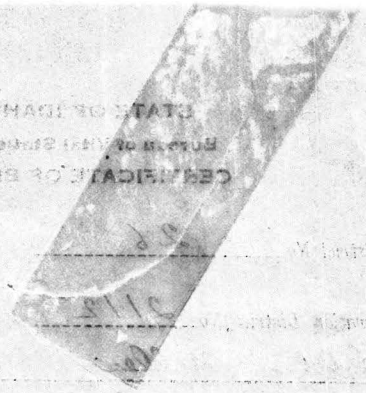
.....
Registrar

(Signature) James A Young
Physician
(Physician or Midwife)

Address .....

Filed Mar 29 1912 W. R. Hamilton
Registrar

SYMS - YORK CO., PTRS. & BDRS. 17826



Amended November 16, 1972

385-203-04X-195

(Be sure the information is complete and accurate)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 10037
Local Reg. No. 170
Reg. Dist. No. 26

1. PLACE OF BIRTH
a. COUNTY: Washington
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN: Weiser
c. FULL NAME OF (If NOT in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION:

2. USUAL RESIDENCE OF MOTHER (Where does mother live?)
a. STATE: Idaho
b. COUNTY: Washington
c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN: Weiser
d. STREET ADDRESS (If rural, give location):

3. CHILD'S NAME (Type or print)
a. (First): Joan
b. (Middle): Arnett
c. (Last): Cheesbrough

4. SEX: Female
5a. THIS BIRTH: SINGLE X TWIN ____ TRIPLET ____
5b. IF TWIN OR TRIPLET (This child born) 1st ____ 2nd ____ 3rd ____
6. DATE OF BIRTH (Month) (Day) (Year): November 3, 1912 born 10 p.m.

FATHER OF CHILD

7. FULL NAME
a. (First): John
b. (Middle):
c. (Last): Cheesbrough

8. AGE (At time of this birth): 34 YEARS
9. BIRTHPLACE (State or foreign country) (City or Town): England
10. USUAL OCCUPATION: Rancher
11. KIND OF BUSINESS OR INDUSTRY:

MOTHER OF CHILD

12. FULL MAIDEN NAME
a. (First): Nellie
b. (Middle):
c. (Last): Arnett

13. AGE (At time of this birth): 37 YEARS
14. BIRTHPLACE (State or foreign country) (City or Town): Illinois
15. CHILDREN PREVIOUSLY BORN TO THIS MOTHER (Do NOT include this child)
a. How many OTHER children are now living? 1
b. How many OTHER children were born alive but are now dead? -
c. How many children were stillborn (born dead after 20 wks. pregnancy?) -
16. INFORMANT'S SIGNATURE OR NAME (Relationship):

I hereby certify that this child was born alive on the date stated above.

17. SIGNATURE: Ernest O. Finney
18. ATTENDANT AT BIRTH: M.D. X MIDWIFE ____ OTHER (Specify) ____
19. ADDRESS: Weiser, Idaho
20. DATE SIGNED:
21. DATE REC'D BY LOCAL REG.: Nov. 17, 1912
22. REGISTRAR'S SIGNATURE: W. R. Hamilton
23. DATE ON WHICH GIVEN NAME ADDED BY ____ Registrar

...ate where the birth occurred WITHIN 10 days after the date of birth of the child. Address ...ITAL STATISTICS, BOISE, IDAHO.

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. DE 72-712

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Joan Arnett Cheesbrough			2. Date of Birth (month) Nov. (day) 3 (year) 1912
	3. Color or Race: white	4. Sex: F	5. Place of Birth a. County: Washington	b. City or Town of Birth: Weiser, Idaho
FATHER	6. Full Name of Father: John Cheesbrough			7. State or Country of Father's Birth: Yorkshire, England
MOTHER	8. Full Maiden Name of Mother: Nellie Katherine Arnett			9. State or Country of Mother's Birth: Whitside County, Illinois
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Joan A. Harward		11. Present Address of Registrant: 224 So. 5th E., Price, Ut
NOTARY (Seal)	Subscribed and sworn to before me on: Oct. 20, 19 72	12. Signature of Notary: Helen Allan		13. Notary Commission expires: July 6 19 76

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Federal Census Record Carbon County, Wyoming		By whom issued and signed: U.S. Department of Commerce Bureau of the Census	Date Issued: Oct.16,1972	Date Orig. Entry: Jan.1,1920
	Date of Birth: Age: 7	Birth Place: Idaho	Full Name of Mother: Nellie Cheesbrough	Name of Father: John Cheesbrough	
SUPPORTING RECORD 2.	Type of Document: Certified copy of marriage record		By whom issued and signed: Carbon County, Wyoming Bk J pg. 319	Date Issued: Aug.30,1972	Date Orig. Entry: Nov.1,1944
	Date of Birth: Age: 31	Birth Place: ---	Full Name of Mother: ---	Name of Father: ---	
SUPPORTING RECORD 3.	Type of Document: Baby Book		By whom issued and signed: Family Records	Date Issued: ----	Date Orig. Entry: obviously old
	Date of Birth: Nov.3,1912	Birth Place: Weiser, Idaho Washington County	Full Name of Mother: Nellie Arnett Cheesbrough	Name of Father: John Cheesbrough	
QUALIFYING INFORMATION					

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
Janet M. Wick	gml Glenda Larson	Nov. 15, 1972

FORM BH 56067

NOV 1 6 1972

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

Form V. S. No. 11-C--15m-6-20-11

PLACE OF BIRTH

County of Washington

City of Weiser.

No. —, — St.

Hospital —

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

Registration District No. 26 File No. 10037

Primary Registration District No. 2112 Registered No. 170

FULL NAME OF CHILD —

Sex of Child	Twin, Triplet, or other?	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
F	— (To be answered only in event of plural births)	—	yes	11 3 12

FATHER		MOTHER	
FULL NAME	John Cheesborough	FULL MAIDEN NAME	Nellie Arnett
RESIDENCE	Weiser Ida.	RESIDENCE	Weiser Idaho
COLOR	W.	COLOR	W
AGE AT LAST BIRTHDAY (Years)	34	AGE AT LAST BIRTHDAY (Years)	37
BIRTHPLACE	England	BIRTHPLACE	Illinois
OCCUPATION	Rancher	OCCUPATION	H W.

Number of child of this mother, including present birth 1st

Number of children, of this mother, now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 10 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Ernest O. Finney

Physician

(Physician or Midwife)

Address Weiser Idaho.

Given names added from a supplemental report

11—13—— 19 17

Registrar

Filed Nov 17th 1912 W. R. Hamilton

Registrar

S-Y CO., 16670

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

PLACE OF BIRTH

152-205 : 044-718

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

PLACE OF BIRTH

County of Washington

City of Weiser

No. ____, ____ St.

Hospital ____

Form V. S. No. 11-C—10m-8-7-11

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

Registration District No. 26

File No. 10038

Primary Registration District No. 2112

Registered No. 171

FULL NAME OF CHILD Unnamed Emily Margaret Jessee

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of birth
Female			Yes	Nov. 5 (Month) (Day) 1912 (Year)

FATHER		MOTHER	
FULL NAME	Herbert A. Jessee	FULL MAIDEN NAME	Ruby E. Payne
RESIDENCE	Eight miles north of Payette	RESIDENCE	With husband
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	31 (Years)	AGE AT LAST BIRTHDAY	23 (Years)
BIRTHPLACE	Nebraska	BIRTHPLACE	Missouri
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth. ____

Number of children, of this mother, now living, including present birth. 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 11 45 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report

____, 19____

____ Registrar

(Signature) O. H. Avery

Physician

(Physician or Midwife)

Address Payette, Idaho

Filed Nov 9th 1912 W. R. Hamilton Registrar

SYMS - YORK CO., PTRS. & BDRS. 17826

SEP 20 1951

415/12-044-432

PLACE OF BIRTH

County of Washington

City of Cambridge

No. ____, ____ St.

Hospital ____

STATE OF IDAHO

Form V. S. No. 11-C—15m-6-20-11

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

Registration District No. 26 File No. 10039

Primary Registration District No. 2114 Registered No. 172

FULL NAME OF CHILD Byron A. Davis

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
boy.		2	Yes	Nov 12, 1912

FATHER	MOTHER
FULL NAME Glen A Davis	FULL MAIDEN NAME Grace M McKinzey.
RESIDENCE Cambridge	RESIDENCE Cambridge.
COLOR W	AGE AT LAST BIRTHDAY 22. (Years)
BIRTHPLACE Idaho	COLOR W AGE AT LAST BIRTHDAY 18. (Years)
OCCUPATION Ranching	BIRTHPLACE Iowa.
	OCCUPATION H W

Number of child of this mother, including present birth 2

Number of children, of this mother, now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 2 30 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) C E Schmuck M.D.

(Physician or Midwife)

Address Cambridge Ida.

Given names added from a supplemental report

....., 19.....

Filed Nov 29 1912 C E Schmuck Deputy

S-Y CO., 16670

Registrar

Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

FEB 19 1976

c.c. 6/11/41. w.h.

FILE # 10041

YEAR 1912

IDAHO BIRTH CERTIFICATE

VOID SEE STILLBIRTH

S 1912-10041

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

4419-216-046-789

PLACE OF BIRTH

Form V. S. No. 11-C—15m-6-20-11

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

County of Washington

City of Cambridge — Registration District No. 26 — File No. 10042

No. ——, —— St. — Primary Registration District No. 2117 — Registered No. 175

Hospital ——

FULL NAME OF CHILD Violet Rose Muir

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
F M			yes	Nov 16, 1912

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	William Muir	Rose P Phillips
RESIDENCE	Cambridge	Cambridge
COLOR	W	W
AGE AT LAST BIRTHDAY	25 (Years)	24 (Years)
BIRTHPLACE	England	Ireland
OCCUPATION	Farmer	H W

Number of child of this mother, including present birth 1

Number of children, of this mother, now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 12 15 P M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Simeon Hopper

Physician

(Physician or Midwife)

Address Cambridge, Idaho

Filed Nov 30 1912 C E Schenck Registrar

Given names added from a supplemental report

—— 19——

—— Registrar

S-Y CO., 16670

MAY 8 1973

469.127.044.695

PLACE OF BIRTH

County of Washington

City of Salubria

No. ____, ____ St.

Hospital ____

STATE OF IDAHO

Bureau of Vital Statistics

Form V. S. No. 11-C—15m-6-20-11

CERTIFICATE OF BIRTH

Registration District No. 26 File No. 10043

Primary Registration District No. 2114 Registered No. 176

FULL NAME OF CHILD Donald Douglas Moritz

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Male.		1	Yes	Nov 27, 1912

FATHER		MOTHER	
FULL NAME	Tony Moritz.	FULL MAIDEN NAME	Pearl Wenz.
RESIDENCE	Salubria	RESIDENCE	Salubria Ida.
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY (Years)	30	AGE AT LAST BIRTHDAY (Years)	29
BIRTHPLACE	Salubria Ida.	BIRTHPLACE	Kansas.
OCCUPATION	Ranching.	OCCUPATION	House wife

Number of child of this mother, including present birth 1

Number of children, of this mother, now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive. (Born alive or stillborn), at 4 A M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) C E Schmutz M.D.

(Physician or Midwife)

Address Cambridge Ida.

Given names added from a supplemental report

....., 19.....

Filed Nov 29 1912 C E Schmutz Local Registrar

S-Y CO., 16670 Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH INK—THIS IS A PERMANENT RECORD

N. B. In case of illegible or illegal entry, certificate may be returned for correction.

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

796-107 to 796-[redacted]

PLACE OF BIRTH

Form S. B. No. 11-C—20m-2-15-12

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Amended 2/25/77

10044

County of Cassia

City of Oakley

Registration District No. 31

File No.

No. St.

Primary Registration District No. 216

Registered No. 314

Hospital Oakley Hospital

FULL NAME OF CHILD Robert Ingersol Proebstel

Sex of Child	Twin / Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
male			yes	Aug 8 1912

FATHER	MOTHER
FULL NAME Proebstel, Louis	FULL MAIDEN NAME Francelia Duncan
RESIDENCE Burley	RESIDENCE Burley
COLOR white	COLOR white
AGE AT LAST BIRTHDAY 40 (Years)	AGE AT LAST BIRTHDAY 32 (Years)
BIRTHPLACE	BIRTHPLACE
OCCUPATION Hardware Man	OCCUPATION Housewife

Number of child of this mother, including present birth 2

Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn), at 10 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report

..... 19.....

.....
Registrar

(Signature) W. D. Neal

(Physician or midwife)

Address [illegible]

Filed Dec 14 19 12 L. B. Stockdale
Registrar

S-Y CO. 20174

DEC 27 1976

IDAHO DEPARTMENT OF HEALTH

BUREAU OF VITAL STATISTICS

RECEIVED
BUREAU OF

Affidavit to Correct or Amend An Original Certificate of Birth or Death

State of Oregon
County of Baker } ss. JAN 17 10 04 AM '77

Certificate No. 10044

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of birth (Birth or Death)
for Unnamed Proebstel (Male) (Name on Original Certificate) who was born (Was Born or Died) on Aug 8, 1912 (Date of Event)
in Oakley, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts are shown by (Bible Record, Insurance Policy, Etc.) prepared on (Give Date), are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
child's name	Unnamed	Robert Ingersol Proebstel
father's name	Proebstel	Louis Proebstel
mother's name	omitted	Francelia Duncan

Subscribed and sworn to before me this 12th day of January, 1977

Janice L. Duncan
Notary Public, residing at Baker, Ore.
My commission expires My Commission Expires June 19, 1980
(Seal)

Signed John K. Proebstel brother
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, ~~informant~~ if correcting a death record; or other credible person.)

(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Oregon
County of Baker } ss.

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 12th day of January, 1977

Janice L. Duncan
Notary Public, residing at Baker, Ore.
My commission expires
(Seal) My Commission Expires June 19, 1980

Signed Doris M Proebstel
(Signature of Any Credible Person)

(Street Address, City, State)

FORM DH 60-155

CL 12/27/76

State Life Diploma from Dept of Public Instruction of Oregon gives namea Francelia Duncan. dated May 25, 1901. viewed by V. S.

FEB 25 1977

Junior Certificate from Oregon State Agricultural College dated Jan 4, 1932 gives nameas Robert Ingersol Proebstel. viewed by V. S.

Certif promoting Robert Ingersol Proebstel Major (temporarily). from the President of the United States. dated Feb 13, 1945. viewed by V. S.

Discharge papers from the. Oregon Infantry Volunteers give s name as Louis Proebstel dated May 9, 1898. viewed by V. S.

Certif of Baptsim from Roman Catholic Church dted May 22, 1958 gives name as Robert Ingersol Proebstel(middle name of john had been marked out) child of Louis Capser Proebstel and Francelia Duncan. born Aug 8, 1912. Baptized Sept 16, 1944. viewed by V S.

815-231-016515

PLACE OF BIRTH

Form V. S. No. 11-C—20m-2-15-12

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

10045

County of Cassia

City of Oakley

No. ..... St.

Registration District No. 31 File No. .....

Primary Registration District No. 2126 Registered No. 215

Hospital .....

FULL NAME OF CHILD DOROTHY L. HANZEL

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
female			yes	Aug. 3, 1913

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	James Hanzel	Sophia Van Meek
RESIDENCE	Oakley	Oakley
COLOR	White	white
AGE AT LAST BIRTHDAY (Years)	24	21
BIRTHPLACE	Nebraska	Nebraska
OCCUPATION	Hardware Man	Housewife

Number of child of this mother, including present birth 2

Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn), at 6:30 P.M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) R. O. Nelson (Physician or midwife)

Address Oakley Idaho

Given names added from a supplemental report

..... 19.....

Filed Dec 14 19 12 L. B. Stockelgard Registrar

..... Registrar

S-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of Idaho } ss.
County of Cassia

Certificate No. 10045
Date Filed

The undersigned does solemnly swear that certain facts on the certificate of Birth (Birth or death)
for Dorothy L Hanzel (Name on original certificate) who born (Was born or died) on Aug 21 - 1912 (Date of event)
in Oakley, Idaho, (Place of event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts as shown by record (Bible record, insurance policy, etc.) prepared on aug 21 - 1912. (Give date), are:

FACTS TO BE CORRECTED ("Name", "birth date", "cause of death", etc.)	FROM (As on original)	TO (The correct facts)
SurName	Hanzell	Hanzel
Name	Unnamed	Dorothy L.

Subscribed and sworn to before me this 14th day of Nov., 1941

Leger Sampson
Notary Public, residing at Burley, Idaho
My commission expires 8/1/1944
[SEAL]

Signed L L Hanzel
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)
Burley Ida.
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Idaho } ss.
County of Cassia

[This affidavit MUST also be executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 14th day of Nov., 1941

Leger Sampson
Notary Public, residing at Burley, Idaho
My commission expires August 1, 1944.
[SEAL]

Signed L C Ehlers
(Signature of any credible person other than the previous affiant.)
1262 Albion Burley Ida.
(Street Address, City, State)

NOV 15 1941

Received for filing on ..... By .....
(Registrar's signature)

RECEIVED

NOV 1 0 1971

SEP 1 2 1975

819-225-016-693

PLACE OF BIRTH name added 8-13-82

Form V.S. No. 11-C—20m-2-15-12

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Cassia

City of Oakley

No. _____ St.

Hospital _____

Registration District No. 31

File No. 10046

Primary Registration District No. 2136

Registered No. 216

FULL NAME OF CHILD Fern Harper

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
female			yes	Aug 25 1912

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	W J Harper	Alice Wilson
RESIDENCE	Oakley	Oakley
COLOR	white	white
AGE AT LAST BIRTHDAY (Years)	37	33
BIRTHPLACE	Utah	Utah
OCCUPATION	Farmer	Housewife

Number of child of this mother, including present birth _____

Number of children of this mother now living, including present birth _____

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn), at 6.30 P.M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) W. D. Mathews (Physician or midwife)

Address Oakley Idaho

Given names added from a supplemental report

_____ 19____

_____ Registrar

Filed Dec 14 19 12 L B Stockdale Registrar

S-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

JUL 2 1 1970

7-21-82

IDAHO DEPARTMENT OF HEALTH AND WELFARE
Bureau of Vital Statistics, Standards, and Local Health Services

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE

State of Utah
County of Utah } ss.

Certificate No. ~~10046~~
Date Filed _____

The undersigned does solemnly swear that certain facts on the certificate of birth

for Unnamed Harper (Name on Original Certificate) who was born (Was Born, Died, etc.) on 8-25-12 (Date of Event)

in Oakley (Cassia) (Place of Event) are erroneous or were omitted:

ITEMS TO BE CORRECTED	FROM	TO
childs name	Unnamed	Fern Harper

Subscribed and sworn to before me this 4th day of August, 1982.
Notary Public, Robert D. Chappell
Residing at Orem, Utah
My commission expires 11-20-85
(Seal)

x Fern H Whittle
Signature of Applicant
1150 N. 950 W. Orem Ut.
Street Address, City, State

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Utah
County of Utah } ss.

(Must be completed __)
(Is not necessary __)

The undersigned does solemnly swear that he has knowledge of the facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 4th day of August, 1982.
Notary Public, Robert D. Chappell
Residing at Orem, Utah
My commission expires 11-20-85
(Seal)

Fern H Whittle
Supporting Signature
1150 N. 950 W. Orem Ut.
Street Address, City, State

1 cc pd

Marriage Certificate for Freeman E Whittle and Fern Harper in State of Idaho County of Minidoka on August 16, 1930.
Viewed by V.S.

AUG 13 1982

LDS Church record gives Fern Harper born 8-25-12 in Oakley to Wm I Harper and Olive Wilson was blessed 10-10-12.
Viewed by V.S.

419-126-066-395

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Form V. S. No. 11-C—20m-2-15-12

PLACE OF BIRTH

County of Cassia

City of Oakley

No. ..... St.

Hospital .....

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

Registration District No. 31 File No. 10047

Primary Registration District No. 21 26 Registered No. 217

FULL NAME OF CHILD EDWIN CLINTON MARTINDALE

Sex of Child MALE

Twin, Triplet or other? ..... and Number in order of birth ..... (To be answered only in event of plural births)

Legitimate? yes

Date of Birth Aug 26 (Month) (Day) 191 2 (Year)

FATHER	MOTHER
FULL NAME Alonzo Martindale	FULL MAIDEN NAME Minnie Smedley
RESIDENCE Oakley	RESIDENCE Oakley
COLOR White	COLOR White
AGE AT LAST BIRTHDAY 36 (Years)	AGE AT LAST BIRTHDAY 29 (Years)
BIRTHPLACE Utah	BIRTHPLACE Utah
OCCUPATION Farmer	OCCUPATION Housework

Number of child of this mother, including present birth 2

Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn), at 11 A. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) W. O. Waldron (Physician or midwife)

Address Oakley Idaho

Given names added from a supplemental report

..... 19.....

..... Registrar

Filed Dec 14 1926 L. B. Stockton Registrar

S-Y CO. 20174

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of California } ss.
County of Los Angeles }

FEB 2 1942

Certificate No. 10047

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of Birth (BIRTH OR DEATH)
for EDWIN CLINTON MARTINDALE (NAME ON ORIGINAL CERTIFICATE) who Born (WAS BORN OR DIED) on Aug. 26, 1912 (DATE OF EVENT)
in Oakley (PLACE OF EVENT) Idaho are erroneous or were omitted; and that, to the best of his knowledge, the true facts as shown by (BIBLE RECORD, INSURANCE POLICY, ETC.) prepared on (GIVE DATE), are:

FACTS TO BE CORRECTED ("NAME", "BIRTH DATE", "CAUSE OF DEATH", ETC.)	FROM (AS ON ORIGINAL)	TO (THE CORRECT FACTS)
sex	female	male

Subscribed and sworn to before me this 30th day of January, 1942

Notary Public, residing at Los Angeles, Calif

My commission expires My Commission Expires March 22, 1942.
(SEAL)

Signed Edwin C. Martindale (Brother)
(SIGNATURE OF PARENT OR ATTENDANT IF CORRECTING A BIRTH RECORD; OF ATTENDANT, FUNERAL DIRECTOR, INFORMANT IF CORRECTING A DEATH RECORD; OR OTHER CREDIBLE PERSON.)

252 Montana Burley Idaho
(STREET ADDRESS, CITY, STATE)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of California } ss.
County of California }

[THIS AFFIDAVIT MUST ALSO BE EXECUTED. (SEE CHAPTER 139, 1937 IDAHO SESSION LAWS.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 30th day of January, 1942

Notary Public, residing at Los Angeles, Calif

My commission expires My Commission Expires March 22, 1942.
(SEAL)

Signed J. C. Cummins
(SIGNATURE OF ANY CREDIBLE PERSON OTHER THAN PREVIOUS AFFIANT.)

1121 Harvard St.
(STREET ADDRESS, CITY, STATE)
Santa Monica, Calif

Received for filing on FEB 2 1942 By
(REGISTRAR'S SIGNATURE)

FEB 1 1 1942

APR 5 1974

STATE OF IDAHO

DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of Calif. } ss.
County of Los Angeles }

Certificate No. 10047

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of Birth (BIRTH OR DEATH)
for Unnamed Martin dale (NAME ON ORIGINAL CERTIFICATE) who was born (WAS BORN OR DIED) on August 26th 1912 (DATE OF EVENT)
in Oakley Idaho (PLACE OF EVENT) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts as shown by Pac. Mut. Life Ins. Co. of Salt Lake City Insurance Policy (BIBLE RECORD, INSURANCE POLICY, ETC.) prepared on May 1st 1938 (GIVE DATE), are:

FACTS TO BE CORRECTED ("NAME", "BIRTH DATE", "CAUSE OF DEATH", ETC.)	FROM (AS ON ORIGINAL)	TO (THE CORRECT FACTS)
Name	Unnamed Martindale	Edwin Clinton Martindale

Subscribed and sworn to before me this 27th day of December 1941.

Ray T. Cochenour

Notary Public, residing at West Los Angeles, Cal.

My commission expires Sept. 1st 1945

(SEAL)

Signed Freda Martindale-Lewis
(SIGNATURE OF PARENT OR ATTENDANT IF CORRECTING A BIRTH RECORD; OF ATTENDANT, FUNERAL DIRECTOR, INFORMANT IF CORRECTING A DEATH RECORD; OR OTHER CREDIBLE PERSON.)

1458 Euclid St. Santa Monica, Cal.
(STREET ADDRESS, CITY, STATE)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Calif. } ss.
County of Los Angeles }

[THIS AFFIDAVIT MUST ALSO BE EXECUTED. (SEE CHAPTER 139, 1937 IDAHO SESSION LAWS.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 27th day of December 1941.

Ray T. Cochenour

Notary Public, residing at West Los Angeles, Calif.

My commission expires Sept. 1st 1945

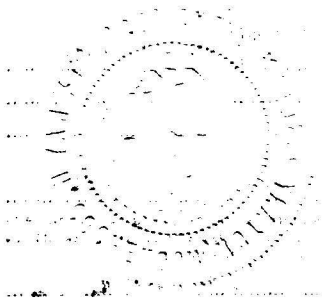
(SEAL)

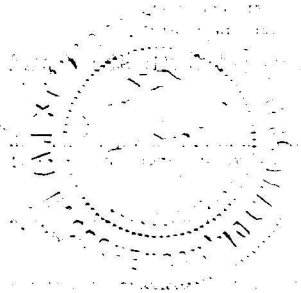
Signed Joseph Raymond Martindale
(SIGNATURE OF ANY CREDIBLE PERSON OTHER THAN PREVIOUS AFFIANT.)

3218-Urban Ave. Santa Monica, Calif.
(STREET ADDRESS, CITY, STATE)

Received for filing on ..... By .....
(REGISTRAR'S SIGNATURE)

DEC 31 1941





6-73

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Cassia

City of Oakley

No. _____ St.

Hospital _____

Registration District No. 31 File No. 10048

Primary Registration District No. 216 Registered No. 218

FULL NAME OF CHILD _____

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Male			Ye.	Sept 3 1912

	FATHER	MOTHER
FULL NAME	Jens Ogaard	
FULL MAIDEN NAME		Jenny Poulson
RESIDENCE	Oakley	Oakley
COLOR	White	White
AGE AT LAST BIRTHDAY (Years)	32	28
BIRTHPLACE	Utah	Idaho
OCCUPATION	Farmer	Housework

Number of child of this mother, including present birth 3

Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn) on the date above stated, at 10 M.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. S. Poulson

(Physician or midwife)

Address Oakley Idaho

Given names added from a supplemental report

_____ 19____

_____ Registrar

Filed Dec 14 1912 L. B. Stockdale Registrar

8-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Canyon

City of Oakley

No. ..... St.

Hospital .....

Registration District No. 31 File No. 10049

Primary Registration District No. 2126 Registered No. 219

FULL NAME OF CHILD LEONARD ELISON

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth
male			yes	Sept. 10 (Month) (Day) 1912 (Year)

FATHER		MOTHER	
FULL NAME	FRANCIS Lewis Elison	FULL MAIDEN NAME	Miss Mary Coburn
RESIDENCE	Oakley	RESIDENCE	Oakley
COLOR	White	AGE AT LAST BIRTHDAY (Years)	24
COLOR	white	AGE AT LAST BIRTHDAY (Years)	22
BIRTHPLACE	Idaho	BIRTHPLACE	Utah
OCCUPATION	Farmer	OCCUPATION	Housework

Number of child of this mother, including present birth .....

Number of children of this mother now living, including present birth .....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn), at 6 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report

..... 19.....

.....
Registrar

(Signature) P. E. Nichols
(Physician or midwife)

Address Oakley Idaho

Filed Dec 12 19 12 C. B. Stocksleger
Registrar

S-Y CO. 20174

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of Idaho } ss.
County of Cassia }

Certificate No. 10049

Date Filed Feb 16 - 1942

The undersigned does solemnly swear that certain facts on the certificate of Birth (BIRTH OR DEATH)
for Leonard Ellison (NAME ON ORIGINAL CERTIFICATE) who Born (WAS BORN OR DIED) on Sept 10th - 1912 (DATE OF EVENT)
in Oakley, Idaho (PLACE OF EVENT) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts as shown by L.D.S. Church record No 38 (BIBLE RECORD, INSURANCE POLICY, ETC.) prepared on Dec 10th - 1912 (GIVE DATE), are:

FACTS TO BE CORRECTED ("NAME", "BIRTH DATE", "CAUSE OF DEATH", ETC.)	FROM (AS ON ORIGINAL)	TO (THE CORRECT FACTS)
NAME	No NAME	Leonard Ellison
FATHER'S NAME	Lewis Ellison	Francis Lewis Ellison

Subscribed and sworn to before me this 16
day of Feb, 1942

G. L. Larson

Notary Public, residing at Notary Public in and for the State of Idaho
Residing in Oakley, Cassia County, Ida.
My commission expires My Commission expires Jan. 6, 1945
(SEAL)

Signed Lewis M. Ellison
(SIGNATURE OF PARENT OR ATTENDANT IF CORRECTING A BIRTH RECORD; OF ATTENDANT, FUNERAL DIRECTOR, INFORMANT IF CORRECTING A DEATH RECORD; OR OTHER CREDIBLE PERSON.)

(STREET ADDRESS, CITY, STATE)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Idaho } ss.
County of Cassia }

[THIS AFFIDAVIT MUST ALSO BE EXECUTED. (SEE CHAPTER 139, 1937 IDAHO SESSION LAWS.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 16
day of Feb, 1942

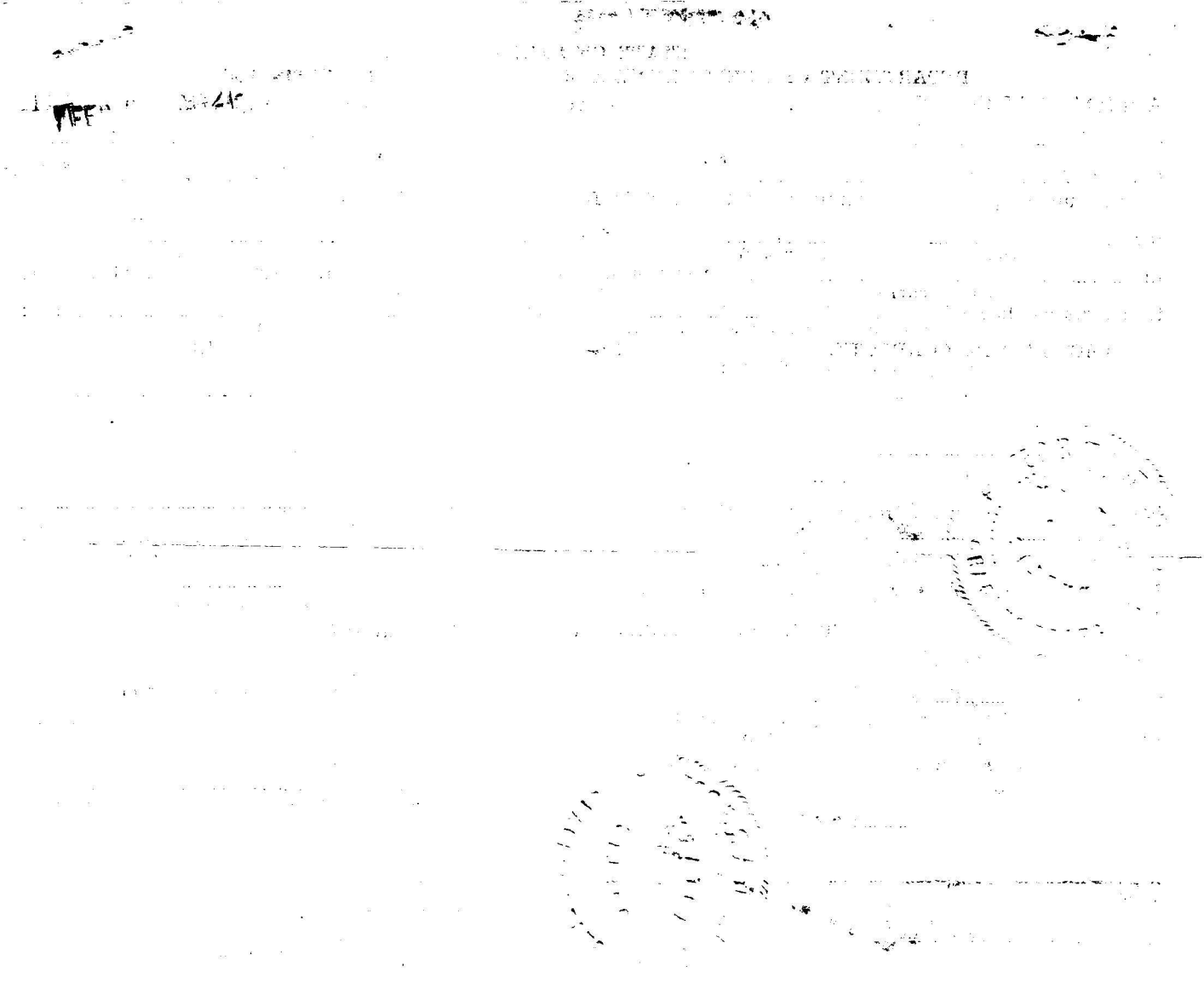
G. L. Larson

Notary Public, residing at Notary Public in and for the State of Idaho
Residing in Oakley, Cassia County, Idaho
My commission expires My Commission expires Jan. 6, 1945
(SEAL)

Signed L. J. Robinson Jr.
(SIGNATURE OF ANY CREDIBLE PERSON OTHER THAN PREVIOUS AFFIANT.)

Oakley Idaho
(STREET ADDRESS, CITY, STATE)

Received for filing on ..... By .....
(REGISTRAR'S SIGNATURE)



897-217-016-236

PLACE OF BIRTH

Form V. S. No. 11-C

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

10050

County of Cassia

City of Oakley

No. ____ St.

Hospital ____

Registration District No. 31 File No. ____

Primary Registration District No. 2126 Registered No. 320

FULL NAME OF CHILD ____

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
female			yes	Sept 12 1912

FATHER		MOTHER	
FULL NAME	Jas H Knight	FULL MAIDEN NAME	Nellie Hubbard
RESIDENCE	Oakley	RESIDENCE	Oakley
COLOR	white	COLOR	white
AGE AT LAST BIRTHDAY (Years)	46	AGE AT LAST BIRTHDAY (Years)	35
BIRTHPLACE	Utah	BIRTHPLACE	Utah
OCCUPATION	Clerk	OCCUPATION	Housework

Number of child of this mother, including present birth 7

Number of children of this mother now living, including present birth 7

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn), at 7 A. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) P. O. Nelson (Physician or midwife)

Address Oakley, Idaho

Given names added from a supplemental report

____ 19____

____ Registrar

Filed Dec 14 19 12 L. B. Stockelman Registrar

S-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

DEC 2 1974

155 · 21 · 016599

PLACE OF BIRTH

Form V. S. No. 41-C—20m-6-15-12

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

10051

County of Cassia

City of Oakley

Registration District No. 31 File No.

No. St.

Primary Registration District No. 2126 Registered No. 221

Hospital

FULL NAME OF CHILD Evelyn Jenkins

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
female			yes	Sept 19 1912

FATHER	MOTHER
FULL NAME Wm Jenkins	FULL MAIDEN NAME Minnie Ericson
RESIDENCE Oakley	RESIDENCE Oakley
COLOR white	COLOR white
AGE AT LAST BIRTHDAY 28 (Years)	AGE AT LAST BIRTHDAY 28 (Years)
BIRTHPLACE Idaho	BIRTHPLACE Idaho
OCCUPATION Farmer	OCCUPATION housework

Number of child of this mother, including present birth

Number of children of this mother now living, including present birth

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn) at 11P M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report

19

Registrar

(Signature) W. A. Nielson

(Physician or midwife)

Address Oakley Idaho

Filed Dec 14 1912 L. B. Stockwell

Registrar

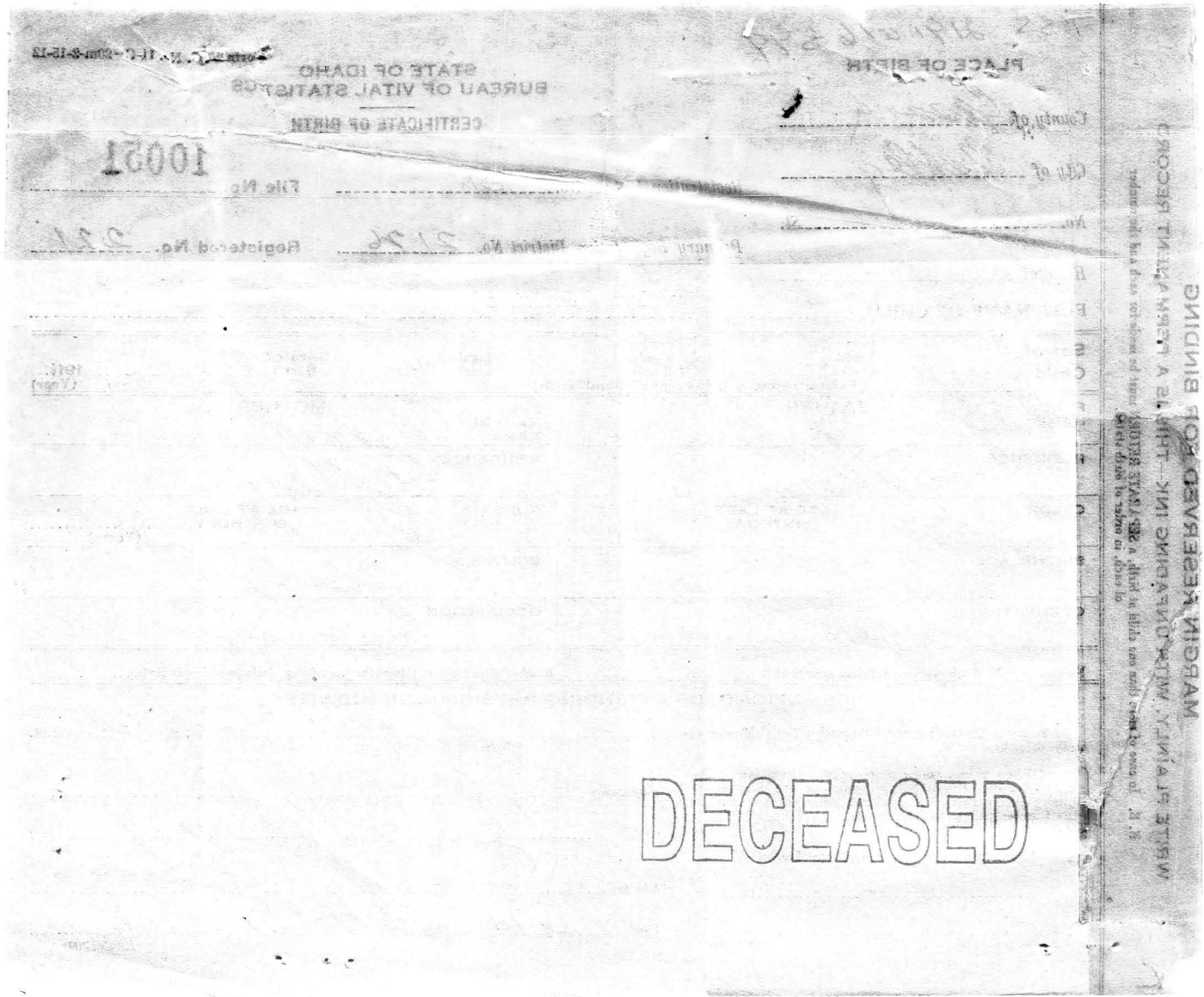
S-Y Co. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

K


DECEASED

Own child's birth certificate on file Idaho #354873 gives name as Evelyn Jenkins, viewed by V.S.
Transcript of Credits, University of Idaho issued 9-9-1958 by Registrar
Graduated 1938, Name given as Evelyn Jenkins, viewed by V.S.

RECEIVED
OCT 12 1961
Bureau of Vital Statistics

IDAHO DEPARTMENT OF HEALTH
BUREAU OF VITAL STATISTICS
JUN 13 1974

Affidavit to Correct or Amend An Original Certificate of Birth or Death

State of ..... } ss.
County of .....

Certificate No 10051
Date Filed

The undersigned does solemnly swear that certain facts on the certificate of Birth (Birth or Death)
for Unnamed Female Jenkins (Name on Original Certificate) who was born (Was Born or Died) on Sept 19, 1912 (Date of Event)
in Oakley, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts are shown by ..... (Bible Record, Insurance Policy, Etc.) prepared on ..... (Give Date) are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
Name of child	Unnamed	Evelyn Jenkins

Subscribed and sworn to before me this 6th day of July, 1961
Notary Public residing at Twin Falls
My commission expires 1-15-66
Seal

Signed Agnes Erickson Jenkins
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)
321 Jules Ave. Twin Falls
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Idaho } ss.
County of Twin Falls

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 6th day of July, 1961
Notary Public residing at Twin Falls, Idaho
My commission expires 2/8/63
Seal

Signed Eleanor M. De Shazo
(Signature of Any Credible Person)
406 11th Ave. N. Buhl Idaho
(Street Address, City, State)

Form DH 90-155

STATE OF IDAHO)
COUNTY OF TWIN FALLS) ss

I, T W Stivers, Ex-Officio Recorder of Twin Falls County, State of Idaho, do hereby certify that I have compared the photostatic copy of the Certificate of Affidavit to Correct or Amend An Original Certificate of Birth or Death with the original instrument and find them to be identical.

Given under my hand and seal this 6th day of July, 1961.

T W STIVERS
Ex-Officio Recorder

Deputy

A F F I D A V I T

WE, WILLIAM HENRY JENKINS AND AGNES ERICKSON JENKINS, HEREBY CERTIFY THAT WE ARE THE FATHER AND MOTHER OF EVELYN JENKINS ANDERSON, AND WE FURTHER CERTIFY THAT HER CORRECT LEGAL NAME IS EVELYN JENKINS ANDERSON, AND THAT SHE IS ONE AND THE SAME PERSON AS NAMED ON BIRTH CERTIFICATE AS "UNNAMED FEMALE JENKINS" BORN SEPTEMBER 19, 1912, IN OAKLEY, IDAHO, COUNTY OF CASSIA.

William Henry Jenkins

Agnes Erickson Jenkins

RECEIVED
OCT 12 1961
Bureau of Vital Statistics

STATE OF IDAHO)
COUNTY OF TWIN FALLS) ss

SUBSCRIBED AND SWORN TO BEFORE ME, THE UNDERSIGNED, A NOTARY PUBLIC IN AND FOR THE STATE OF IDAHO, THIS 6TH DAY OF JULY, 1961.

John W. Anderson

JOHN W. ANDERSON
NOTARY PUBLIC RESIDING AT TWIN FALLS, IDAHO

MY COMMISSION EXPIRES: 11/5/62

STATE OF IDAHO)
)ss
COUNTY OF TWIN FALLS)

I, T W Stivers, Ex-Officio Recorder of Twin Falls County, State of Idaho, do hereby certify that I have compared the photostatic copy of the Certificate of Affidavit of Correct Legal Name on Birth Certificate with the original instrument and find them to be identical.

Given under my hand and seal this 6th day of July, 1961.

T W Stivers

T W STIVERS
Ex-Officio Recorder

Deputy

OCT 12 1961

155.123.06-313

PLACE OF BIRTH

County of Cassia

City of Oakley

No. ..... St.

Hospital .....

Form V. S. No. 11-C ~~Rev. 3-15-12~~

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 31 File No. 10052

Primary Registration District No. 2126 Registered No. 222

FULL NAME OF CHILD ~~MAX~~ FREDERICK JENKINS

Sex of Child	Twin / Triplet or other? (To be answered only in event of plural births) and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
male		yes	Sept 23 1912

FATHER		MOTHER	
FULL NAME	Albert Jenkins	FULL MAIDEN NAME	Amy Collins
RESIDENCE	Oakley	RESIDENCE	Oakley
COLOR	white	COLOR	white
AGE AT LAST BIRTHDAY	24 (Years)	AGE AT LAST BIRTHDAY	19 (Years)
BIRTHPLACE	Oakley England	BIRTHPLACE	England
OCCUPATION	Painter	OCCUPATION	Housework

Number of child of this mother, including present birth 1

Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn), at 7 M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) [illegible]

(Physician or midwife)

Address .....

Given names added from a supplemental report

..... 19.....

..... Registrar

Filed Dec 14 1912 C B Stockwell Registrar

8-Y CO. 20174

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

MARGIN RESERVED FOR BINDING

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

DEC 18 1941

962-127-016-212

Form V. S. No. 11-C—20m-2-15-12

PLACE OF BIRTH

County of Canyon

City of Oakley

No. ____ St.

Hospital ____

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 31 File No. 10053

Primary Registration District No. 2136 Registered No. 223

FULL NAME OF CHILD ____

Sex of Child	Twin / Triplet or other? (To be answered only in event of plural births) and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
male		yes	Sept. 27 1912

FATHER	MOTHER
FULL NAME: Loren J. Robinson jr	FULL MAIDEN NAME: Rosella Baker
RESIDENCE: Oakley	RESIDENCE: Oakley
COLOR: white	COLOR: white
AGE AT LAST BIRTHDAY: 26 (Years)	AGE AT LAST BIRTHDAY: 26 (Years)
BIRTHPLACE: Utah	BIRTHPLACE: Kansas
OCCUPATION: Teacher	OCCUPATION: Housework

Number of child of this mother, including present birth: 1

Number of children of this mother now living, including present birth: 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was dead (Born alive or stillborn), at 8 O. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) W. R. A. Wilson (Physician or midwife)

Address Oakley, Idaho

Given names added from a supplemental report

....., 19.....

Registrar

Filed Dec 14 19 12 L. B. Tuckey Registrar

8-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

219-228-016-689

Form V. S. No. 11-C—20m-2-15-12

PLACE OF BIRTH

County of Cassia

City of Oakley

No. ..... St.

Hospital .....

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 31 File No. 10054

Primary Registration District No. 2126 Registered No. 224

FULL NAME OF CHILD Amelia Mary Barigar

Sex of Child	Twin / Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
female			yes	Sept 28 1912

FATHER		MOTHER	
FULL NAME	C. A. Barigar	FULL MAIDEN NAME	Elsie Whitaker
RESIDENCE	Oakley	RESIDENCE	Oakley
COLOR	white	COLOR	white
AGE AT LAST BIRTHDAY	29 (Years)	AGE AT LAST BIRTHDAY	23 (Years)
BIRTHPLACE	Kansas	BIRTHPLACE	Colorado
OCCUPATION	Engineer	OCCUPATION	Housework

Number of child of this mother, including present birth 3 Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn), at 6 A. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) P. S. Nelson (Physician or midwife)

Address Oakley Idaho

Given names added from a supplemental report

..... 19.....

..... Registrar

Filed Dec 1st 1912 L B Stockdale Registrar

S-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Form V. S. No. 11-S. 20m-8-15-12

PLACE OF BIRTH

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth, added.

IDAHO DEPARTMENT OF HEALTH
BUREAU OF VITAL STATISTICS

Affidavit to Correct or Amend An Original Certificate of Birth or Death

State of ..... } ss.
County of ..... }

Certificate No. 10054

Date Filed .....

The undersigned does solemnly swear that certain facts on the certificate of Birth (Birth or Death)
for Unnamed Barigar (female child) who was born on Sept. 28, 1912
(Name on Original Certificate) (Was Born or Died) (Date of Event)
in Oakley, Idaho are erroneous or were omitted; and that, to the best of his knowledge, the
(Place of Event)
true facts are shown by ..... prepared on ..... (Give Date), are:
(Bible Record, Insurance Policy, Etc.)

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
Full Name of Child	Unnamed	Amelia Mary Barigar

Subscribed and sworn to before me this 11th day of February, 1964

Notary Public, residing at Burley, Idaho
My commission expires ..... (Seal)
Notary Public, Residing at Burley, Idaho
My Commission Expires July 15, 1966

Signed Elsie R. Barigar
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

610 no Oakley Burley Idaho
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Idaho } ss.
County of Cassia }

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 11th day of February, 1964

Notary Public, residing at Burley, Idaho
My commission expires ..... (Seal)
Notary Public, Residing at Burley, Idaho
My Commission Expires July 15, 1966

Signed Lloyd Smith
(Signature of Any Credible Person)

R.F.D. #1 Oakley Idaho
(Street Address, City, State)

FORM DH-80-155 CL 2-3-64. nm

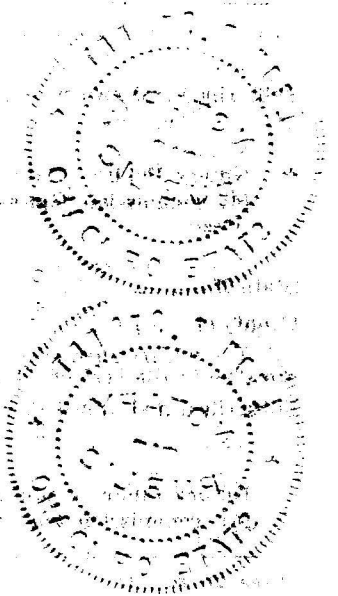
Baptismal Certificate gives name as Amelia Mary Barigar. Baptised at Burley, Idaho April 1, 1928 G. L. Lebdell, Pastor Christian Church.

FEB 19 1965

Viewed by V. S.

Own child's birth certificate gives name as Ma- Amelia Mary Barigar. child born Aug. 9, 1935 # 235248.

Viewed by V. S.



651-206-016-764

Form V. S. No. 11-C—20m-2-15-12

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Cassia

City of Oakley

No. ____ St.

Hospital ____

Registration District No. 31 File No. 10055

Primary Registration District No. 2136 Registered No. 221

FULL NAME OF CHILD Radamae Yeaman

Sex of Child	Twin / Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
girl				November 6, 1912

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	Richard Yeaman	May Pardin
RESIDENCE	Oakley	Oakley
COLOR	white	white
AGE AT LAST BIRTHDAY (Years)	36	24
BIRTHPLACE	Idaho	Idaho
OCCUPATION	Laborer	Housewife

Number of child of this mother, including present birth 4

Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn), at 8 A. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) R. E. D. Hudson

(Physician or midwife)

Address Oakley, Idaho

Given names added from a supplemental report

....., 19.....

Filed Dec 14 19 12 L. B. Stockton

Registrar

S-Y CO. 20174

Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

NOV 5 1976

IDAHO DEPARTMENT OF HEALTH
BUREAU OF VITAL STATISTICS

RECEIVED
BUREAU OF
VITAL STATISTICS
NOV 10 9 33 AM '76

Affidavit to Correct or Amend An Original Certificate of Birth or Death

State of Idaho
County of Cassia } ss.

Certificate No. 10055
Date Filed

The undersigned does solemnly swear that certain facts on the certificate of birth (Birth or Death)
for Unnamed Yeaman (female) (Name on Original Certificate) who was born (Was Born or Died) on omitted (Date of Event)
in Oakley, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts are shown by (Bible Record, Insurance Policy, Etc.) prepared on (Give Date), are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
child's name	Unnamed	Radamae Yeaman
date of birth	omitted	Nov 6, 1912

Subscribed and sworn to before me this 8th day of November, 1976
Elva M. Reed
Notary Public, residing at Burley Idaho
My commission expires Aug. 23, 1978
(Seal)

Signed
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Idaho
County of Cassia } ss.

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 8th day of November, 1976
Elva M. Reed
Notary Public, residing at Burley Idaho
My commission expires Aug. 23, 1978
(Seal)

Signed Ethel Lula Yeaman Davis
(Signature of Any Credible Person)
1000 Alma Ave. Burley Idaho
(Street Address, City, State)

FORM DH 60-155

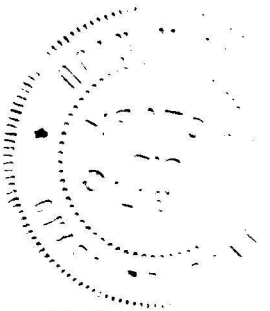
CL 11/4/76

Diploma from Burley Public Schools, (elementary) gives name as Radamae Yeaman dated May 21, 1926. viewed by V. S.

NOV 3 0 1976

Patriarchal Blessing given by Patriach William L. Waite gives name as Radamae Yeaman Greener daughter of Richard Yeaman and Cora Mae Poulton born Nov 6, 1912 at Oakley, Idaho. dated July 23, 1931. viewed by V. S.

Certif of Baptism from LDS Church gives name as Rada May Yeaman daughter of Richard Yeaman and Cora May Poulton. Bor Nov 6, 1912 at Iakley, Idaho. Baptized Mar 6, 1921. viewed by V. S



791-114 016-689

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH

County of Cassia

City of Oakley

No. ..... St.

Hospital .....

Form V. S. No. 11-C—20m-2-15-12

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 31 File No. 10056

Primary Registration District No. 2126 Registered No. 226

FULL NAME OF CHILD George Leo Graner

Sex of Child	Twin / Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Male			Yes	Oct 14 1912

FATHER		MOTHER	
FULL NAME	Lee Graner	FULL MAIDEN NAME	Effie Mute
RESIDENCE	Oakley	RESIDENCE	Oakley
COLOR	White	AGE AT LAST BIRTHDAY	27 (Years)
BIRTHPLACE	Idaho	BIRTHPLACE	Arkansas
OCCUPATION	Farmer	OCCUPATION	Housework

Number of child of this mother, including present birth 1

Number of children of this mother now living, including present birth .....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn), at 7 A. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. H. Graham

(Physician or midwife)

Address Oakley Idaho

Given names added from a supplemental report

..... 19.....

..... Registrar

Filed Dec 14 1912 L. B. Stockdale Registrar

S-Y CO. 20174

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH — BUREAU OF VITAL STATISTICS

Affidavit to Correct or Amend an Original Certificate of Birth or Death

State of Wyoming } ss.
County of Natrona }

Certificate No. 10056
Date Filed

The undersigned does solemnly swear that certain facts on the certificate of Birth (Birth or death)
for (No name) (Name on original certificate) who born (Was born or died) on Oct. 13, 1912 (Date of event)
in Oakley, Idaho (Place of event) are erroneous or were omitted; and that, to the best of his knowledge, the true
facts as shown by (Bible record, insurance policy, etc.) prepared on (Give date), are:

FACTS TO BE CORRECTED ("Name", "birth date", "cause of death", etc.)	FROM (As on original)	TO (The correct facts)
Name	no name	George Leo Craner
Date	Oct. 13, 1912	Oct. 14, 1912

Subscribed and sworn to before me this 5th day of June, 19 41

Marion McAlexander
Deputy County Clerk
Notary Public, residing at Casper, Wyoming
My commission expires: MY TERM OF OFFICE EXPIRES JAN. 4th 1943
[SEAL]

Signed Mrs Phebe Craner
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person) (MOTHER)
1140 No Beech Casper Wyo
(Street Address, City, State)

Supporting Affidavit of a Second Person

State of Wyoming } ss.
County of Natrona }

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 30th day of June, 19 41

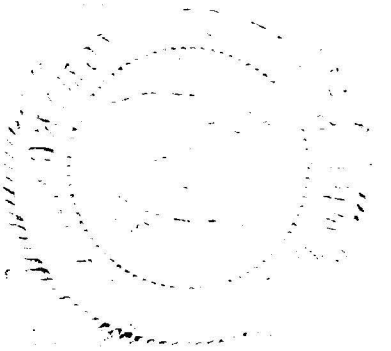
Marion McAlexander
Deputy County Clerk
Notary Public, residing at Casper Wyo
My commission expires: MY TERM OF OFFICE EXPIRES JAN. 4th, 1943
[SEAL]

Signed Lee Craner Jr.
(Signature of any credible person other than the previous affiant)
1140 No Beech Casper Wyo
(Street Address, City, State)

Received for filing on MAY 13 1942 by
(Registrar's signature)

MAY 14 1942

APR 26 1950



962-202-016-753

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Canyon

City of Caldwell

Registration District No. 31 File No. 10058 A

No. ____ St.

Primary Registration District No. 216 Registered No. 228

Hospital ____

FULL NAME OF CHILD KATIE CAROLINE ROBERTSON

Sex of Child: Female | Twin, Triplet or other? Twin | and Number in order of birth 1st (To be answered only in event of plural births) | Legitimate? yes | Date of Birth: Nov (Month) 2 (Day) 1912 (Year)

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	Joseph Roberson	Emma Roberson
RESIDENCE	Caldwell	Caldwell
COLOR	White	White
AGE AT LAST BIRTHDAY	31 (Years)	19 (Years)
BIRTHPLACE	Utah	Idaho
OCCUPATION	Laborer	Housewife

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn) at 11 A. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) M. D. Nelson (Physician or midwife)

Address Caldwell, Idaho

Given names added from a supplemental report

....., 19.....

Filed Dec 16th 1912 L. B. Stonebraker Registrar

.....
Registrar

8-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

JAN 13 1971

2 Earth & Twin

SEP 2 1975

10/3/77

IDAHO DEPARTMENT OF HEALTH

BUREAU OF VITAL STATISTICS

Affidavit to Correct or Amend An Original Certificate of Birth or Death

RECEIVED
BUREAU OF
VITAL STATISTICS
OCT 4 10 16 AM '77

State of ..... } ss.
County of ..... }

Certificate No. 10058-A

Date Filed .....

The undersigned does solemnly swear that certain facts on the certificate of Birth (Birth or Death)
for Unnamed Robertson (Name on Original Certificate) who was born (Was Born or Died) on Nov. 2, 1912 (Date of Event)
in Oakley, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts are shown by ..... (Bible Record, Insurance Policy, Etc.) prepared on ..... (Give Date), are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
Name	Unnamed Robertson	Katie Caroline Robertson

Subscribed and sworn to before me this 3rd day of October, 1977

.....
Notary Public, residing at Burley
My commission expires Lifetime
(Seal)

Signed Katherine E Babbitt
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

1345 B Burley Idaho
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of ..... } ss.
County of ..... }

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this ..... day of
....., 19.....

.....
Notary Public, residing at .....
My commission expires .....
(Seal)

Signed .....
(Signature of Any Credible Person)

.....
(Street Address, City, State)

FORM DH 60-155

Birth certificate issued to Jackie Ray Ward by State of Idaho on October 28, 1933 gives name of Mother as Katie Caroline Robertson. viewed by V.S.

Personal History and Family Record book gives name of child as Katie Caroline Robertson Baptized May 11, 1925 in L.D.S.Church, Jerome, Idaho. record book obviously old. Born Nov. 2, 1912 in Oakley, Idaho. Viewed by V.S.

Amended 4-7-71

762-202-026-753

(Be sure the information is complete and accurate)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 10058-B
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH

a. COUNTY: Cassia

b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN: Oakley

c. FULL NAME OF (If NOT in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION:

2. USUAL RESIDENCE OF MOTHER (Where does mother live?)

a. STATE: Idaho

b. COUNTY: Cassia

c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN: Oakley

d. STREET ADDRESS (If rural, give location):

3. CHILD'S NAME (Type or print)

a. (First): Katherine

b. (Middle): Corolette

c. (Last): Robertson

4. SEX: Female

5a. THIS BIRTH — SINGLE ____ TWIN X TRIPLET ____

5b. IF TWIN OR TRIPLET (This child born) — 1st ____ 2nd X 3rd ____

6. DATE OF BIRTH — (Month): Nov. (Day): 2 (Year): 1912

FATHER OF CHILD

7. FULL NAME

a. (First): Joseph

b. (Middle):

c. (Last): Robertson

8. AGE (At time of this birth): 31 YEARS

9. BIRTHPLACE (State or foreign country) (City or Town): Utah

10. USUAL OCCUPATION: Laborer

11. KIND OF BUSINESS OR INDUSTRY: --

MOTHER OF CHILD

12. FULL MAIDEN NAME

a. (First): Emma

b. (Middle):

c. (Last): Peterson

13. AGE (At time of this birth): 19 YEARS

14. BIRTHPLACE (State or foreign country) (City or Town): Idaho

16. INFORMANT'S SIGNATURE OR NAME (Relationship):

15. CHILDREN PREVIOUSLY BORN TO THIS MOTHER (Do NOT include this child)

a. How many OTHER children are now living? 2

b. How many OTHER children were born alive but are now dead? 0

c. How many children were stillborn (born dead after 20 wks. pregnancy?) 0

I hereby certify that this child was born alive on the date stated above.

17. SIGNATURE: A.F.O. Nielson

18. ATTENDANT AT BIRTH — M.D. X MIDWIFE ____ OTHER (Specify) ____

19. ADDRESS: Oakley, Idaho

20. DATE SIGNED:

21. DATE REC'D BY LOCAL REG.: Dec. 14, 1912

22. REGISTRAR'S SIGNATURE: L.B. Stochslager

23. DATE ON WHICH GIVEN NAME ADDED BY ____ Registrar

FOR MEDICAL AND HEALTH USE ONLY

Was a test for phenylketonuria performed? YES ____ NO ____ DATE ____

...ation in completing this certificate. This certificate MUST be filed with the ...the district where the birth occurred WITHIN 10 days after the date of birth of the child. Address ...N OF VITAL STATISTICS, BOISE, IDAHO.

IDAHO DEPARTMENT OF HEALTH - 2-6-66

BUREAU OF VITAL STATISTICS

Affidavit to Correct or Amend An Original Certificate of Birth or Death

RECEIVED
MAR 25 1971
Bureau of Vital Statistics

State of California
County of Stanislaus } ss.

Certificate No. # 10058

Date Filed

The undersigned does solemnly swear that certain items on the certificate of Birth (Birth or Death)
for Unnamed Robertson (Name on Original Certificate) who was born (Was Born or Died) on Nov. 1, 1912 (Date of Event)
in Oakley (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts are shown by School Records 1927-29 Insurance Application prepared on ..... (Give Date) are:
(Bible Record, Insurance Policy, Etc.)

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
childs name	unnamed	Katherine Corolette Robertson
date of birth	Nov. 1, 1912	Nov. 2, 1912

Subscribed and sworn to before me this 25th day of
February, 19 71

Notary Public, residing at Modesto, Calif.
My commission expires May 24, 1974
(Seal)

OFFICIAL SEAL
LEWIS N. HAWKINS
NOTARY PUBLIC-CALIFORNIA
STANISLAUS COUNTY
My Commission Expires May 24, 1974

Signed [signature]
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

1119 - 12th St. Ste. 1 Modesto, Calif.
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

State of
County of } ss.

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this day of
, 19

Notary Public, residing at
My commission expires
(Seal)

Signed
(Signature of Any Credible Person)

(Street Address, City, State)

FORM DH 60-155

Certificate of Baptism and Confirmation dated March 7, 1971 gives name as Katherine Corolette Robertson daughter of Joseph H. Robertson and Amy S. Peterson born Nov. 2, 1912 at Oakley, Idaho. Bapitzed May 10, 1925 by William C. Hart, Elder in L.D.S.Church.
Viewed by V.S.

MAR 9 1972

APR 8 1971

School Record issued by Wayne Perron, Supt. School Dist # 314, Dietrich, Idaho gives name of child as Katherine Robertson. Father J. H. Robertson. Enrollment dated Sept. 4, 1927. Date of birth Sept. Nov. 2, 1912.
Viewed by V.S.

SEP 2 1975

399-227016-X39

PLACE OF BIRTH

County of Cassia

City of Oakley

No. ..... St.

Hospital .....

Form V. S. No. 11-C—Rev. 2-15-12

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 31 — File No. 10060

Primary Registration District No. 2126 — Registered No. 230

FULL NAME OF CHILD Critchfield

Sex of Child	Twin, Triplet or other?	and	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Female	X (To be answered only in event of plural births)		X	yes	Nov. 29 1912

FATHER		MOTHER	
FULL NAME	Abram Critchfield	FULL MAIDEN NAME	Maud McIntosh
RESIDENCE	Oakley	RESIDENCE	Oakley
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	27	AGE AT LAST BIRTHDAY (Years)	24
BIRTHPLACE	Idaho	BIRTHPLACE	Idaho
OCCUPATION	Teamster	OCCUPATION	Housewife

Number of child of this mother, including present birth 4

Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 11 19 A.M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) E. P. Johansen M.D.

(Physician or midwife)

Address Oakley, Idaho

Given names added from a supplemental report

..... 19.....

Filed Dec 12 19 12 L. B. Trenbeth

Registrar

..... Registrar

S-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

553-215-016-253

PLACE OF BIRTH

County of Cassia

City of Oakley

No. ____ St.

Hospital ____

Form V. S. No. 11-C—20m-2-15-12

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

10061

Registration District No. 31 File No. ____

Primary Registration District No. 2126 Registered No. 231

FULL NAME OF CHILD Nelson

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Female	X	X	Yes	Nov. 15 1912

FATHER		MOTHER	
FULL NAME	S. William Nelson	FULL MAIDEN NAME	Sarah Penelope Bethridge
RESIDENCE	Oakley	RESIDENCE	Oakley
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	35	AGE AT LAST BIRTHDAY (Years)	34
BIRTHPLACE	Utah	BIRTHPLACE	Utah
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 6

Number of children of this mother now living, including present birth 6

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 5-40 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) E. R. Oldham M.D.

(Physician or midwife)

Address Oakley Idaho

Given names added from a supplemental report

....., 19.....

Filed Nov. 12, 1912 L. B. Stanbridge

Registrar

.....
Registrar

S-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

K

DECEASED

619-204-016-439

PLACE OF BIRTH

County of Cassia

City of Basin

No. ____ St.

Hospital ____

Form V. S. No. 11-C—20m-2-15-12

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 31 File No. 10062

Primary Registration District No. 2126 Registered No. 2321

FULL NAME OF CHILD Fairchild

Sex of Child	Twin, Triplet or other?	and	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Female	X		X	yes	12-4-1912

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	John A. Fairchild	FULL MAIDEN NAME	Lucy A McIntosh
RESIDENCE	Basin	RESIDENCE	Basin
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	45	AGE AT LAST BIRTHDAY (Years)	41
BIRTHPLACE	Utah	BIRTHPLACE	Utah
OCCUPATION	Merchant-Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 12

Number of children of this mother now living, including present birth 10

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 11:05 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) E P Colohan M.D.

(Physician or midwife)

Address Oakley Idaho

Given names added from a supplemental report

....., 19.....

Filed Dec 13 1912 L B Shoshone

Registrar

Registrar

S-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Dep of 1912 - 336973

155-106-016-432

Form V. S. No. 11-O—20m-2-15-12

PLACE OF BIRTH

County of Cassia

City of Oakley

No. 0 St.

Hospital

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 31 File No. 10063

Primary Registration District No. 2126 Registered No.

FULL NAME OF CHILD Paul Woodrow Jenson

Sex of Child	Twin, Triplet or other?	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Male	X	X	yes	Dec. 6 1912

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	Alfred W. Jenson	FULL MAIDEN NAME	Martha B. McKay
RESIDENCE	Oakley	RESIDENCE	Oakley
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	34	AGE AT LAST BIRTHDAY (Years)	33
BIRTHPLACE	Idaho	BIRTHPLACE	Utah
OCCUPATION	Merchant	OCCUPATION	Saleswoman

Number of child of this mother, including present birth 6 Number of children of this mother now living, including present birth 5

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 11 15 P M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) C. P. Oldham M.D.

(Physician or midwife)

Address Oakley Idaho

Given names added from a supplemental report

.....19.....

.....
Registrar

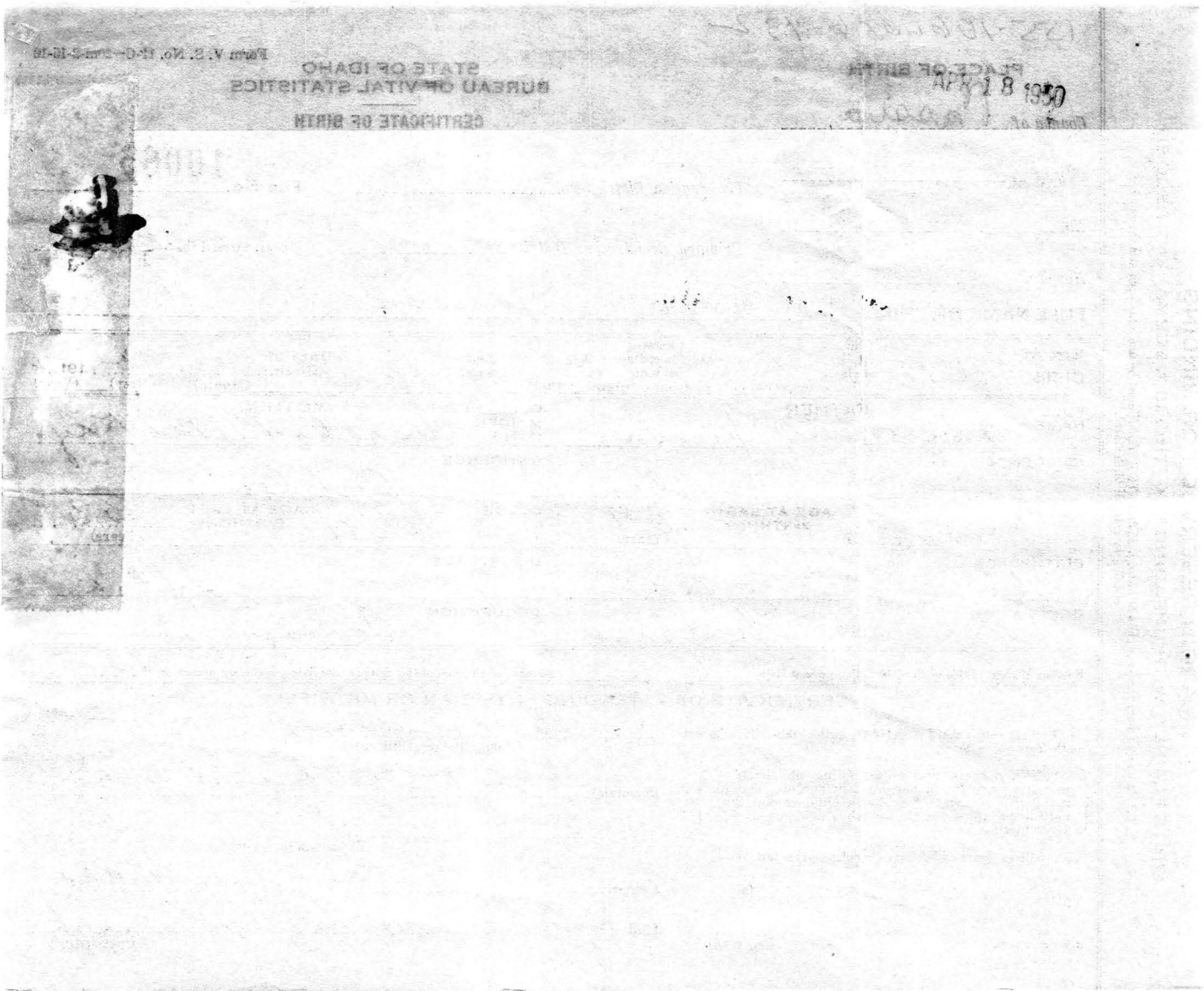
Filed Dec 12 19 12 L. B. Brockbank
Registrar

S-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.



219-209-016-391

Amended 10/4/74

(Be sure the information is complete and accurate)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 10064
Local Reg. No.
Reg. Dist. No. 31

1. PLACE OF BIRTH

a. COUNTY: Cassia

b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN: Basin

c. FULL NAME OF (If NOT in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION:

2. USUAL RESIDENCE OF MOTHER (Where does mother live?)

a. STATE: Idaho b. COUNTY: Cassia

c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN: Basin

d. STREET ADDRESS (If rural, give location):

3. CHILD'S NAME (Type or print)

a. (First): Ella b. (Middle): V. c. (Last): Bartholomew

4. SEX: Female

5a. THIS BIRTH: SINGLE ____ TWIN ____ TRIPLET ____

5b. IF TWIN OR TRIPLET (This child born) 1st ____ 2nd ____ 3rd ____

6. DATE OF BIRTH (Month) (Day) (Year): Dec. 9, 1912

FATHER OF CHILD

7. FULL NAME

a. (First): Bert b. (Middle): c. (Last): Bartholomew

8. AGE (At time of this birth): 27 YEARS

9. BIRTHPLACE (State or foreign country) (City or Town): Idaho

10. USUAL OCCUPATION: Lawyer

11. KIND OF BUSINESS OR INDUSTRY:

MOTHER OF CHILD

12. FULL MAIDEN NAME

a. (First): Mary b. (Middle): E. c. (Last): Tracy

13. AGE (At time of this birth): 27 YEARS

14. BIRTHPLACE (State or foreign country) (City or Town): Utah

15. CHILDREN PREVIOUSLY BORN TO THIS MOTHER (Do NOT include this child)

a. How many OTHER children are now living? 3

b. How many OTHER children were born alive but are now dead?

c. How many children were stillborn (born dead after 20 wks. pregnancy?)

16. INFORMANT'S SIGNATURE OR NAME (Relationship):

I hereby certify that this child was born alive on the date stated above.

17. SIGNATURE: E. P. Oldham

18. ATTENDANT AT BIRTH: M.D. X MIDWIFE ____ OTHER (Specify) ____

19. ADDRESS: Oakley, Idaho

20. DATE SIGNED:

21. DATE REC'D BY LOCAL REG.: Dec 12, 1912

22. REGISTRAR'S SIGNATURE: L. B. Stocklager

23. DATE ON WHICH GIVEN NAME ADDED BY ____ Registrar

Address of the child. Date of birth to be entered within 10 days after the date of birth at the place where the birth occurred. VITAL STATISTICS, BOISE, IDAHO.

IDAHO DEPARTMENT OF HEALTH

BUREAU OF VITAL STATISTICS

RECEIVED
BUREAU OF
VITAL STATISTICS
SEP 5 11 47 AM '74

Affidavit to Correct or Amend An Original Certificate of Birth or Death

State of ..... } ss.
County of ..... }

Certificate No. 10064

Date Filed .....

The undersigned does solemnly swear that certain facts on the certificate of birth (Birth or Death)
for Unnamed Bartholomew (female) (Name on Original Certificate) who was born (Was Born or Died) on Dec. 9, 1912 (Date of Event)
in Basin, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts are shown by ..... (Bible Record, Insurance Policy, Etc.) prepared on ..... (Give Date), are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
child's name	Unnamed	Ella Verna Bartholomew

Subscribed and sworn to before me this 3rd day of September, 1974

Notary Public, residing at .....
My commission expires .....
(Seal) NOTARY PUBLIC
Residing in American Falls, Idaho
My Commission Expires
April 10, 1976

Signed X Ella Lowery (Sister)
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

Oakley Idaho
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of ..... } ss.
County of ..... }

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 3rd day of Sept., 1974

NOTARY PUBLIC
Residing in American Falls, Idaho
My Commission Expires
April 10, 1976

Notary Public, residing at .....
My commission expires .....
(Seal)

Signed Elmer H Richardson
(Signature of Any Credible Person)

212 Garfield American Falls Idaho
(Street Address, City, State)

FORM DH 60-155

CL 8/30/74 lbc pd. rec. # 14883

Insurance policy from Gem State Mutual Life Assoc. gives name as Ella V. Richardson Policy No. 35557-E dated March 1, 1965. viewed by V. S.

Marriage License and Certificate from Idaho gives name as Elmer Richardson and Ella Bartholomew. dated July 29, 1936. viewed by V. S.

Social Security Card (518-38-5187) gives name as Ella Vern Richardson. viewed by VS

Form V. S.-No. 11-C—20m-2-15-12

PLACE OF BIRTH

County of Oneida

City of Malad

No. _____ St.

Hospital _____

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 31 File No. 10064

Primary Registration District No. 2176 Registered No. 2

FULL NAME OF CHILD Thelma Mellesa Bartholomew

Sex of Child	Twin, Triplet or other?	and	Number in order of birth	Legitimate?	Date of Birth
Female	X		X	Yes	Dec. 7 (Month) (Day) 1912 (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	Bert Bartholomew	FULL MAIDEN NAME	Mary E. Tracy
RESIDENCE	Basin	RESIDENCE	Basin
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	27 (Years)	AGE AT LAST BIRTHDAY	27 (Years)
BIRTHPLACE	Idaho	BIRTHPLACE	Utah
OCCUPATION	Sawyer	OCCUPATION	Housewife

Number of child of this mother, including present birth 3

Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 6-28 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) E. P. Oldham M.D.

(Physician or midwife)

Address Oakley Idaho

Given names added from a supplemental report

..... 19.....

Filed Dec 12 19 12 L. B. Stinchfield

Registrar

..... Registrar

S-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY. WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

OCT 8 1974

623-227-016-144

PLACE OF BIRTH

Form V. S. No. 11-C—10m-8-7-11

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

County of Cassia

City of Burley

Registration District No 31 File No. 10065

No ....., ... St.

Primary Registration District No 21 2nd Registered No. 230

Hospital .....

FULL NAME OF CHILD Winnie Osterhaut

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth
Female		1	yes	Nov 27 1912 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Jesse A Osterhout	FULL MAIDEN NAME	Winnifred Judd
RESIDENCE	Burley	RESIDENCE	Burley
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	38 (Years)	AGE AT LAST BIRTHDAY	38 (Years)
BIRTHPLACE	Canon Creek Idaho	BIRTHPLACE	Grantsville Utah
OCCUPATION	Farmer	OCCUPATION	House Wife

Number of children of this mother, including present birth 1

Number of children, of this mother, now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 6a M. on the date above stated.

(Signature) J M Mutes MD

(Physician or Midwife)

Address Burley Ida

Filed Dec 13 1912 [illegible] Registrar

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Name added from a supplemental report

....., 19.....

Registrar

RK CO., PRES. & SDRS. 17826

ARE RESERVED FOR BINDING

.LY. WRITE IN FADING INK—THIS IS A PERMANENT RECORD

use of ..... child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

ARGIN RESERVED FOR BINDING

...Y. WITH UNFADING INK—THIS IS A PERMANENT RECORD

...ge of more than one child at birth, a SEPARATE RETURN must be made for each and this number

of each, in order

PLACE OF BIRTH

County of

City of

No.

Hospital

FULL NAME OF CHILD

Sex of Child

FULL NAME

RESIDENCE

COLOR

BIRTHPLACE

OCCUPATION

Number of children of this mother, now living, including present birth

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby

on the date

*Wh

mid

mak

Given names added from a supplemental report

Address

Filed

Registrar

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

Registration District No.

This is

Registrar's Number

Reg. stered No.

MOTHER

Date of Birth

Age (Years)

Age at Last Birthday

Number of children born to this mother, including present birth

(Signature)

(Physician or Midwife)

Address

Filed

Registrar

FORM V. S. No. 11.0—Revised 5-11

FOR CONFIDENTIAL USE ONLY

29-113:016-257

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

PLACE OF BIRTH

County of Cassia

City of Burley

No. ....., ... St.

Hospital .....

Form V. S. No. 11-C—10m-8-7-11

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

Registration District No. 31 File No. 10066

Primary Registration District No. 21 24 Registered No. 236

FULL NAME OF CHILD Willis Lavon Bray

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births) and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Male	One	Yes	Nov 13 1912

FATHER		MOTHER	
FULL NAME	Willis Bray	FULL MAIDEN NAME	Harriet Beach
RESIDENCE	Burley Idaho	RESIDENCE	Burley
COLOR	White	AGE AT LAST BIRTHDAY (Years)	24
COLOR	White	AGE AT LAST BIRTHDAY (Years)	17
BIRTHPLACE	Provo Utah	BIRTHPLACE	Idaho Falls
OCCUPATION	Laborer	OCCUPATION	House Wife

Number of child of this mother, including present birth ..... 1 .....

Number of children, of this mother, now living, including present birth ..... 1 .....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 3 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. M. Miller M.D.

(Physician or Midwife)

Address .....

Given names added from a supplemental report

....., 19.....

Filed Dec 13 1912 L. B. Stockberger

SYMS - YORK CO., PTRS. & BDRS. 17326

Registrar

Registrar

PLACE OF BIRTH

STATE OF IDAHO

Bureau of Vital Statistics

Form V. S. No. 11-C—10m-8-7-11

515-125-016-319

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

Form V. S. No. 11-C—10m-8-7-11

PLACE OF BIRTH

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

County of Cassia

City of Burley

Registration District No. 31 File No. 10067

No. ..... St.

Hospital. Residence Primary Registration District No. 2134 Registered No. 237

FULL NAME OF CHILD Donald Vanhook

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Male		1	Yes	Nov 25 1912

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	Herbert Newell Vanhook	Luella Cary Larson
RESIDENCE	Burley	Burley
COLOR	White	White
AGE AT LAST BIRTHDAY (Years)	27	27
BIRTHPLACE	Indianapolis Indiana	Cantrell Ill
OCCUPATION	Farmer	Home Wife

Number of child of this mother, including present birth 1

Number of children, of this mother, now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 1 p.m. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report

....., 19.....

..... Registrar

(Signature) J. M. Muler, M.D.

(Physician or Midwife)

Address .....

Filed Dec 13 1912 L B Stackhouse Registrar

SYMS - YORK CO., PTRS. & BDRS. 17326

STATE OF IDAHO

"Bureau of Vital Statistics

Form V. S. No. 11-C—10m-8-V-11

PLACE OF BIRTH

259-2011 0B6-253

PLACE OF BIRTH

Form V. S. No. 11-C—10m-8-7-11

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

County of Oneida

City of Preston

No ____, ____ St.

Hospital ____

Registration District No 18 File No. 10068

Primary Registration District No. 2119 Registered No. 416

FULL NAME OF CHILD Grace Valeere Kershaw

Sex of Child	Twin, Triplet or other?	and	Number in order of birth	Legitimate?	Date of birth
Female	1		1	yes	Oct 1 (Month) (Day) 1912 (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	Arthur Kershaw	FULL MAIDEN NAME	Laverne Beerstead
RESIDENCE	Preston Ida	RESIDENCE	Preston Ida
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	23 (Years)	AGE AT LAST BIRTHDAY	20 (Years)
BIRTHPLACE	Preston Idaho	BIRTHPLACE	Whitney Idaho
OCCUPATION	Plumber	OCCUPATION	Housewife

Number of child of this mother, including present birth 1

Number of children, of this mother, now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) Oct 1-1912 at 2-15 A. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) G W Stokes

Physician

(Physician or Midwife)

Address Franklin Idaho

Given names added from a supplemental report

....., 19.....

Filed Dec 1 1912 D C Ray

Registrar

SYMS - YORK CO., PTRS. & BDRS. 17326

Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

DECEASED

693-103-036-141

PLACE OF BIRTH

Form V. S. No. 11-C—10m-8-7-11

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

County of Oneida

City of Preston

No ____, ____ St.

Hospital ____

Registration District No 18

Primary Registration District No 2119

File No. 10069

Registered No. 417

FULL NAME OF CHILD ✓

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Male	—	—	—	yes	Oct 3 1912

FATHER		MOTHER	
FULL NAME	Chauncey Williams	FULL MAIDEN NAME	Carrie Adams
RESIDENCE	Preston Idaho	RESIDENCE	Preston Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	23 (Years)	AGE AT LAST BIRTHDAY	23 (Years)
BIRTHPLACE	Shoshone Idaho	BIRTHPLACE	Malad Idaho
OCCUPATION	Miller	OCCUPATION	Housewife

Number of child of this mother, including present birth 1

Number of children, of this mother, now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) Oct 3-1912, at 1 A. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report

....., 19....

.....

Registrar

(Signature) W W Slater

Physician

(Physician or Midwife)

Address Franklin Idaho

Filed Nov 1 1912 D C Ray

Registrar

SYMS - YORK CO., PTRS. & BDRS. 17326

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

FEB 1 3 1974

816-207-036168

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

Form V. S. No. 11-C—10m-8-7-11

PLACE OF BIRTH

County of Custer

City of Franklin

No ____, ____ St.

Hospital ____

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

Registration District No 18 — File No. 10070

Primary Registration District No 2119 — Registered No. 218

FULL NAME OF CHILD Alice Mary Haworth

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Female	—	—	yes	Oct 7 1912

FATHER

FULL NAME: Thomas Haworth

RESIDENCE: Franklin Idaho

COLOR: White — AGE AT LAST BIRTHDAY: 45 (Years)

BIRTHPLACE: Franklin Idaho

OCCUPATION: Farmer

MOTHER

FULL MAIDEN NAME: Blanda Johnson

RESIDENCE: Franklin Idaho

COLOR: White — AGE AT LAST BIRTHDAY: 39 (Years)

BIRTHPLACE: Salt Lake City Utah

OCCUPATION: School teacher

Number of child of this mother, including present birth: 4

Number of children, of this mother, now living, including present birth: ____

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) on the date above stated. Oct 17 1912, at 10-6 P. M.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report

....., 19....

.....
Registrar

(Signature) G W Sias

Physician

(Physician or Midwife)

Address Franklin Idaho

Filed Nov 19 17 D C Ray
Registrar

SYMS - YORK CO., PTRS. & BOKS. 17326

MARGIN RESERVED FOR BINDING
WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

648-109-036-165

Form V. S. No. 11-C—10m-8-7-11

PLACE OF BIRTH

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

County of Oneida

City of Franklin

No ____, ____ St.

Hospital ____

Registration District No 18 File No 10071

Primary Registration District No 2119 Registered No 419

FULL NAME OF CHILD ____

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Male		2	Yes	Oct 8 1912

FATHER	MOTHER
FULL NAME: Andrew Fuhrman	FULL MAIDEN NAME: Effa Jones
RESIDENCE: Franklin Ida	RESIDENCE: Franklin Ida
COLOR: White	COLOR: White
AGE AT LAST BIRTHDAY: 40 (Years)	AGE AT LAST BIRTHDAY: 38 (Years)
BIRTHPLACE: Providence Utah	BIRTHPLACE: Farmington Utah
OCCUPATION: Superintendent Sugar Factory	OCCUPATION: Housewife

Number of child of this mother, including present birth 6

Number of children, of this mother, now living, including present birth 6

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Alive Oct 8 1912 at 2 P. M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) G W Slater

Physician
(Physician or Midwife)

Address Franklin Idaho

Given names added from a supplemental report

....., 19....

Filed Nov 1 1912 D C Ray

SYMS - YORK CO., PTRS. & BDRS. 17326

Registrar

Registrar

381-124-036-243

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

PLACE OF BIRTH

County of Caribou

City of Preston R7D No 1

No ____, ____ St.

Hospital ____

Form V. S. No. 11-C—10m-8-7-11

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

Registration District No 18 File No. 10072

Primary Registration District No. 2119 Registered No. 470

FULL NAME OF CHILD —

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Male	—	—	Yes	Oct 24 1912

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	Arthur C Chatterton	Laura Buckley
RESIDENCE	Preston Ida	Preston Ida
COLOR	White	White
AGE AT LAST BIRTHDAY (Years)	34	34
BIRTHPLACE	Franklin Ida	Millville Utah
OCCUPATION	Farmer	Housewife

Number of child of this mother, including present birth 5

Number of children, of this mother, now living, including present birth 5

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive Born Oct 24 1912 at 11 A. M. on the date above stated.

(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Geo Yates M.D.

Franklin Ida

(Physician or Midwife)

Given names added from a supplemental report

....., 19.....

Address .....

Filed Dec 19 17 D C Ray

SYMS - YORK CO., PTRS. & BDRS. 17326

Registrar

Registrar

PLACE OF BIRTH

STATE OF IDAHO

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

546-126-036-995

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

PLACE OF BIRTH

County of Oneida

City of Fairview

No ....., ... St.

Hospital .....

Form V. S. No. 11-C—10m-8-7-11

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

Registration District No 18 File No. 10073

Primary Registration District No. 2119 Registered No. 121

FULL NAME OF CHILD GEORGE DALLAS NUFFER

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Male	2		2	Yes	Oct 20 1912

	FATHER	MOTHER
FULL NAME	Ford Nuffer	Annie Ruderknecht
RESIDENCE	Fairview Ida	Fairview Idaho
COLOR	White	White
AGE AT LAST BIRTHDAY (Years)	48	43
BIRTHPLACE	Wittenburg Germany	Henderson Utah
OCCUPATION	Farmer	Housewife

Number of child of this mother, including present birth 9

Number of children, of this mother, now living, including present birth 9

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive Oct 20 1912, at 1 15 P. M. on the date above stated.

(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) G W Slade

Physician

(Physician or Midwife)

Given names added from a supplemental report

....., 19.....

Address Franklin Idaho

Filed Nov 19 17 W. D. Ray

SYMS - YORK CO., PTRS. & BDRS. 17326

Registrar

Registrar

DUP OF 12-265089

815-229-036-236

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

Form V. S. No. 11-C—10m-8-7-11

PLACE OF BIRTH

County of Oneida

City of Franklin

No. ____, ____ St.

Hospital ____

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

Registration District No. 18 File No. 10074

Primary Registration District No. 2119 Registered No. 11 V

FULL NAME OF CHILD Beatrice Kennedy

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Female	—	—	Yes	Oct 29 1912

FATHER		MOTHER	
FULL NAME	Wm Handy	FULL MAIDEN NAME	Annie Stones
RESIDENCE	Franklin	RESIDENCE	Franklin Ida
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	40 (Years)	AGE AT LAST BIRTHDAY	35 (Years)
BIRTHPLACE	Franklin Idaho	BIRTHPLACE	Cherryville Idaho
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 5

Number of children, of this mother, now living, including present birth 5

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn) at 7 15 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report

....., 19....

(Signature) G W Slater

Physician

(Physician or Midwife)

Address Franklin Idaho

Filed Dec 1 19 12 D Lacy

Registrar

SYMS - YORK CO., PTRS. & SDRS. 17326

Registrar

SEP 26 1972

846-231-036-253

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

Form V. S. No. 11-C—10m-8-7-11

PLACE OF BIRTH

County of Oneida

City of Malad

No ____, ____ St.

Hospital

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

Registration District No. 18 File No. 10075

Primary Registration District No. 2119 Registered No. 173

FULL NAME OF CHILD Phyllis Lorette

Sex of Child: Female

Twin, Triplet or other? — and Number in order of birth: 2

(To be answered only in event of plural births)

Legitimate? Yes

Date of birth: Oct 31 (Month) (Day) 1912 (Year)

FATHER

FULL NAME: Adolph Hauffler

RESIDENCE: Whitney

COLOR: White AGE AT LAST BIRTHDAY: 34 (Years)

BIRTHPLACE: Solothurn Switzerland

OCCUPATION: Farmer

MOTHER

FULL MAIDEN NAME: Stella Beckstead

RESIDENCE: Whitney Idaho

COLOR: White AGE AT LAST BIRTHDAY: 32 (Years)

BIRTHPLACE: South Jordan Utah

OCCUPATION: Housewife

Number of child of this mother, including present birth: 4

Number of children, of this mother, now living, including present birth: 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn) on the date above stated. Oct 31-1912 at 1 30 P. M.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) G W Slater

Physician

(Physician or Midwife)

Address Franklin Idaho

Given names added from a supplemental report

....., 19.....

Filed Nov 1 1917

SYMS - YORK CO., PTRS. & BDRS. 17326

Registrar

D C Ray

Registrar

JAN 2 3 1973

814-204 076-689

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

PLACE OF BIRTH

County of Oneida

City of Franklin

No. ____, ____ St.

Hospital ____

Form V. S. No. 11-C—10m-8-7-11

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

Registration District No. 18 File No. 10076

Primary Registration District No. 2119 Registered No. 424

FULL NAME OF CHILD Ada Hampton

Sex of Child	Twin, Triplet or other?	and	Number in order of birth	Legitimate?	Date of birth
Female	1		1	Yes	Nov. 4 (Month) (Day) 1912 (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	Joseph Stephen Hampton	FULL MAIDEN NAME	Ethel M Whitehead
RESIDENCE	Preston Ida	RESIDENCE	Preston Ida
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	34 (Years)	AGE AT LAST BIRTHDAY	27 (Years)
BIRTHPLACE	Franklin Idaho	BIRTHPLACE	Richmond Utah
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 5

Number of children, of this mother, now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Alive Nov 4-1912 at 12 10 P. M. on the date above stated.

(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) G W Gates

Physician

(Physician or Midwife)

Address Franklin Ida

Given names added from a supplemental report

....., 19.....

Filed Nov 14 1912 D C Ray

Registrar

SYMS - YORK CO., PTRS. & BDRS. 17326

Registrar

IDAHO STATE BOARD OF HEALTH
DIVISION OF VITAL STATISTICS

Affidavit to Correct or Amend An Original Certificate of Birth or Death

State of ..... } ss.
County of ..... }

Certificate No. 10076

Date Filed .....

The undersigned does solemnly swear that certain facts on the certificate of birth (Birth or Death)
for Unnamed Hampton (Name on Original Certificate) who was born (Was Born or Died) on Nov. 4, 1912 (Date of Event)
in Franklin (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts are shown by Birth Cert #203078 (Bible Record, Insurance Policy, Etc.) prepared on Social Security Card (Give Date) about 1940, are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original) #519-16-4665 Issued by Vital Stat. SC	TO (The Correct Facts)
Child's Name	Unnamed	Ada [redacted] Hampton

Subscribed and sworn to before me this 25 day of March, 1957
Hazel L. Hurlbert
Notary Public, residing at Eagle Idaho
My commission expires Sept 28, 1960
(Seal)

Signed Ada H. Oliver
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)
4010-So. 158-St. Seattle Wash.
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Idaho } ss.
County of Ada }

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 25 day of March, 1957
Hazel L. Hurlbert
Notary Public, residing at Eagle Idaho
My commission expires Sept 28, 1960
(Seal)

Signed Mada Elene
(Signature of Any Credible Person)

(Street Address, City, State)

FORM DPH 55. 155

MAR 2

639-114-036-132

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

Form V. S. No. 11-C—10m-8-7-11

PLACE OF BIRTH

County of Oneida

City of Franklin

No ....., ... St.

Hospital .....

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

Registration District No. 18 File No. 10077

Primary Registration District No. 2119 Registered No. 175

FULL NAME OF CHILD Roderick Oliverson

Sex of Child	Twin, Triplet or other?	and	Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Male	L		L	Yes	Nov 14 1912

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	Christopher Oliverson	FULL MAIDEN NAME	Alice Atkinson
RESIDENCE	Franklin Idaho	RESIDENCE	Franklin Ida
COLOR	White	AGE AT LAST BIRTHDAY	33 (Years)
COLOR	White	AGE AT LAST BIRTHDAY	26 (Years)
BIRTHPLACE	Franklin Idaho	BIRTHPLACE	Coue Utah
OCCUPATION	Laborer	OCCUPATION	Housewife

Number of child of this mother, including present birth 4

Number of children, of this mother, now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (or stillborn) on the date above stated. Nov 14-1912, at 8:15 A. M.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report

....., 19.....

.....
Registrar

(Signature) G. W. Yates

Physician

(Physician or Midwife)

Address Franklin Idaho

Filed Nov 19 12 D. C. Ray

Registrar

SYMS - YORK CO., PTRS. & BDRS. 17326

MAR 1 6 1966

792-115-036-295

PLACE OF BIRTH

Form V. S. No. 11-C—10m-8-7-11

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

County of Cache Oneida

City of Franklin

No ____, ____ St.

Hospital ____

Registration District No 18 File No. 10078

Primary Registration District No. 2 119 Registered No. 176

FULL NAME OF CHILD WILLIAM DORRIS GIBSON

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Male	—		2	Yes	Nov 15 1912

FATHER		MOTHER	
FULL NAME	Howard Gibson	FULL MAIDEN NAME	Edna Kingsford
RESIDENCE	Grace Idaho	RESIDENCE	Grace Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	29 (Years)	AGE AT LAST BIRTHDAY	23 (Years)
BIRTHPLACE	Hyde Park Utah	BIRTHPLACE	Cove Utah
OCCUPATION	Farmer	OCCUPATION	Wife

Number of child of this mother, including present birth 2

Number of children, of this mother, now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Alive Nov 15 1912, at 7:20 A. M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) G W Hales

Physician
(Physician or Midwife)

Address Franklin Idaho

Given names added from a supplemental report

....., 19....

Filed Dec 1 19 12 D Clay

SYMS - YORK CO., PTRS. & BDRS. 17326

Registrar

Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

K

PLACE OF BIRTH

SEP 22 1941

DECEASED

STATE OF IDAHO

DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

SEP 16 [illegible]

10078

State of Idaho. } ss.
County of Bannock }

Certificate No. [illegible]

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of Birth (Birth or death)

for William D Gibson (Name on original certificate) who born (Was born or died) on Nov 15 1912 (Date of event)

in Grace Idaho. (Place of event) are erroneous or were omitted; and that, to the best of his knowledge, the true facts as shown by Baptism (Bible record, insurance policy, etc.) prepared on August 7 1921 (Give date), are:

FACTS TO BE CORRECTED ("Name", "birth date", "cause of death", etc.)	FROM (As on original)	TO (The correct facts)
Name	unnamed Gibson	William Dorris Gibson

Subscribed and sworn to before me this 15 day of September, 19 41

[illegible]

Notary Public, residing at Grace Idaho.

My commission expires May 15 1944

[SEAL]

Signed Elsie Gibson Parent.
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

Grace Idaho.
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Idaho } ss.
County of Bannock }

[This affidavit MUST also be executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 16 th day of September, 19 41

[illegible]

Notary Public, residing at Grace Idaho.

My commission expires May 15 1944.

[SEAL]

Signed Ethel S. Robinson
(Signature of any credible person other than the previous affiant.)

(Street Address, City, State)
Grace Idaho.

Received for filing on By
(Registrar's signature)

[redacted]

14-44-41

893-217036-968

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

Form V. S. No. 11-C—10m-8-7-11

PLACE OF BIRTH

County of Oneida

City of Franklin

No. ____, ____ St.

Hospital ✓

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

Registration District No. 18 File No. 10079

Primary Registration District No. 2119 Registered No. 177

FULL NAME OF CHILD Mariel Hill

Sex of Child	Twin, Triplet or other?	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Female	✓	1	Yes	May 17 1912

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	Parley Pratt Hill	FULL MAIDEN NAME	Mary J. Roylance
RESIDENCE	Franklin Idaho	RESIDENCE	Franklin Idaho
COLOR	White	AGE AT LAST BIRTHDAY (Years)	49
COLOR	White	AGE AT LAST BIRTHDAY (Years)	45
BIRTHPLACE	Ogden Utah	BIRTHPLACE	Springville Utah
OCCUPATION	Farmer	OCCUPATION	

Number of child of this mother, including present birth 11

Number of children, of this mother, now living, including present birth 10

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Alive (Born alive or stillborn) on the date above stated. May 17-1912 at 3-P. M.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report

....., 19....

(Signature) F. W. Hales

Physician

(Physician or Midwife)

Address Franklin Idaho

Filed Dec 1 19 17 D. C. Ray

Registrar

SYMS - YORK CO., PTRS. & BDRS. 17326

Registrar

JUN 3 1965

364-219.036 - 381

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

Form V. S. No. 11-C—10m-8-7-11

PLACE OF BIRTH

County of Oneida

City of Franklin

No. ____, ____ St.

Hospital ____

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

Registration District No. 18 File No. 10080

Primary Registration District No. 7119 Registered No. 478

FULL NAME OF CHILD ____

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Female	1	1	Yes	Nov 19 1912

FATHER		MOTHER	
FULL NAME	Robert Cornish	FULL MAIDEN NAME	Violet Chatterton
RESIDENCE	Grace Idaho	RESIDENCE	Grace Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	33 (Years)	AGE AT LAST BIRTHDAY	27 (Years)
BIRTHPLACE	Cove Utah	BIRTHPLACE	Franklin
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 2

Number of children, of this mother, now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (or stillborn) on the date above stated. Nov 19 1912, at 4:45 A. M.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report

....., 19.....

.....
Registrar

(Signature) G W Yates M.D.

(Physician or Midwife)

Address Franklin Ida.

Filed Dec 17 19 12 D. L. Ray
Registrar

SYMS - YORK CO., PTRS. & BDRS. 17326

165-224.036-155

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

Form V. S. No. 11-C—10m-8-7-11

PLACE OF BIRTH

County of Oneida

City of Dayton

No. ____, ____ St.

Hospital ____

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

Registration District No. 18

Primary Registration District No. 219

File No. 10081

Registered No. 429

FULL NAME OF CHILD Alta Jones

Sex of Child: girl

Twin, Triplet or other? (To be answered only in event of plural births) and Number in order of birth:

Legitimate? Yes

Date of birth: June (Month) 24 (Day) 1912 (Year)

FATHER

FULL NAME: George Jones

RESIDENCE: Dayton Ida

COLOR: White

AGE AT LAST BIRTHDAY: 23 (Years)

BIRTHPLACE: Dayton Idaho

OCCUPATION: Farmer

MOTHER

FULL MAIDEN NAME: Mary Jensen

RESIDENCE: Dayton Ida

COLOR: White

AGE AT LAST BIRTHDAY: 19 (Years)

BIRTHPLACE: Clarkston Utah

OCCUPATION:

Number of child of this mother, including present birth: 1

Number of children, of this mother, now living, including present birth: 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at ____ M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Sarah Phillips

Midwife (Physician or Midwife)

Address Dayton Ida

Filed Oct 1 19 12 G. E. Emery Registrar

Given names added from a supplemental report

____, 19____

____ Registrar

Filed Nov 15 1912

SYMS - YORK CO., PTRS. & SDRS. 17326

JUN 8 1964

132-24-036-789

PLACE OF BIRTH

Form V. S. No. 11-C—10m-8-7-11

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

County of Oneida

City of Dayton

No ____, ____ St.

Registration District No 8 File No. 10082

Primary Registration District No 219 Registered No. 430

Hospital ____

FULL NAME OF CHILD Bertha Atkinson

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth
girl			yes	July 24 1912 (Month) (Day) (Year)

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	Samuel H. Atkinson	Martha May Phillips
RESIDENCE	Dayton Ida	Dayton Ida
COLOR	White	White
AGE AT LAST BIRTHDAY	28 (Years)	21 (Years)
BIRTHPLACE	Dayton Ida	Dayton Idaho
OCCUPATION	Farmer	

Number of child of this mother, including present birth 5

Number of children, of this mother, now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at ____ M. on the date above stated.

(Signature) Sarah F. Phillips

Midwife (Physician or Midwife)

Address Dayton Idaho

Filed Oct 1 1912 G. C. Empey Sub Registrar

Registrar

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report

____, 19____

Registrar

Idaho Nov 15 1912

SYMS - YORK CO., PTRS. & BDRS. 17826

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

AUG 6 1973

155128.036-813

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

Form V. S. No. 11-C—10m-8-7-11

PLACE OF BIRTH

County of Oneida

City of Preston

No ____, ____ St.

Hospital ____

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

Registration District No 18 — File No 10083

Primary Registration District No 2119 — Registered No. 421

FULL NAME OF CHILD Leo Walter Jenkins

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
male			yes	Sept 28 1912

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	Jon Jenkins	Sarah Hall
RESIDENCE	Preston	Preston
COLOR	White	wh.
AGE AT LAST BIRTHDAY (Years)	31	32
BIRTHPLACE	Utah	Fairview Idaho
OCCUPATION	Farmer	housewife

Number of child of this mother, including present birth 5

Number of children, of this mother, now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 10 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report

....., 19.....

.....
Registrar

(Signature) G. O. Eyre

Physician

(Physician or Midwife)

Address Preston Ida

Filed Sept. 30 1912 G. O. Eyre
Registrar

Med Nov 15 1912 D&Ray

SYMS - YORK CO., PTRS. & BDRS. 17826

JUL 23 1942

155-105-036-386

PLACE OF BIRTH

Form V. S. No. 11-C—15m-6-20-11

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

10084

County of Oneida

City of Samaria — Registration District No. 18 — File No.

No. ____, ____ St. — Primary Registration District No. 2069 — Registered No. 432

Hospital

FULL NAME OF CHILD Leland Jenkins

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
male		7	yes	Oct. 5, 191[illegible]

FATHER		MOTHER	
FULL NAME	David Jenkins	FULL MAIDEN NAME	Elizabeth Thomas
RESIDENCE	Samaria Idaho	RESIDENCE	Samaria
COLOR	white	COLOR	white
AGE AT LAST BIRTHDAY (Years)	35	AGE AT LAST BIRTHDAY (Years)	33
BIRTHPLACE	Samaria Idaho	BIRTHPLACE	Samaria Idaho
OCCUPATION	Farming	OCCUPATION	

Number of child of this mother, including present birth 7 — Number of children, of this mother, now living, including present birth 7

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 1.03 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Mary A. Reese

Midwife (Physician or Midwife)

Address Samaria Idaho

Given names added from a supplemental report

....., 19.....

Filed Dec 1 19.17 D C Ray Registrar

.....

Registrar

S-Y CO., 16670

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number

415-216-036-693

PLACE OF BIRTH

County of Oneida

City of Samara

No. ____, ____ St.

Hospital ____

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

Form V. S. No. 11-C—15m-6-20-11

Registration District No. 18

File No. 10085

Primary Registration District No. 2069

Registered No. 433

FULL NAME OF CHILD Etta Mansfield

Sex of Child female

Twin, Triplet, or other? (To be answered only in event of plural births) and Number in order of birth 5

Legitimate? yes.

Date of birth Oct. 16, 1912 (Month) (Day) (Year)

FATHER	MOTHER
FULL NAME Samuel Mansfield	FULL MAIDEN NAME Mary J Williams
RESIDENCE Samaria Idaho	RESIDENCE Samaria
COLOR white	COLOR white
AGE AT LAST BIRTHDAY 28 (Years)	AGE AT LAST BIRTHDAY 26 (Years)
BIRTHPLACE Samaria	BIRTHPLACE Samaria
OCCUPATION Farming	OCCUPATION

Number of child of this mother, including present birth 5

Number of children, of this mother, now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 5.45 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Mary A. Reese

Midwife (Physician or Midwife)

Address Samaria Idaho

Given names added from a supplemental report

....., 19.....

Registrar

Filed Dec 1 19 17 D C Ray Registrar

S-Y CO., 16670

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

380-22-0036-993

PLACE OF BIRTH

Form V. S. No. 11-C—15m-6-20-11

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

File No. 10086

County of Oneida

City of Samaria Registration District No. 18

No. ____, ____ St. Primary Registration District No. 2069 Registered No. 434

Hospital ____

FULL NAME OF CHILD Margaret Thomas

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
female		4	yes	Oct 25, 1912

FATHER		MOTHER	
FULL NAME	Thomas Morgan	FULL MAIDEN NAME	Margaret Richards
RESIDENCE	Samaria	RESIDENCE	Samaria
COLOR	white	COLOR	white
AGE AT LAST BIRTHDAY	38 (Years)	AGE AT LAST BIRTHDAY	37 (Years)
BIRTHPLACE	South Wales	BIRTHPLACE	Malad City
OCCUPATION	Farming	OCCUPATION	

Number of child of this mother, including present birth 4

Number of children, of this mother, now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 5:20 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Mary A. Reese

Samaria Idaho (Physician or Midwife)

Address Midwife

Given names added from a supplemental report

____, 19____

____ Registrar

Filed Dec 1 19 12 D C Kay Registrar

S-Y CO., 16670

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

PLACE OF BIRTH

(County of

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

Form V. S. No. 11-C—10m-8-41

713-205-036-54

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

Form V. S. No. 11-C—10m-8-7-11

PLACE OF BIRTH

County of [redacted]ida

City of Malad

No ____, ____ St.

Hospital ____

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

Registration District No 18 — File No. 10087

Primary Registration District No. 2069 — Registered No. 435

FULL NAME OF CHILD ____

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
F			Yes	Nov 5 1912

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	James H Palmer	Eliza Anderson
RESIDENCE	Malad	Malad
COLOR	White	White
AGE AT LAST BIRTHDAY (Years)	44	43
BIRTHPLACE	Utah	Utah
OCCUPATION	Livery man	House Wife

Number of child of this mother, including present birth 8

Number of children, of this mother, now living, including present birth 6

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Alive (Born alive or stillborn), at 11.50 A M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J F Allen

Physician

(Physician or Midwife)*

Malad

Address ____

Given names added from a supplemental report

____, 19____

Filed Nov 11 1912 D C Ray

____ Registrar

Registrar

SYMS - YORK CO., PTRS. & SDRS. 17326

753-10-036-314

PLACE OF BIRTH

Form V. S. No. 11-C—15m-6-20-11

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

County of Oneida

City of Samaria

Registration District No. 18

File No. 10088

No. ____, ____ St.

Primary Registration District No. 2069

Registered No. 436

Hospital ____

FULL NAME OF CHILD Olive Ann Peterson

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
female		2	yes	Nov 10, 1912

FATHER		MOTHER	
FULL NAME	Abraham Peterson	FULL MAIDEN NAME	Margaret Camp
RESIDENCE	Samaria, Idaho	RESIDENCE	Samaria Idaho
COLOR	white	COLOR	white
AGE AT LAST BIRTHDAY	26 (Years)	AGE AT LAST BIRTHDAY	22 (Years)
BIRTHPLACE	Heber City, Utah	BIRTHPLACE	Pleasantview, Idaho
OCCUPATION	Farming	OCCUPATION	

Number of child of this mother, including present birth 2

Number of children, of this mother, now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 9.30 A. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Mary A. Reese

Midwife (Physician or Midwife)

Address Samaria Idaho

Given names added from a supplemental report

....., 19.....

Registrar

Filed Dec 1 1912 D. C. Ray Registrar

S-Y CO., 16670

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

SEP 1 1967

955-29.036814

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

Form V. S. No. 11-C—10m-8-7-11

PLACE OF BIRTH

County of Oneida

City of Holbrook

No. ____, ____ St.

Hospital ____

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

Registration District No. 18 File No. 10089

Primary Registration District No. 2069 Registered No. 437

FULL NAME OF CHILD Lera Adelia Iverson

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
F			Yes	Nov 19, 1912

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	Marty C Iverson	Emma Hammer
RESIDENCE	Holbrook	Holbrook
COLOR	White	White
AGE AT LAST BIRTHDAY (Years)	43	36
BIRTHPLACE	Utah	Denmark
OCCUPATION	Farmer	Housewife

[Number of child of this mother, including present birth 8

Number of children, of this mother, now living, including present birth 7

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Alive (Born alive or stillborn) at 8:30 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. F. Albon

(Physician or Midwife)

Address Malad Idaho

Given names added from a supplemental report

....., 19.....

Filed Aug 7 1917 W. C. Ray

Registrar

Registrar

SYMS - YORK CO., PTRS. & BDRS. 17326

SEP 11 1958

55-124-036-453

PLACE OF BIRTH

name added 11/15/79

Form V. S. No. 11-C—15m-6-20-11

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

County of Oneida

City of Samaria

Registration District No. 18

File No. 10090

No. ____, ____ St.

Primary Registration District No. 2069

Registered No. 438

Hospital ____

FULL NAME OF CHILD Elvert J. Evans

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
male		3	yes	Nov 24 1912

FATHER		MOTHER	
FULL NAME	David Evans	FULL MAIDEN NAME	Emeline Ann Mecham
RESIDENCE	Samaria Idaho	RESIDENCE	Samaria Idaho
COLOR	white	COLOR	white
AGE AT LAST BIRTHDAY	25 (Years)	AGE AT LAST BIRTHDAY	25 (Years)
BIRTHPLACE	Samaria Idaho	BIRTHPLACE	Milton Utah
OCCUPATION	Farming	OCCUPATION	

Number of child of this mother, including present birth 3

Number of children, of this mother, now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 9.30 A.M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report

....., 19.....

Registrar

(Signature) Mary A Reese

Midwife

(Physician or Midwife)

Address Samaria Idaho

Filed Dec 1 1912 D C Kay Registrar

S-Y CO., 16670

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

OCT 2 1969

IDAHO DEPARTMENT OF HEALTH AND WELFARE
Bureau of Vital Statistics

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE

RECEIVED
OCT 1 1979
Bureau of Vital Statistics

State of _____ } ss.
County of _____ }

Certificate No. 10090
Date Filed _____

The undersigned does solemnly swear that certain facts on the certificate of birth

for Clarence Evans (Name on Original Certificate) who was born (Was Born, Died, etc.) on Nov 24, 1912 (Date of Event)

in Samaria, Idaho (Oneida) (Place of Event) are erroneous or were omitted:

ITEMS TO BE CORRECTED	FROM	TO
child's name	Clarence Evans	Elvert J. Evans

OFFICIAL SEAL
ROBERT E. KUSH
NOTARY PUBLIC-CALIFORNIA
COUNTY OF SACRAMENTO
My Commission Expires December 6, 1980

Subscribed and sworn to before me this 26th day of September, 1979

Notary Public, Robert E. Kush

Residing at 5609 Nona Way, Sacramento, Ca. 95824

My commission expires Dec. 6, 1980

(Seal)

Elvert J. Evans
Signature of Applicant

4026-33rd Ave Sacto Calif 95824
Street Address, City, State

OFFICIAL SEAL
ROBERT E. KUSH
NOTARY PUBLIC-CALIFORNIA
COUNTY OF SACRAMENTO
My Commission Expires December 6, 1980

SUPPORTING AFFIDAVIT OF A SECOND PERSON

(Must be completed __)
(Is not necessary X)

State of _____ } ss.
County of Sacramento }

The undersigned does solemnly swear that he has knowledge of the facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 26th day of _____, 19__

Notary Public, Robert E. Kush

Residing at 5609 Nona Way, Sacramento, Ca. 95824

My commission expires Dec. 6, 1980

(Seal)

Connie Crawford
Supporting Signature

5530 McMahon Drive Sacto 95824 Calif.
Street Address, City, State

CL 9/20/79 nm

Insurance from Dept of Agriculture gives name as Elvert J. Evans. born Nov 24, 1912 . dated July 1, 1970. viewed by V. S.

Family Bible record gives name as Elvert M J. Evans. born Nov 24, 1912. viewed by V. S.

NOV 15 1979

55-225-036-155

PLACE OF BIRTH

STATE OF IDAHO

Form V. S. No. 11-C—15m-6-20-11

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

County of Oneida

City of Samaria

No. ____, ____ St.

Registration District No. 18

File No. 10091

Primary Registration District No. 2069

Registered No. 439

Hospital ____

FULL NAME OF CHILD Ruth Evans

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
female		5	yes	Nov 25 1912

FATHER		MOTHER	
FULL NAME	William B. Evans	FULL MAIDEN NAME	Mary Jenkins
RESIDENCE	Samaria, Idaho	RESIDENCE	Samaria Idaho
COLOR	white	COLOR	white
AGE AT LAST BIRTHDAY	40 (Years)	AGE AT LAST BIRTHDAY	31 (Years)
BIRTHPLACE	Brigham City Ut.	BIRTHPLACE	Samaria Idaho
OCCUPATION	Farming	OCCUPATION	

Number of child of this mother, including present birth 5

Number of children, of this mother, now living, including present birth 5

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 9:30 a. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Mary A. Reese

Midwife (Physician or Midwife)

Address Samaria Idaho

Given names added from a supplemental report

____, 19____

____ Registrar

Filed Dec 1 1912 D C Ray Registrar

S-Y CO., 16670

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

FEB 7 1942

JAN 24 1975

632-127-076-693

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

Form V. S. No. 11-C—10m-8-7-11

PLACE OF BIRTH

County of Oneida

City of Holbrook

No ____, ____ St.

Hospital ____

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

Registration District No 18 File No. 10092

Primary Registration District No. 7069 Registered No. 1440

FULL NAME OF CHILD Andrew J Olsen

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
M			Yes	Nov 27 1912

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	Andrew A Olsen	Harriet A Wickham
RESIDENCE	Holbrook	Holbrook
COLOR / AGE AT LAST BIRTHDAY (Years)	White / 36	White / 27
BIRTHPLACE	Sweden	Idaho
OCCUPATION	Farmer	Housewife

[Number of child of this mother, including present birth 5

Number of children, of this mother, now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn) at 8:30 A. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. A. Olson

Physician

(Physician or Midwife)

Given names added from a supplemental report

....., 19.....

Address Holbrook

Filed Dec 7 19 12 D C Ray

Registrar

SYMS - YORK CO., PTRS. & BDRS. 17326

Registrar

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

366-101-036-165

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

Form V. S. No. 11-C—10m-8-7-11

PLACE OF BIRTH

County of Oneida

City of Malad

No. ____, ____ St.

Hospital ____

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

Registration District No. 18 File No. 10093

Primary Registration District No. 2069 Registered No. 1481

FULL NAME OF CHILD GORDON LOWRY

Sex of Child	Twin, Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of birth (Month) (Day) (Year)
M		Yes	Nov 1 1912

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	Chas Lowry	Rose E Jones
RESIDENCE	Weiser	Weiser
COLOR	White	White
AGE AT LAST BIRTHDAY (Years)	26	26
BIRTHPLACE	Virginia	Utah
OCCUPATION	Farmer	Housewife

Number of child of this mother, including present birth 4

Number of children, of this mother, now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn), at 10:45 A. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J F Acton

(Physician or Midwife) Physician

Address Malad

Given names added from a supplemental report

....., 19.....

Filed Nov 11 1912 D C Kay

Registrar

Registrar

SYMS - YORK CO., PTRS. & BDRS. 17326

353-223-0366 32

PLACE OF BIRTH

County of Oneida

City of Malad

No. ..... St.

Hospital .....

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

Form V. S. No. 11-C—20m-2-15-12

CERTIFICATE OF BIRTH

Registration District No. 18 File No. 10094

Primary Registration District No. 2069 Registered No. 1172

FULL NAME OF CHILD Norma Elizabeth

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
female			yes	11 22 1912

FATHER		MOTHER	
FULL NAME	Guy Nelson	FULL MAIDEN NAME	Carrie Olsen
RESIDENCE	Hatchbook Idaho	RESIDENCE	same
COLOR	white	COLOR	white
AGE AT LAST BIRTHDAY (Years)	35	AGE AT LAST BIRTHDAY (Years)	33
BIRTHPLACE	Utah	BIRTHPLACE	Idaho
OCCUPATION	rancher	OCCUPATION	housewife

Number of child of this mother, including present birth 4

Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 5:30 a.m. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) D C Ray M D

(Physician or midwife)

Address Malad City

Given names added from a supplemental report

..... 19.....

Filed Nov 30 1912 D C Ray

..... Registrar

Registrar

S-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

595-210-036-165

MARGIN RESERVED FOR BINDING

WRITE PLAINLY. WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Form V. S. No. 11-C—20m-2-15-12

PLACE OF BIRTH

County of Oneida

City of Malad

No. ..... St.

Hospital .....

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 18 File No. 10095

Primary Registration District No. 2069 Registered No. 443

FULL NAME OF CHILD Martha Ezell

Sex of Child	Twin / Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
female			yes	11 10 1912

FATHER

FULL NAME: Hart H Ezell

RESIDENCE: Malad City

COLOR: white AGE AT LAST BIRTHDAY: 44 (Years)

BIRTHPLACE: Kentucky

OCCUPATION: blacksmith

MOTHER

FULL MAIDEN NAME: Martha Jones

RESIDENCE: same

COLOR: white AGE AT LAST BIRTHDAY: 42 (Years)

BIRTHPLACE: Idaho

OCCUPATION: housewife

Number of child of this mother, including present birth: 9

Number of children of this mother now living, including present birth: 7

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 2:22 a. M. on the date above stated.

(Signature) D C Ray M.D.

(Physician or midwife)

Address Malad City Idaho

Filed Nov 12 1912 D C Ray Registrar

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report

..... 19.....

..... Registrar

S-Y CO. 20174

JAN 19 1942

665·107·036-263

Form V. S. No. 11-C—20m-2-15-12

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH

County of Oneida

City of Malad

No. ..... St.

Hospital .....

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 18 File No. 10096

Primary Registration District No. 2069 Registered No. 446

FULL NAME OF CHILD William Bolton Owen

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth
male			Yes	Nov 7 (Month) (Day) 1912 (Year)

FATHER		MOTHER	
FULL NAME	Edward Owen	FULL MAIDEN NAME	Mary Estella Bolton
RESIDENCE	Malad City	RESIDENCE	Malad City
COLOR	white	COLOR	white
AGE AT LAST BIRTHDAY	40 (Years)	AGE AT LAST BIRTHDAY	26 (Years)
BIRTHPLACE	England	BIRTHPLACE	Utah
OCCUPATION	rancher & farmer	OCCUPATION	housewife

Number of child of this mother, including present birth 2

Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 7 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) D C Ray M D

(Physician or midwife)

Address Malad City Idaho

Given names added from a supplemental report

..... 19.....

..... Registrar

Filed Nov 13 1912 D C Ray Registrar

8-Y CO. 20174

Form V. S. No. 11-C—20m-2-15-12

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

PLACE OF BIRTH

County of

735-202-036-816

Form V. S. No. 11-C—20m-2-15-12

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Oneida

City of Samaria — Registration District No. 18 — File No. 10097

No. ____ St. — Primary Registration District No. 2069 — Registered No. 445

Hospital ____

FULL NAME OF CHILD Zelda Gleed

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
female			Yes	11 3 3

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	John Gleed	Clara Hawkins
RESIDENCE	Samaria	Samaria
COLOR	white	white
AGE AT LAST BIRTHDAY (Years)	36	33
BIRTHPLACE	Idaho	Idaho
OCCUPATION	farmer	house wife

Number of child of this mother, including present birth 6 — Number of children of this mother now living, including present birth 6

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 2 10 A.M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) D. C. Ray MD

(Physician or midwife)

Address Malad City

Given names added from a supplemental report

....., 19.....

Filed Nov 15 19 12 D. C. Ray Registrar

S-Y CO. 20174 Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

75/202-036-557

Form V. S. No. 11-C—20m-9-15-12

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Oneida

City of Malad

No. ____ St.

Hospital ____

Registration District No. 19

File No. 10098

Primary Registration District No. 2069

Registered No. 446

FULL NAME OF CHILD Stillborn

Sex of Child	Twin / Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
female			Yes	Nov 2 1912

FATHER		MOTHER	
FULL NAME	Isaac Peabody	FULL MAIDEN NAME	Alice R Evans
RESIDENCE	Malad City	RESIDENCE	same
COLOR	white	COLOR	white
AGE AT LAST BIRTHDAY (Years)	31	AGE AT LAST BIRTHDAY (Years)	29
BIRTHPLACE	Idaho	BIRTHPLACE	Idaho
OCCUPATION	rancher	OCCUPATION	same

Number of child of this mother, including present birth 5

Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Stillborn (Born alive or stillborn) at 7 10 A.M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) L C Ray MD

(Physician or midwife)

Address Malad City

Given names added from a supplemental report

....., 19.....

.....
Registrar

Filed Nov 15 19 12

L C Ray
Registrar

S-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Form V. S. No. 11-C—20m-8-18-13

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

PLACE OF BIRTH

342-223-036-168

PLACE OF BIRTH

County of Oneida

City of Malbrook

No. ..... St.

Hospital .....

Form V. S. No. 11-C—20m-2-15-12

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 18 File No. 10099

Primary Registration District No. 2069 Registered No. 1117

FULL NAME OF CHILD .....

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
female			yes	Nov 23 1912

FATHER		MOTHER	
FULL NAME	William Albert Tubbs	FULL MAIDEN NAME	Mary M Johnson
RESIDENCE	Malbrook	RESIDENCE	same
COLOR	white	COLOR	white
AGE AT LAST BIRTHDAY	32 (Years)	AGE AT LAST BIRTHDAY	27 (Years)
BIRTHPLACE	Utah	BIRTHPLACE	Utah
OCCUPATION	farmer	OCCUPATION	same

Number of child of this mother, including present birth 4

Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 6.30 P.M. on the date above stated.

(Signature) L C Ray MD

(Physician or midwife)

Address Malad City Idaho

Filed Dec 1 1912 L C Ray Registrar

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report

..... 19.....

..... Registrar

8-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

K

Form V. S. No. 11-C—20m-2-15-12

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

PLACE OF BIRTH

County of

462-102-036-415

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

PLACE OF BIRTH

County of Ouida

City of Landing

No. ____, ____ St.

Hospital ____

Form V. S. No. 11-C—15m-6-20-11

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

Registration District No. 18

File No. 10100

Primary Registration District No. 2072

Registered No. 448

FULL NAME OF CHILD not named

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Male			Yes	Nov 2, 1912

FATHER		MOTHER	
FULL NAME	Richard Manny	FULL MAIDEN NAME	Myrtle Davis
RESIDENCE	Landing	RESIDENCE	Landing
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	33 (Years)	AGE AT LAST BIRTHDAY	29 (Years)
BIRTHPLACE	Kansas	BIRTHPLACE	Kansas
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 2

Number of children, of this mother, now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive at 1 P.M. on the date above stated.

(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) W. G. Logan

Physician

(Physician or Midwife)

Address Rockland Idaho

Given names added from a supplemental report

____, 19____

Filed Dec 1 19 12 D C Ray

Registrar

____

Registrar

S-Y CO., 16670

[redacted] 243-10-036-569

E OF BIRTH

Form V. S. No. 11-C—15m-6-20-11

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

Ida

City of Rockland Registration District No. 18 File No. 10101

No. ____, ____ St. Primary Registration District No. 2072 Registered No. 1149

Hospital ____

FULL NAME OF CHILD Marion Butler

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Male			Yes	No. 10, 1912

FATHER		MOTHER	
FULL NAME	Harold Butler	FULL MAIDEN NAME	Martha Noels
RESIDENCE	Rockland	RESIDENCE	Rockland
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	30 (Years)	AGE AT LAST BIRTHDAY	27 (Years)
BIRTHPLACE	Mo	BIRTHPLACE	Mo
OCCUPATION	Farmer	OCCUPATION	Housework

Number of child of this mother, including present birth No 10

Number of children, of this mother, now living, including present birth 10

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECOR

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 11.30 A.M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) V. G. Logan

(Physician or Midwife)

Address Rockland Ida

Given names added from a supplemental report

....., 19.....

.....
Registrar

Filed Dec 1 1912 D. C. Ray
Registrar

S-Y CO., 16670

PLACE OF BIRTH

County of

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

652-120-263

PLACE OF BIRTH

County of Oneida

City of Rockland

No. ____, ____ St.

Hospital ____

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

Form V. S. No. 11-C—15m-6-20-11

Registration District No. 18

File No. 10102

Primary Registration District No. 2072

Registered No. 450

FULL NAME OF CHILD not named Elsworth Woolrow

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Male			yes	Nov 20, 1912

	FATHER	MOTHER
FULL NAME	Philip Weber	FULL MAIDEN NAME Mary Roth
RESIDENCE	Rockland	RESIDENCE Rockland
COLOR	White	COLOR White
AGE AT LAST BIRTHDAY	27 (Years)	AGE AT LAST BIRTHDAY 29 (Years)
BIRTHPLACE	South Dakota	BIRTHPLACE South Dakota
OCCUPATION	Farmer	OCCUPATION Housewife

Number of child of this mother, including present birth 3

Number of children, of this mother, now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was Born Dead (Born alive or stillborn) at 11 P.M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) O G Logan

(Physician or Midwife)

Address Rockland Idaho

Given names added from a supplemental report

....., 19.....

Registrar

Filed Dec 1 1912 D C Kay Registrar

S-Y CO., 16670

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

If a typewriter is used, do not write on the line. Do not fold. Use unglazed paper.

418-112-036-964

Form V. S. No. 11-C—20m-2-15-12

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH

County of Oneida

City of Malad

No. ..... St.

Hospital .....

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 15 File No. 10103

Primary Registration District No. 2072 Registered No. 451

FULL NAME OF CHILD Milton Irving

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Boy			yes	11 - 12 1912

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	Otto Richard Mayer	Tillie Rompple
RESIDENCE	Malad Idaho	Malad Idaho
COLOR	White	White
AGE AT LAST BIRTHDAY (Years)	22	22
BIRTHPLACE	Oregon	Russia
OCCUPATION	Farmer	Housewife

Number of child of this mother, including present birth Two

Number of children of this mother now living, including present birth Two

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 2:45 P.M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Gitta L. Grayot

Midwife (Physician or midwife)

Address Malad Idaho

Given names added from a supplemental report

..... 19.....

.....
Registrar

Filed DEC 1 1912 D C Ray
Registrar

S-Y CO. 20174

MAY 22 1942

DEC 11 1973

689-212-036-793

PLACE OF BIRTH

Form V. S. No. 11-C—20m-2-15-12

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Oneida

City of Malad / American Falls Registration District No. 13 File No. 10104

No. ____ St.

Primary Registration District No. 2072 Registered No. 1157

Hospital ____

FULL NAME OF CHILD RUTH ELIZABETH WHISLER

Sex of Child	Twin / Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Girl			Yes	11 - 12 - 1912

FATHER	MOTHER
FULL NAME Everett Lambert Whisler.	FULL MAIDEN NAME Sarah Romilda Gilbert
RESIDENCE American Falls Ida	RESIDENCE American Falls Ida
COLOR White	AGE AT LAST BIRTHDAY 23 (Years)
COLOR White	AGE AT LAST BIRTHDAY 23 (Years)
BIRTHPLACE Danville Iowa	BIRTHPLACE Thornberg Iowa
OCCUPATION Farmer	OCCUPATION Housewife

Number of child of this mother, including present birth Two

Number of children of this mother now living, including present birth Two

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born Alive (Born alive or stillborn), at 10.45 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Gitta C. Grayot

Midwife (Physician or midwife)

Address Malad Idaho

Given names added from a supplemental report

..... 19.....

..... Registrar

Filed Dec 1 1912 D C Ray Registrar

S-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Form V. S. No. 11-O—20m-2-15-12

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

PLACE OF BIRTH

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK. THIS IS A PERMANENT RECORD

RESIDENCE

COLOR — AGE AT LAST BIRTHDAY (Years)

BIRTHPLACE

COLOR — AGE AT LAST BIRTHDAY (Years)

BIRTHPLACE

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of Idaho } ss.
County of Canyon

FEB 11 1942

Certificate No. 10104

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of Birth (Birth or Death) for Ruth Elizabeth Whisler (Name on Original Certificate) who was bor (Was Born or Died) on November 12, 1912 (Date of Event) in American Falls, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the true facts are shown by affidavit (Bible Record, Insurance Policy, Etc.) prepared on February 10, 1942 (Give Date), are:

FACTS TO BE CORRECTED ("Name", "Birth Date", "Cause of Death", Etc.)	FROM (As on Original)	TO (The Correct Facts)
name	no name	Ruth Elizabeth Whisler

Subscribed and sworn to before me this 10th day of February 1942

Notary Public, residing at Parma Idaho

My commission expires May 1, 1944
(Seal)

Signed Everett L. Whisler
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

R2 Parma Idaho
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Idaho } ss.
County of Canyon

[This Affidivat **MUST** Also be Executed.
(See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 10th day of February 1942

Notary Public, residing at Parma Idaho

My commission expires May 1, 1944
(Seal)

Signed Everett L. Whisler
(Signature of Any Credible Person Other Than Previous Year)

R. 2 Parma Idaho
(Street Address, City, State)

FEB 18 1942

693-126-028-553

PLACE OF BIRTH

County of Kootenai

City of St. Maries

No. ~~~~~ St.

(If born in hospital or institution give name.)

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. ..... State File No. 10105

Prim. Registration District No. ..... Local Registrar's No. .....

2. FULL NAME OF CHILD Arthur Thomas Wilson

3. Sex: Male

If plural births: 4. Twin, triplet, or other ..... 5. Number, in order of birth .....

6. Premature ..... Full term .....

7. Legitimate? Yes

8. Date of birth Oct 26, 1912 (Month, Day, Year)

FATHER

9. Full name: James Perry Wilson

10. Residence (usual place of abode) (If non-resident, give place and State): Sandpoint, Idaho

11. Color or race: Wh | 12. Age at last birthday: 37 (years)

13. Birthplace (city or place) (State or Country): Wilson, Wisconsin

OCCUPATION

14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Lumberman

15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. .....

16. Date (month and year) last engaged in this work ....., 19.....

17. Total time (years) spent in this work .....

MOTHER

18. Full maiden name: Leah Nelson

19. Residence (usual place of abode) (If non-resident, give place and State): Sandpoint, Idaho

20. Color or race: Wh | 21. Age at last birthday: 33 (years)

22. Birthplace (city or place) (State or Country): Norway

OCCUPATION

23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc.: Housewife

24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. .....

25. Date (month and year) last engaged in this work ....., 19.....

26. Total time (years) spent in this work .....

27. What prophylactic was used to prevent Ophthalmia Neonatorum? .....

28. Number of children of this mother (At time of this birth and including this child)
(a) Born alive and now living..... (b) Born alive but now dead..... (c) Stillborn.....

29. If stillborn, period of gestation ..... months or weeks

30. Cause of Stillbirth ..... During labor ..... Before labor .....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was Born Alive 11:20 at a. m. on the date above stated.
(Born Alive or Stillborn)

When there was no attending physician or midwife, then the father, householder, etc., should make this return.

Give name added from a supplemental report .....
(Date of)

.....
Registrar.

(Signed) J C Gibson, M. D.

or ....., Midwife

Address St. Maries, Idaho

Filed Dec 10, 1912 A A Adamson
Registrar.

WRITE WITH UNFADING INK—THIS IS A PERMANENT RECORD. N.B.—In case of more than one child, a separate Return must be made for each, and the number of each, in order of birth stated.

MAY 1 1942

215-125-028-556

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

PLACE OF BIRTH

Form V. S. No. 11-C—10m-8-7-11

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

County of Kootenai

City of ~~Coeur d'Alene~~ Gibbs

Registration District No 12 File No. 10106

No ....., ... St.

Hospital .....

Primary Registration District No. 1003 Registered No. 259

FULL NAME OF CHILD Gail Sandall

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
M	1	4	Yes	10 25 1912

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	Charles Henry Sandall	Adelheit Enfield
RESIDENCE	Gibbs Ida	Gibbs
COLOR	W	W
AGE AT LAST BIRTHDAY (Years)	30	30
BIRTHPLACE	Mich	Mich
OCCUPATION	Mill hand.	H W

Number of child of this mother, including present birth.....

Number of children, of this mother, now living, including present birth.....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) on the date above stated, at 1:P M.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) John Hunt Shepherd M.D.

(Physician or Midwife)

Address Coeur d'Alene Ida

Given names added from a supplemental report

....., 19.....

Filed 12/10 19 12 J. H. Shepherd Sub-Registrar

A. D. Breeden

Registrar

SYMS - YORK CO., PTRS. & BDRS. 17326

PLACE OF BIRTH

STATE OF IDAHO

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

235-122-028-955

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

Form V. S. No. 11-C—10m-8-7-11

PLACE OF BIRTH

County of Kootenai

City of Hunter

No ____, ____ St.

Hospital ____

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

Registration District No 12 File No. 10107

Primary Registration District No. 1005 Registered No. 258

FULL NAME OF CHILD Charles Edward Stewart Jr.

Sex of Child	Twin, Triplet or other?	and	Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
M	1		1	Y	10 22 1912

(To be answered only in event of plural births)

FATHER	MOTHER
FULL NAME Chas. Edward Stewart	FULL MAIDEN NAME Elizabeth Reeves
RESIDENCE Hunter Ida.	RESIDENCE Hunter Ida
COLOR W. AGE AT LAST BIRTHDAY 24 (Years)	COLOR W AGE AT LAST BIRTHDAY 24 (Years)
BIRTHPLACE North Dakota	BIRTHPLACE Minn.
OCCUPATION Watchman	OCCUPATION Hell.

Number of child of this mother, including present birth 1

Number of children, of this mother, now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 1233 P M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) John K. Tuttle

Physician (Physician or Midwife)

Address Coeur d'Alene Ida

Filed 12/10 19 12 J. H. Shepherd Registrar

D. D. Brennan

Given names added from a supplemental report

....., 19.....

..... Registrar

SYMS - YORK CO., PTRS. & BDRS. 17326

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE FORM must be used for each additional child.

792-118-028-386

(Be sure the information is complete and accurate)

State File No. 10108
Local Reg. No.
Reg. Dist. No. 12

CERTIFICATE OF BIRTH
STATE OF IDAHO

Amended 8/2/77

1. PLACE OF BIRTH
a. COUNTY: Kootenai
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN: Coeur d'Alene,
c. FULL NAME OF (If NOT in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION:

2. USUAL RESIDENCE OF MOTHER (Where does mother live?)
a. STATE: Idaho b. COUNTY: Kootenai
c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN: Coeur d'Alene
d. STREET ADDRESS (If rural, give location):

3. CHILD'S NAME (Type or print)
a. (First): John b. (Middle): Thornton c. (Last): Gibson

4. SEX: M
5a. THIS BIRTH: SINGLE ____ TWIN ____ TRIPLET ____
5b. IF TWIN OR TRIPLET (This child born): 1st ____ 2nd ____ 3rd ____
6. DATE OF BIRTH (Month) (Day) (Year): Oct 18, 1912

FATHER OF CHILD

7. FULL NAME
a. (First): Bertrom b. (Middle): Evans c. (Last): Gibson

8. AGE (At time of this birth): 31 YEARS
9. BIRTHPLACE (State or foreign country) (City or Town): England
10. USUAL OCCUPATION: Lumberman
11. KIND OF BUSINESS OR INDUSTRY:

MOTHER OF CHILD

12. FULL MAIDEN NAME
a. (First): Blanche b. (Middle): Anisa c. (Last): Thornton

13. AGE (At time of this birth): 27 YEARS
14. BIRTHPLACE (State or foreign country) (City or Town): Mich.
15. CHILDREN PREVIOUSLY BORN TO THIS MOTHER (Do NOT include this child)
a. How many OTHER children are now living? 10
b. How many OTHER children were born alive but are now dead?
c. How many children were stillborn (born dead after 20 wks. pregnancy?)
16. INFORMANT'S SIGNATURE OR NAME (Relationship):

I hereby certify that this child was born alive on the date stated above.

17. SIGNATURE: John Hunt Shephard
19. ADDRESS: Coeur d'Alene, Idaho
18. ATTENDANT AT BIRTH: M.D. X MIDWIFE ____ OTHER (Specify) ____
20. DATE SIGNED:

21. DATE REC'D BY LOCAL REG.: 12/10/12
22. REGISTRAR'S SIGNATURE: D. D. Drennan
23. DATE ON WHICH GIVEN NAME ADDED BY ____ Registrar

Record typewriter ribbon in completing this certificate. This certificate MUST be filed with the District where the birth occurred WITHIN 10 days after the date of birth of the child. Address VITAL STATISTICS, BOISE, IDAHO.

IDAHO DEPARTMENT OF HEALTH

BUREAU OF VITAL STATISTICS

RECEIVED BUREAU OF VITAL STATISTICS JUL 18 9 33 AM '77

Affidavit to Correct or Amend An Original Certificate of Birth or Death

State of California }
County of Orange } ss.

Certificate No. 10108

Date Filed 7/11/77

The undersigned does solemnly swear that certain facts on the certificate of birth (Birth or Death)
for Thornton Evers Gibson (Name on Original Certificate) who was born (Was Born or Died) on Oc 18, 1912 (Date of Event)
in Coeur d'Alene Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts are shown by Bible Record (Bible Record, Insurance Policy, Etc.) prepared on prior to 1916 (Give Date), are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
child's name	Thornton Evers Gibson	John Thornton Gibson

Subscribed and sworn to before me this 11th day of July, 19 77

Notary Public, residing at 3443 E. Chapman, Orange, CA
My commission expires April 18, 1981
(Seal)

OFFICIAL SEAL
CHRISTI ANN COX
Notary Public-California
ORANGE COUNTY
My Commission Expires April 18, 1981

Signed Belle G Douglass
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

2668 Oakland, Or. 97520
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Oregon }
County of Multnomah }

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 6th day of July, 1977

Notary Public, residing at Beaverton Oregon
My commission expires June 2, 1978
(Seal)

Signed George G Dixon
(Signature of Any Credible Person)

3708 N.E. 69th, Portland Or. 97213
(Street Address, City, State)

FORM DH 60-155

* see Margaret Isabelle Gibson

CL 6/16/77 nm

Family Bible record gives name as John Thornton Gibson born Oct 18, 1912 in Coeur d'Alene, Idaho.. viewed by V. S.

Application to the New York Life Ins. Co gives name as John Thornton Gibson. born Oct 18, 1912 in Coeur d'Alene, Idaho. dated Oct 6, 1936. viewed by V. S.

792-18028-386.

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

PLACE OF BIRTH

Form V. S. No. 11-C—10m-8-7-11

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

County of Kootenai

City of Coeur d'Alene

Registration District No 17 File No. 10108

No ____, ____ St.

Primary Registration District No. 1003 Registered No. 257

Hospital ____

FULL NAME OF CHILD Thornton Evans Gibson

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
M	1	11	Yes	10 16 1912

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	Barton Evans Gibson	Blanche Agnes Thornton
RESIDENCE	Coeur d'Alene	C d A
COLOR	W	W
AGE AT LAST BIRTHDAY (Years)	31	27
BIRTHPLACE	England	Mich.
OCCUPATION	Laborer	Hse

Number of child of this mother, including present birth... 11

Number of children, of this mother, now living, including present birth... 10

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive at 6 A.M. on the date above stated.

(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) John Hunt Shepherd

Physician

(Physician or Midwife)

Address Coeur d'Alene Idaho

Given names added from a supplemental report

....., 19.....

Registrar

Filed 12/30 19 12 W. H. Shepherd

Registrar

SYMS - YORK CO., PTRS. & BDRS. 17326

AUG 2 1977

395-111-028-214

PLACE OF BIRTH

STATE OF IDAHO

Form V. S. No. 11-C—15m-6-20-11

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

County of Kootenai

City of Rathdrum

Registration District No. 12

File No. 10109

No. ____, ____ St.

Primary Registration District No. 2051

Registered No. 256

Hospital ____

FULL NAME OF CHILD Walter John Gerhart Liesin

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) Oct. (Day) 11 (Year) 1912
M			yes	

	FATHER	MOTHER
FULL NAME	Nervey Liesin	FULL MAIDEN NAME Agnes M. Kampfe
RESIDENCE	Near Rathdrum	RESIDENCE R.
COLOR	W	COLOR W
AGE AT LAST BIRTHDAY	39 (Years)	AGE AT LAST BIRTHDAY 30 (Years)
BIRTHPLACE	Germany	BIRTHPLACE Germany
OCCUPATION	Farmer	OCCUPATION H.

Number of child of this mother, including present birth 6

Number of children, of this mother, now living, including present birth 5

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn), at 2:20 P.M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) I. D. Freeman

No Midwife (Physician or Midwife)

Address Rathdrum

Given names added from a supplemental report

....., 19.....

Filed 12/10 19.12 I. D. Freeman

Registrar

S-Y CO., 16670

Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

AUG 1 4 1972

965-224-028-557

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH

Form V. S. No. 11-C—20m-2-15-12

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Kootenai

City of Post Falls R 7 S

Registration District No. 12

File No. 10110

No. ..... St.

Primary Registration District No. 2059

Registered No. 280

Hospital

FULL NAME OF CHILD ALICE LILLIAN Roe

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Female				yes	Nov 4 1912

FATHER		MOTHER	
FULL NAME	Andrew P Roe	FULL MAIDEN NAME	Lyeria Neptune
RESIDENCE	Post Falls R 7 S	RESIDENCE	Post Falls R 7 S
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY (Years)	36	AGE AT LAST BIRTHDAY (Years)	21
BIRTHPLACE	Norway	BIRTHPLACE	Norway
OCCUPATION	Farmer	OCCUPATION	Hse

Number of child of this mother, including present birth 2

Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn), at 2 P M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) D. W. Freeman M D (Physician or midwife)

Address Residence

Given names added from a supplemental report

..... 19..12..

Filed 12/10 19 12 D. W. Freeman Registrar

..... Registrar

8-Y CO. 20174

PLACE OF BIRTH

(County of _____

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS
AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of Idaho } ss.
County of Bonner }

Certificate No. 10110

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of Birth (Birth or Death)
for Alice Lillian Roe (Name on Original Certificate) who Was Born (Was Born or Died) on November 24, 1912 (Date of Event)
in Clagstone Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the true facts are shown by (Bible Record, Insurance Policy, Etc.) prepared on (Give Date), are:

FACTS TO BE CORRECTED ("Name", "Birth Date", "Cause of Death", Etc.)	FROM (As on Original)	TO (The Correct Facts)
Name	Angelin Roe	Alice Lillian Roe
Mother's age	25	?
Father's age	36	?

Subscribed and sworn to before me this 13th. day of May, 1942.

Notary Public, residing at

My commission expires
(Seal)

Signed Andrew Roe
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

405 Lake Street Sandpoint
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Idaho } ss.
County of Bonner }

[This Affidivat **MUST** Also be Executed.
(See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 13th. day of May, 1942.

Notary Public, residing at

My commission expires
(Seal)

NOTARY PUBLIC FOR THE STATE OF IDAHO
SANDPOINT, IDAHO
MY COMMISSION EXPIRES JUNE 3, 1942.

MAY 18 1942

Signed Flora Campbell
(Signature of Any Credible Person Other Than Previous Year)

1104 Forest Sandpoint, Idaho
(Street Address, City, State)

MAY 20 1942

363-130-028-614

Form U.S. No. 1. C-30m-2-15-12

PLACE OF BIRTH

County of Kootenai

City of Rathdrum RFD

No. ..... St.

Hospital .....

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 12 File No. 10111

Primary Registration District No. 2051 Registered No. 281

FULL NAME OF CHILD Samuel Orum Cockerham

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births) and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Male		yes	Nov 30 1912

FATHER	MOTHER
FULL NAME Orum Cockerham	FULL MAIDEN NAME Ethyl Harmon
RESIDENCE Rathdrum	RESIDENCE "
COLOR W AGE AT LAST BIRTHDAY 35 (Years)	COLOR W AGE AT LAST BIRTHDAY 31 (Years)
BIRTHPLACE Mo	BIRTHPLACE Kans
OCCUPATION Rancher	OCCUPATION None

Number of child of this mother, including present birth 5 Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Alive (Born alive or stillborn), at 11 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) A. A. Brennan M. D. (Physician or midwife)

Address Rathdrum

Given names added from a supplemental report

..... 19.....

..... Registrar

Filed 12/10 1912 O. O. D. Registrar

B-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

JAN 5 1953

APR 2 0 1970

816-130-028-113

PLACE OF BIRTH

Form V. S. No. 11-C—20m-2-15-12

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Kootenai

City of Spirit Lake

Registration District No. 12

File No. 10112

No. ..... St.

Primary Registration District No. 2051

Registered No. 282

Hospital .....

FULL NAME OF CHILD Edmund Edward Osborne Hawksett Hawksett

Sex of Child	Twin Triplet or other? (To be answered only in case of plural births)	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Male	1	and	Yes	Nov 30 1912

FATHER	MOTHER
FULL NAME Arthur E. Hawksett	FULL MAIDEN NAME Josephine Jacobi
RESIDENCE Spirit Lake Ida	RESIDENCE Sp Lake - Ida
COLOR White	COLOR White
AGE AT LAST BIRTHDAY 29 (Years)	AGE AT LAST BIRTHDAY 25 (Years)
BIRTHPLACE Winnipeg Can	BIRTHPLACE Minneapolis Minn
OCCUPATION Lumber Salesman (office)	OCCUPATION Housewife
Number of child of this mother, including present birth 1	Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 10 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Jack A Powell M.D

(Physician or midwife)

Address Spirit Lake Ida

Given names added from a supplemental report

..... 19.....

Filed 12/10 19 12 D. D. Drennan

..... Registrar

Registrar

S-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

AUG 1 1947

319-229-028-319

Form V. S. No. 11-C—20m-2-15-12

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Kootenai

City of Spirit Lake

No. ..... *St.*

Hospital .....

Registration District No. 12 **File No.** 10113

Primary Registration District No. 2051 **Registered No.** 278

FULL NAME OF CHILD not named Berdah Marjorie

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Fem	1			yes	nov 29 1912

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	Joseph F Carey	Bertha Cain
RESIDENCE	Spirit Lake	Spirit Lake
COLOR	White	White
AGE AT LAST BIRTHDAY (Years)	50	37
BIRTHPLACE	New Brunswick	Kansas
OCCUPATION	Lab	housewife

Number of child of this mother, including present birth 1st

Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 2 A. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Ruth A Prindle M. D.

(Physician or midwife)

Address Spirit Lake Ka Idaho

Given names added from a supplemental report

Nov 30 1917

.....
Registrar

Filed 12/2 1912 D. D. Freeman
Registrar

8-Y CO. 20174

MARGIN RESERVED FOR BINDING
WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

NOV 26 1941

255-227028-25-9

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

Form V. S. No. 11-C—15m-6-20-11

PLACE OF BIRTH

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

County of Kootenai

City of Rose Lake

Registration District No. 12 File No. 10115

No. ____, ____ St.

Primary Registration District No. 6118 Registered No. 277

Hospital At Residence 4 1/2 Miles N. Rose Lake

FULL NAME OF CHILD not named

Sex of Child	Twin, Triplet, or other?	Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Female	Single (To be answered only in event of plural births)	3d	Yes	Nov 27, 1911

FATHER	MOTHER
FULL NAME: E. H. Svendsen	FULL MAIDEN NAME: Margaret Bernsten
RESIDENCE: 4 1/2 Miles N Rose Lake Ida	RESIDENCE: Rose Lake Ida
COLOR: White	COLOR: White
AGE AT LAST BIRTHDAY: 64 (Years)	AGE AT LAST BIRTHDAY: 38 (Years)
BIRTHPLACE: Norway	BIRTHPLACE: Iowa
OCCUPATION: Farmer	OCCUPATION: Housewife

Number of child of this mother, including present birth: 3d

Number of children, of this mother, now living, including present birth: 3d

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at about 5 a. M., on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) C. E. Worthington M.D.

Physician

(Physician or Midwife)

Address Rose Lake, Ida

Given names added from a supplemental report

....., 19.....

Filed 12/10 1912 D. S. Freeman

Registrar

S-Y CO., 16670

Registrar

JUL 1 2 1971

914 224.028-846

PLACE OF BIRTH

Form V. S. No. 11-C—15m-6-20-11

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

County of Kootenai

City of Ferrell

No. ____, ____ St.

Registration District No. 12

File No. 10116

Primary Registration District No. 2044

Registered No. 276

Hospital

FULL NAME OF CHILD Genevieve Maxine Ramsey

Sex of Child	Twin, Triplet, or other?	Number in order of birth	Legitimate?	Date of birth
female	single (To be answered only in event of plural births)	2	Yes	Nov 24 (Month) (Day) 191.2 (Year)

FATHER		MOTHER	
FULL NAME	Fred Ramsey	FULL MAIDEN NAME	Lena Hoffman
RESIDENCE	Ferrell	RESIDENCE	Ferrell
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	25 (Years)	AGE AT LAST BIRTHDAY	24 (Years)
BIRTHPLACE	Michigan	BIRTHPLACE	Washington
OCCUPATION	Boatman	OCCUPATION	Housewife

Number of child of this mother, including present birth 2

Number of children, of this mother, now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Alive (Born alive or stillborn), at 12 o'clock P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) H. C. Lindsay

Physician (Physician or Midwife)

Address St Joe

Given names added from a supplemental report

....., 19....

Filed 12/10 1917 D D Dawson

Registrar

Registrar

S-Y CO., 16670

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

945-2171028-168

PLACE OF BIRTH

County of Kootenai

City of Blanchard

No. ..... St.

Hospital .....

Form V. S. No. 11-C

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 17 File No. 10118

Primary Registration District No. 2051 Registered No. 274

FULL NAME OF CHILD Baby Running

Sex of Child F | Twin Triplet or other? Sing | and Number in order of birth | Legitimate? yes | Date of Birth 11 (Month) 17 (Day) 1912 (Year)

(To be answered only in event of plural births)

FATHER	MOTHER
FULL NAME: Jno. M. Running	FULL MAIDEN NAME: Brita Johnson
RESIDENCE: Blanchard	RESIDENCE: Blanchard
COLOR: W	COLOR: W
AGE AT LAST BIRTHDAY: 22 (Years)	AGE AT LAST BIRTHDAY: 25 (Years)
BIRTHPLACE: Norway	BIRTHPLACE: Sweeden
OCCUPATION: Farmer	OCCUPATION: Housewife

Number of child of this mother, including present birth 1

Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born Alive (Born alive or stillborn) at 7:45 P.M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Warren Moon M.D.

(Physician or midwife)

Address Spirit Lake, Ida.

Given names added from a supplemental report

..... 19.....

..... Registrar

Filed 12/10 1912 D. D. Freeman Registrar

S-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Form U. S. No. 11-C—20m-6-

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

PLACE OF BIRTH

RESIDENCE

BIRTHDAY (Years)

RESIDENCE

BIRTHDAY (Years)

BIRTHPLACE

915-214-028-296

PLACE OF BIRTH

Form V. S. No. 11-C—15m-6-20-11

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

County of Kootenai

City of Dudley

Registration District No. 12 File No. 10119

No. ____, ____ St.

Primary Registration District No. 2118 Registered No. 273

Hospital or Residence

FULL NAME OF CHILD Edith Leila Jones

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
F		V	Yes	Nov 14 191 V

FATHER	MOTHER
FULL NAME Myron Jones	FULL MAIDEN NAME Ida Brown
RESIDENCE Near Dudley Ida	RESIDENCE Near Dudley Ida
COLOR White	AGE AT LAST BIRTHDAY 35 (Years)
COLOR White	AGE AT LAST BIRTHDAY 21 (Years)
BIRTHPLACE Missouri	BIRTHPLACE Idaho
OCCUPATION Farmer	OCCUPATION Housewife

Number of child of this mother, including present birth V

Number of children, of this mother, now living, including present birth V

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 8 35 a. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) C. E. Worthington

Physician

(Physician or Midwife)

Address Rose Lake

Given names added from a supplemental report

....., 19.....

Filed 12/10 1912 D. D. Drennan

S-Y CO., 16670 Registrar

Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth, stated

NOV 27 1973

815-116-042-556

[redacted] BIRTH

Form V. S. No. 11-C—20m-2-15-12

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Twin Falls

City of Hansen

Registration District No. 12 File No. 10120

No. ____ St.

Primary Registration District No. 2051 Registered No. 272

Hospital

FULL NAME OF CHILD Arthur Melvin Hansen

Sex of Child	Twin / Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Male			Yes	12 10 1912

FATHER		MOTHER	
FULL NAME	Iver Hansen	FULL MAIDEN NAME	Anna Nelson
RESIDENCE	Hansen, Ida	RESIDENCE	"
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY (Years)	28	AGE AT LAST BIRTHDAY (Years)	28
BIRTHPLACE	Norway	BIRTHPLACE	Norway
OCCUPATION	Section Man	OCCUPATION	H. W.

Number of child of this mother, including present birth 3

Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Alive (Born alive or stillborn), at 12 9 M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) D. D. Drennan M.D. (Physician or midwife)

Address Rathdrum

Given names added from a supplemental report

..... 19.....

..... Registrar

Filed 12/10 1912 D. D. Drennan Registrar

8-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

OCT 2 1 1912

751-109-[redacted]-37

PLACE OF [redacted]

Form V. S. No. 11-C—20m-2-15-12

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of [redacted]

City of Bayden

Registration District No. 17 File No. 10121

No. ____ St

Primary Registration District No. 2057 Registered No. 271

Hospital ____

FULL NAME OF CHILD Paul P. Peterson

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births) and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Male		yes	Nov 9 1912

FATHER		MOTHER	
FULL NAME	James A. Peterson	FULL MAIDEN NAME	Myrtle Elliott
RESIDENCE	Bayden	RESIDENCE	" "
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY (Years)	42	AGE AT LAST BIRTHDAY (Years)	31
BIRTHPLACE	Utah	BIRTHPLACE	Del.
OCCUPATION	Rancher	OCCUPATION	Hsw.

Number of child of this mother, including present birth 6 Number of children of this mother now living, including present birth 6

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn), at 3 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) A I Drennan

M D. (Physician or midwife)

Address Pinedale

Given names added from a supplemental report

....19....

....
Registrar

Filed 12/10 1912 A I Drennan
Registrar

S-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

MAR 21 1942

819-108-028-345

Form V. S. No. 11-C—20m-2-15-12

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Kootenai

City of Post Falls RFD

Registration District No. 14 File No. 10122

No. ..... St.

Primary Registration District No. 2050 Registered No. 270

Hospital .....

FULL NAME OF CHILD James A Hardy

Sex of Child	Twin / Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Male			Yes	Nov 8 1912

FATHER		MOTHER	
FULL NAME	Chester Hardy	FULL MAIDEN NAME	Minnie Cunningham
RESIDENCE	Post Falls RFD	RESIDENCE	Post Falls
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY (Years)	25	AGE AT LAST BIRTHDAY (Years)	19
BIRTHPLACE	Mo	BIRTHPLACE	Mo
OCCUPATION	Rancher	OCCUPATION	Hse

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn) at 6 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) L L Brennan M. D. (Physician or midwife)

Address Rathdrum

Given names added from a supplemental report

..... 19.....

..... Registrar

Filed 1910 1912 L L Brennan Registrar

S-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

553107-028-819

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

Form V. S. No. 11-C—10m-8-7-11

PLACE OF BIRTH

County of Kootenai

City of Rathdrum

No ....., ... St.

Hospital .....

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

Registration District No 14 File No. 10123

Primary Registration District No. 2051 Registered No. 369

FULL NAME OF CHILD Harry Edward Nelson

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
male			Yes	Nov 7 1912

FATHER		MOTHER	
FULL NAME	Stacy Nelson	FULL MAIDEN NAME	Stella M. Harmon
RESIDENCE	Rathdrum, Ida.	RESIDENCE	Rathdrum, Ida.
COLOR	white	AGE AT LAST BIRTHDAY (Years)	32
BIRTHPLACE	Iowa	COLOR	white
OCCUPATION	butcher	AGE AT LAST BIRTHDAY (Years)	21
		BIRTHPLACE	Minn.
		OCCUPATION	housewife

Number of child of this mother, including present birth 2

Number of children, of this mother, now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 7-10 A. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report

....., 19.....

.....
Registrar

(Signature) Frank K. Wing

Physician

(Physician or Midwife)

Address Rathdrum Ida

Filed 12-10 1912 D. D. Brennan
Registrar

SYMS - YORK CO., PTRS. & BDRS. 17326

PLACE OF BIRTH

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

893207-028-469

PLACE OF BIRTH

Form V. S. No. 11-C—20m-2-15-12

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Kootenai

City of Spirit Lake

No. ..... St.

Hospital .....

Registration District No. 17 File No. 10124

Primary Registration District No. 2051 Registered No. 268

FULL NAME OF CHILD Esther Lucile

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Fem	1		Yes	Nov 7 1912

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	W W Hicks	Grace Morris
RESIDENCE	Spirit Lake Idaho	Sp L
COLOR	White	Wh
AGE AT LAST BIRTHDAY (Years)	29	20
BIRTHPLACE	Ia	Mo
OCCUPATION	R.R. Brakeman	Housewife

Number of child of this mother, including present birth 1st

Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 1 9 M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Earl A Brindle M D

(Physician or midwife)

Address Spirit Lake

Given names added from a supplemental report

..... 19.....

..... Registrar

Filed Nov 10 1912 D D Brennan Registrar

S-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

MAY 14 1942

391-106-028-759

PLACE OF BIRTH

STATE OF IDAHO

Bureau of Vital Statistics

Form V. S. No. 11-C—15m-6-20-11

CERTIFICATE OF BIRTH

County of Kootenai

City of _____

Registration District No. 17

File No. 10125

No. _____, _____ St.

Primary Registration District No. 2118

Registered No. 267

Hospital _____

FULL NAME OF CHILD Edwin Carlile

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
M	S	1	Yes	Nov 6, 191 7

FATHER	MOTHER
FULL NAME Harry G Crawford	FULL MAIDEN NAME Eva R Perdue
RESIDENCE Near Lane Idaho	RESIDENCE Near Lane Idaho
COLOR White	COLOR White
AGE AT LAST BIRTHDAY 29 (Years)	AGE AT LAST BIRTHDAY 27 (Years)
BIRTHPLACE Burlington Iowa	BIRTHPLACE Rose Hill Iowa
OCCUPATION Farmer	OCCUPATION Housewife

Number of child of this mother, including present birth One.

Number of children, of this mother, now living, including present birth 0

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was dead from Cesarean at 8:30 a.m. M. on the date above stated.

(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) L E Worthington

Physician

(Physician or Midwife)

Address Rose Lake Idaho

Given names added from a supplemental report

....., 19.....

Filed 12/10 1917 D D Drennan

S-Y CO., 16670 Registrar

Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

PLACE OF BIRTH

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of twins or triplets, number in order of birth.

RESIDENCE

COLOR

AGE AT BIRTHDAY

BIRTHPLACE

86K.105.028-989

MARGIN RESERVED FOR BINDING.
WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

PLACE OF BIRTH

County of Kootenai

City of Rathdrum

No ....., ... St.

Hospital .....

Form V. S. No. 11-C—10m-8-7-11

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

Registration District No. 17 File No. 10126

Primary Registration District No. 2051 Registered No. 266

FULL NAME OF CHILD Burton Henry Young

Sex of Child	Twin, Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of birth (Month) (Day) (Year)
male		Yes	Nov. 5, 1912

FATHER	MOTHER
FULL NAME Roscoe E. Young	FULL MAIDEN NAME Henrietta Annie Reiniger
RESIDENCE Rathdrum, Ida	RESIDENCE Rathdrum, Ida
COLOR white	COLOR white
AGE AT LAST BIRTHDAY 42 (Years)	AGE AT LAST BIRTHDAY 35 (Years)
BIRTHPLACE South Dak.	BIRTHPLACE Wash.
OCCUPATION banker	OCCUPATION homemaker

Number of child of this mother, including present birth 3

Number of children, of this mother, now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 11.30 A. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Frank Young

Physician

(Physician or Midwife)

Address Rathdrum Ida.

Given names added from a supplemental report

....., 19.....

Registrar

Filed 12/10 1912 D. A. Freeman

Registrar

SYMS - YORK CO., PTRS. & BDRS. 17826

JUL 2 1 1942

799-20-4028-842

PLACE OF BIRTH

County of Kootenai

City of Spirit Lake

No. ..... St.

Hospital .....

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

Form V. S. No. 11-C—20m-2-15-12

CERTIFICATE OF BIRTH

Registration District No. 12 File No. 10127

Primary Registration District No. 2051 Registered No. 365

FULL NAME OF CHILD Baby Brindy

Sex of Child	Twin Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Fem	1		yes	Nov 4 1912

FATHER		MOTHER	
FULL NAME	Earl D Brindy	FULL MAIDEN NAME	Mary Hubbard
RESIDENCE	Spirit Lake	RESIDENCE	Spirit Lake
COLOR	White	COLOR	Wh
AGE AT LAST BIRTHDAY (Years)	43	AGE AT LAST BIRTHDAY (Years)	39
BIRTHPLACE	Vermont	BIRTHPLACE	Michigan
OCCUPATION	Physician & Surgeon	OCCUPATION	Housewife

Number of child of this mother, including present birth 5

Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born Alive (Born alive or stillborn), at 11 A M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Earl D Brindy MD

(Physician or midwife)

Address Spirit Lake

Given names added from a supplemental report

..... 19.....

Filed 12/10 1912 D D Brennan

Registrar

..... Registrar

S-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

PLACE OF BIRTH

MARGIN RESERVED FOR BINDING

WRITE PLAINLY. WITH UNFADING INK — THIS IS A PERMANENT RECORD

255·204·024-795

PLACE OF BIRTH

Form V. S. No. 11-C—20m-2-15-12

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Kootenai

City of Spirit Lake

Registration District No. 17 File No. 10128

No. ____ St.

Primary Registration District No. 2051 Registered No. 264

Hospital ____

FULL NAME OF CHILD Catherine Mary Benson

Sex of Child	Twin, Triplet or other?	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Fem	1	1	Y	Jan 4 1912

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	John C. Benson	FULL MAIDEN NAME	Lillian Irving
RESIDENCE	Spirit Lake	RESIDENCE	S L
COLOR	Whit	COLOR	Whit
AGE AT LAST BIRTHDAY (Years)	37	AGE AT LAST BIRTHDAY (Years)	26
BIRTHPLACE	Minnesota	BIRTHPLACE	Kansas
OCCUPATION	Merchant	OCCUPATION	housewife

Number of child of this mother, including present birth 1

Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive on the date above stated. (Born alive or stillborn) at 7:30 P. M.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Warren S. Moore M.D.

M D (Physician or midwife)

Address Spt. Lake

Given names added from a supplemental report

..... 19.....

Filed 12-10 19 12 D. D. Brennan

..... Registrar

S-Y CO. 20174 Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

APR 1 1966

866-203-028-395

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

Form V. S. No. 11-C—10m-8-7-11

PLACE OF BIRTH

County of Kootenai

City of Rathdrum

No ____, ____ St.

Hospital ____

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

Registration District No 17 File No. 10129

Primary Registration District No. 2057 Registered No. 263

FULL NAME OF CHILD Irene Howell

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth
female			Yes	Nov 3 (Month) (Day) 1912 (Year)

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	George W. Howell	Margaret E. Liston
RESIDENCE	Rathdrum, Ida.	Rathdrum, Ida.
COLOR	white	white
AGE AT LAST BIRTHDAY (Years)	46	41
BIRTHPLACE	Ill.	Ill.
OCCUPATION	farmer	housewife

Number of child of this mother, including present birth 13

Number of children, of this mother, now living, including present birth 13

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 11. A. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report

....., 19....

.....
Registrar

(Signature) Frank Wenz

Physician

(Physician or ~~Midwife~~)

Address Rathdrum Ida.

Filed 12/10 1917 D. D. Freeman
Registrar

SYMS - YORK CO., PTRS. & BDRS. 17326

JUN 2 2 1944

364-202028-593

PLACE OF BIRTH

County of Kootenai

City of Near Granite

No. ..... St.

Hospital .....

Form V. S. No. 11-C—20m-2-15-12

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 14 File No. 10130

Primary Registration District No. 2051 Registered No. 362

FULL NAME OF CHILD Freda Ellen Conrgiex

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
F			yes	Nov 2 1912

FATHER

FULL NAME Theophile G Conrgiex

RESIDENCE Granite P.O.

COLOR W AGE AT LAST BIRTHDAY 31 (Years)

BIRTHPLACE Ind's

OCCUPATION Farmer

MOTHER

FULL MAIDEN NAME Ellen Nichols

RESIDENCE Granite P.O.

COLOR W AGE AT LAST BIRTHDAY 32 (Years)

BIRTHPLACE Iowa

OCCUPATION Hse

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn) at 6 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) D D Drennan M.D. (Physician or midwife)

Given names added from a supplemental report

..... 19.....

Address Rathdrum

Filed 12/10 19 12 D D Drennan Registrar

S-Y CO. 20174

..... Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

CORRIGEUX

DUP OF 1912 D59-365 Z WRITING

449-102-028-655

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Form V. S. No. 11-C—20m-2-15-12

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Kootenai

City of Near Moab

No. ..... St.

Registration District No. 14 File No. 10131

Primary Registration District No. 2051 Registered No. 261

Hospital

FULL NAME OF CHILD Lisle N Murphy

Sex of Child	Twin / Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
M			Yes	June 2 1912

FATHER	MOTHER
FULL NAME Lisle Murphy	FULL MAIDEN NAME Fannie Weeks
RESIDENCE Moab P.O.	RESIDENCE Moab P O
COLOR W	COLOR W
AGE AT LAST BIRTHDAY 24 (Years)	AGE AT LAST BIRTHDAY 20 (Years)
BIRTHPLACE Miss	BIRTHPLACE Iowa
OCCUPATION Farmer	OCCUPATION H W

Number of child of this mother, including present birth 1

Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Male (Born alive or stillborn), at 6 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) L. L. Drennan M. D.

(Physician or midwife)

Address Castledale

Given names added from a supplemental report

..... 19.....

Filed 12/10 1912 L. L. Drennan Registrar

..... Registrar

8-Y CO. 20174

Form V.S. No. 11-C—20m-2-25-12

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

PLACE OF BIRTH

County of

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

419-126-040-

PLACE OF BIRTH

County of Shoshone

City of Burke

No. ..... St.

Hospital .....

Form V. S. No. 11-C—20m-8-15-12

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 75

File No. 10132

Primary Registration District No. 2109

Registered No. .....

FULL NAME OF CHILD Hiram Emilio Inarra

Sex of Child	Twin / Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Male			Yes.	Nov. 26th 1912

FATHER		MOTHER	
FULL NAME	Arnoldo Inarra	FULL MAIDEN NAME	Marionna Oberto
RESIDENCE	Burke	RESIDENCE	Burke
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	30 (Years)	AGE AT LAST BIRTHDAY	20 (Years)
BIRTHPLACE	Italy	BIRTHPLACE	Italy
OCCUPATION	Blacksmith	OCCUPATION	House Wife

Number of child of this mother, including present birth 1

Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 9 a. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Alexander Cairns M. D.

(Physician or midwife)

Address Burke Shoshone Co Idaho

Given names added from a supplemental report

..... 19.....

..... Registrar

Filed Dec 1 1912 Dr. Chas. C. Pittman Registrar

S-Y CO. 20174

OCT 2 1942

219-210-640-969

Form V. S. No. 11-C—20m-2-15-12

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Shoshone

City of Burke

No. ____ St.

Hospital ____

Registration District No. 75 File No. 10133

Primary Registration District No. 2109 Registered No. ____

FULL NAME OF CHILD Dina Bortoldi

Sex of Child	Twin / Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Female			Yes.	Nov 10th 1912

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	David Bortoldi	Mabel Bortoldi
RESIDENCE	Burke	Burke
COLOR	White	White
AGE AT LAST BIRTHDAY (Years)	37	28
BIRTHPLACE	Austria	Austria
OCCUPATION	Miner	House Wife

Number of child of this mother, including present birth 5

Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 8:30a. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Alexander Cairns M D

(Physician or midwife)

Address ____

Given names added from a supplemental report

....19....

Registrar

Filed Nov 16 19 12 W. Dr. Chas. C. Wellman

Registrar

S-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY. WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

MAR 2 5 1970

393-228-040-897

PLACE OF BIRTH

County of Shoshone

City of Mullan

No. ____, ____ St.

Hospital ____

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

Form V. S. No. 11-C—15m-6-20-11

Registration District No. 25

File No. 10134

Primary Registration District No. 2108

Registered No. ____

FULL NAME OF CHILD Miss Lillquist

Sex of Child: Female

Twin, Triplet, or other? ____ and Number in order of birth ____ (To be answered only in event of plural births)

Legitimate? Yes

Date of birth: 11 (Month) – 28 (Day), 1912 (Year)

FATHER	MOTHER
FULL NAME: Axel Lillquist	FULL MAIDEN NAME: Hannah Highland
RESIDENCE: Mullan	RESIDENCE: Mullan
COLOR: W	COLOR: W
AGE AT LAST BIRTHDAY: 38 (Years)	AGE AT LAST BIRTHDAY: 31 (Years)
BIRTHPLACE: Finland	BIRTHPLACE: Finland
OCCUPATION: Mine boss	OCCUPATION: HW

Number of child of this mother, including present birth: 6

Number of children, of this mother, now living, including present birth: 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 6 30 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) James R Cain

Physician (Physician or Midwife)

Given names added from a supplemental report

Address ____

____, 19____

____ Registrar

Filed Dec 8 1912 Dr. Chas. A. Dettman Registrar

S-Y CO., 16670

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

PLACE OF BIRTH

County of

City of

Registration District No.

File No. 1013

Primary Registration District No.

RESIDENCE

COLOR

AGE AT LAST BIRTHDAY (Years)

BIRTHPLACE

MARGIN FREE FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

If a space of more than one inch is left, please draw lines to make it conform to the others.

365·128·040-365

Form V. S. No. 11-C—20m-2-15-12

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Shoshone

City of Mullan

No. _____ St.

Hospital _____

Registration District No. 25 File No. 10135

Primary Registration District No. 2108 Registered No. _____

FULL NAME OF CHILD Herman Edwin Dowd

Sex of Child	Twin Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
boy			Yes	July 28 1912

FATHER		MOTHER	
FULL NAME	Herman Dowd	FULL MAIDEN NAME	Inez Lonkam
RESIDENCE	Mullan	RESIDENCE	Mullan
COLOR	W	AGE AT LAST BIRTHDAY (Years)	39
BIRTHPLACE	Sweden	COLOR	W
OCCUPATION	Miner	AGE AT LAST BIRTHDAY (Years)	34
		BIRTHPLACE	Sweden
		OCCUPATION	Housewife

Number of child of this mother, including present birth 4

Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born Alive (Born alive or stillborn), at 6 A. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Mrs Polanco midwife

(Physician or midwife)

Given names added from a supplemental report

Dec 8 1917

Dr. Chas. C. Dittman Registrar

Address Mullan Ida

Filed Dec 7 1912

F W Ralf Registrar

S-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF IDAHO

BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

713-110-040-243

PLACE OF BIRTH

County of Shoshone

City of Mullan

No. ..... St.

Hospital .....

Form V. S. No. 11-C—20m-2-15-12

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 75 File No. 10136

Primary Registration District No. 2108 Registered No. .....

FULL NAME OF CHILD ~~Edward~~ Edmund Paciorak

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
boy			Yes	Nov 10 1912

FATHER	MOTHER
FULL NAME: Jules Paciorak	FULL MAIDEN NAME: Anna Bulka
RESIDENCE: Mullan.	RESIDENCE: Mullan
COLOR: White	COLOR: White
AGE AT LAST BIRTHDAY: 33 (Years)	AGE AT LAST BIRTHDAY: 24 (Years)
BIRTHPLACE: Austria	BIRTHPLACE: Austria
OCCUPATION: Mining	OCCUPATION: Wife

Number of child of this mother, including present birth: 1

Number of children of this mother now living, including present birth: 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born Alive (Born alive or stillborn), at 11.20 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) F W Ralph

(Physician or midwife)

Given names added from a supplemental report

Nov 30 1912

R. Chas. A. Pittman Registrar

Address Mullan Ida.

Filed Nov 20 1912 F W Ralph Registrar

S-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

PLACE OF BIRTH

243-221-040-852

Form V. S. No. 11-C—20m-2-15-12

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Shoshone

City of Mullan

No. ____ St.

Hospital ____

Registration District No. 25 File No. 10137

Primary Registration District No. 2108 Registered No. ____

FULL NAME OF CHILD Dolby Pansy Bucks

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
girl	\	2	yes	Nov 21 1912

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	Thomas George Bucks	Celia Hebert
RESIDENCE	Mullan Ida	Mullan
COLOR	White	White
AGE AT LAST BIRTHDAY (Years)	38	33
BIRTHPLACE	Canada	New York City
OCCUPATION	Mining	Wife

Number of child of this mother, including present birth 7

Number of children of this mother now living, including present birth 5

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born Alive (Born alive or stillborn), at 6.15 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) F. W. Rolfs MD

(Physician or midwife)

Address Mullan Ida

Given names added from a supplemental report

Dec 8 1912

Dr. Chas. C. Bethman Registrar

Filed Dec 7 1912

F. W. Rolfs Registrar

S-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

PLACE OF BIRTH

RESIDENCE

BIRTHDAY (Years)

MARGIN RESERVED FOR BINDING

375-218-020-532

PLACE OF BIRTH

STATE OF IDAHO

Form V. S. No. 11-C—15m-6-20-11

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

County of Elmore

City of Mtn Home Registration District No. 20 File No. 10139

No. ____, ____ St. Primary Registration District No. 220 Registered No. 87

Hospital ____

FULL NAME OF CHILD Lorraine Grace Stewart

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
F.			yes	Nov. 18, 1912

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	Charles H. Stewart	Alice M. Elkington
RESIDENCE	Mtn Home	Mtn Home
COLOR	W	W
AGE AT LAST BIRTHDAY (Years)	35	27
BIRTHPLACE	Iowa	Michigan
OCCUPATION	Lumber Merchant	At wife.

Number of child of this mother, including present birth 2

Number of children, of this mother, now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was ____ (Born alive or stillborn) at 4 10 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) F. S. Hawley

Physician

(Physician or Midwife)

Address Mtn Home

Given names added from a supplemental report

____, 19____

____ Registrar

Filed Dec 3 1912 W. L. Wagner Registrar

S-Y CO., 16670

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

OCT 17 1942

APR 13 1973

215-223-020 914

PLACE OF BIRTH

County of Elmore

City of Arrowrock

No. —, St.

Hospital

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

Form V. S. No. 11-C—15m-6-20-11

Registration District No. 20

File No. 10140

Primary Registration District No. 2020

Registered No. 86

FULL NAME OF CHILD Marian Abraham Sanderson

Sex of Child	Twin, Triplet, or other?	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
F	x	1	Yes	Oct. 23, 1912

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	Perry Davis Sanderson	FULL MAIDEN NAME	Annie Ramirez
RESIDENCE	Arrowrock	RESIDENCE	Arrowrock
COLOR	W.	COLOR	W.
AGE AT LAST BIRTHDAY (Years)	31	AGE AT LAST BIRTHDAY (Years)	22
BIRTHPLACE	Arizona	BIRTHPLACE	Colorado
OCCUPATION	Laborer	OCCUPATION	Housewife

Number of child of this mother, including present birth 4

Number of children, of this mother, now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 7 A. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Joseph H. Shaw

Physician (Physician or Midwife)

Address Arrowrock

Given names added from a supplemental report

....., 19.....

Registrar

Filed Nov 21 19 12 W. L. Draper

Registrar

S-Y CO., 16670

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

MARGIN RESERVED FOR BINDING

WHITE PLAINLY WITH INK—THIS IS A PERMANENT RECORD

396/22.020-155

PLACE OF BIRTH

STATE OF IDAHO

Form V. S. No. 11-C [illegible] 630-11

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

County of Elmore

City of Glenns Ferry/Bill

Registration District No. 20

File No. 10141

No. ____, ____ St.

Primary Registration District No. 2021

Registered No. 85

Hospital ____

FULL NAME OF CHILD ~~Not Named~~ Amos Golden Crockett

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Male	Single	0	yes	Nov. 27th, 1912

FATHER		MOTHER	
FULL NAME	A. D. Crockett	FULL MAIDEN NAME	Emma Jensen
RESIDENCE	King Hill	RESIDENCE	King Hill
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	33 (Years)	AGE AT LAST BIRTHDAY	26 (Years)
BIRTHPLACE	America	BIRTHPLACE	America
OCCUPATION	Signal Maintainer	OCCUPATION	Housewife

Number of child of this mother, including present birth 5

Number of children, of this mother, now living, including present birth 5

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) on the date above stated. Nov. 27th 1912 at 6 P. M.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. W. Davis M. D.

Physician

(Physician or Midwife)

Given names added from a supplemental report

Glenns Ferry Idaho

Nov 28 1912 J. W. Davis

Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY. WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

PLACE OF BIRTH

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

RESIDENCE

COLOR

BIRTHPLACE

Registrar

IDAHO DEPARTMENT OF HEALTH

BUREAU OF VITAL STATISTICS

Affidavit to Correct or Amend An Original Certificate of Birth or Death

State of.....
County of..... } ss.

Certificate No. 10141

Date Filed.....

The undersigned does solemnly swear that certain facts on the certificate of Birth (Birth or Death)

for Unnamed Crockett (Male Child) (Name on Original Certificate) who was born (Was Born or Died) on Nov. 27, 1912 (Date of Event)

in King Hill, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the true facts are shown by..... (Bible Record, Insurance Policy, Etc.) prepared on..... (Give Date), are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
Full Name of Child	Unnamed	Amos Golden Crockett

Subscribed and sworn to before me this 27 day of July, 1967

Notary Public, residing at King Hill, Idaho

My commission expires Sept. 28, 1968.

(Seal)

Signed Emma Crockett

(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person)

King Hill Idaho.

(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of.....
County of..... } ss.

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this.....day of

....., 19.....

Notary Public, residing at.....

My commission expires.....

(Seal)

Signed.....

(Signature of Any Credible Person)

.....

(Street Address, City, State)

FORM DH 60-155 in office 7-27-65.

L.D.S. Church Cert. of Baptism and Confirmation, Sept. 15, 1921 gives full name as Amos Golden Crockett, son of Alvin David Crockett and Emma Jensen, born Nov. 27, 1912 at King Hill, Idaho - viewed by V.S.

JUL 27 1965

L.D.S. Church Cert. of Ordination, ordained a Teacher, Dec. 8, 1930 gives full name as Amos Golden Crockett, born Nov. 27, 1912 at King Hill, Idaho to Alvin David Crockett and Emma Jensen - viewed by V.S.

L.D.S. Church Cert. of Ordination, ordained a Deacon, Dec. 7, 1924 gives full name as Amos Golden Crockett, born Nov. 27, 1912 at King Hill, Idaho to Alvin David Crockett and Emma Jensen - viewed by V.S.

231-225-020-443

PLACE OF BIRTH

County of Elmore

City of Mountain Home

No. ____ St.

Hospital ____

Form V. S. No. 11[illegible] Rev. 4-15-12

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 20 File No. 10142

Primary Registration District No. 2020 Registered No. 84

FULL NAME OF CHILD Winifred Mae Starner

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
girl			Yes	Nov. 25th 1912

FATHER		MOTHER	
FULL NAME	Chas. E. Starner	FULL MAIDEN NAME	Mary Muller
RESIDENCE	Mountain Home	RESIDENCE	Mountain Home
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	49 (Years)	AGE AT LAST BIRTHDAY	43 (Years)
BIRTHPLACE	Minnesota	BIRTHPLACE	Iceland
OCCUPATION	Farmer	OCCUPATION	Housekeeper

Number of child of this mother, including present birth 2

Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn) at 11 A. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) [illegible] ELIZABETH [illegible]
Midwife
(Physician or midwife)

Address Mtn Home Ida

Filed Nov 29 1912 W. L. Hranden
Registrar

Given names added from a supplemental report

....19....

....
Registrar

S-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

MAR 22 1943

25-224-020-358

PLACE OF BIRTH

Form V. S. No. II-O ~~20m~~ 2-15-12

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Elmore

City of Mt Home

No. ..... St.

Hospital .....

Registration District No. 20 File No. 10143

Primary Registration District No. 2020 Registered No. 83

FULL NAME OF CHILD ~~Not named~~ Elizabeth Ann Beaman

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Girl		7	yes	Nov 24 1912

FATHER		MOTHER	
FULL NAME	John T. Beaman	FULL MAIDEN NAME	Annie B. Lehman
RESIDENCE	Mt Home	RESIDENCE	Mt Home
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	42 (Years)	AGE AT LAST BIRTHDAY	34 (Years)
BIRTHPLACE	Iowa	BIRTHPLACE	Minn.
OCCUPATION	Ranchman	OCCUPATION	Housewife

Number of child of this mother, including present birth .....

Number of children of this mother now living, including present birth .....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was ..... at 5:30 P. M. on the date above stated.

(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) [illegible] BETH BONGA

Midwife

(Physician or midwife)

Given names added from a supplemental report

..... 19.....

Address Mt Home Idaho

Filed Dec 5 1912 W. L. Frazier

..... Registrar

Registrar

8-Y CO. 26174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of Idaho } ss.
County of Elmore }

Certificate No. 10143
Date Filed

The undersigned does solemnly swear that certain facts on the certificate of Birth (BIRTH OR DEATH)
for None (NAME ON ORIGINAL CERTIFICATE) who was born (WAS BORN OR DIED) on Nov. 28th, 1912 (DATE OF EVENT)
in Mtn. Home, Idaho (PLACE OF EVENT) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts as shown by Bible Record (BIBLE RECORD, INSURANCE POLICY, ETC.) prepared on December, 1912 (GIVE DATE), are:

FACTS TO BE CORRECTED ("NAME", "BIRTH DATE", "CAUSE OF DEATH", ETC.)	FROM (AS ON ORIGINAL)	TO (THE CORRECT FACTS)
Name	Not named	Elizabeth Ann Beaman

Subscribed and sworn to before me this 19th
day of November, 1942

E. Morell
Notary Public, residing at Mtn. Home, Ida.
My commission expires June 7th, 1943.
(SEAL)

Signed John T. Beaman Parent
(SIGNATURE OF PARENT OR ATTENDANT IF CORRECTING A BIRTH RECORD; OF ATTENDANT, FUNERAL DIRECTOR, INFORMANT IF CORRECTING A DEATH RECORD; OR OTHER CREDIBLE PERSON.)
Mountain Home, Idaho.
(STREET ADDRESS, CITY, STATE)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Idaho } ss.
County of Elmore }

[THIS AFFIDAVIT MUST ALSO BE EXECUTED. (SEE CHAPTER 139, 1937 IDAHO SESSION LAWS.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 19th
day of November, 1942

E. Morell
Notary Public, residing at Mtn. Home, Idaho.
My commission expires June 7th, 1943.
(SEAL)

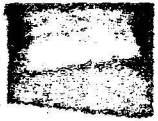
Signed W. S. Beaman
(SIGNATURE OF ANY CREDIBLE PERSON OTHER THAN PREVIOUS AFFIANT.)
Hagerman, Idaho.
(STREET ADDRESS, CITY, STATE)

Received for filing on By
(REGISTRAR'S SIGNATURE)

MAY 5

664-022-001-434

PLACE OF BIRTH



STATE OF IDAHO

Bureau of Vital Statistics

Form V. S. No. 11-C—15m-6-20-11

CERTIFICATE OF BIRTH

County of Ada

City of Boise

No. 1511 Hasel St.

Registration District No. ____ File No. 10144

Primary Registration District No. ____ Registered No. 1402

Hospital Texas Duree Women

FULL NAME OF CHILD ____

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
F		1	yes	10 22, 1912

FATHER		MOTHER	
FULL NAME	Mike Womer	FULL MAIDEN NAME	Alice McMakin
RESIDENCE	Boise	RESIDENCE	Boise
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY (Years)	25	AGE AT LAST BIRTHDAY (Years)	17
BIRTHPLACE	Penn	BIRTHPLACE	Texas
OCCUPATION	Baker	OCCUPATION	H.W.

Number of child of this mother, including present birth 1

Number of children, of this mother, now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Alive (Born alive or stillborn) at 7:15 A.M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) W S Peters

(Physician or Midwife) Boise.

Address ____

Given names added from a supplemental report

____, 19____

Registrar

Filed 10/25 1912 C S McConnell

Registrar

S-Y CO., 16670

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

JUL 8 19

MAR 27 1968

764-222-001-386

PLACE OF BIRTH

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

Form V. S. No. 11-C—15m-6-20-11

10145

County of Ada

City of Boise

Registration District No.

File No. 11101

No. —, St.

Primary Registration District No.

Registered No. Null

Hospital St Lukes

FULL NAME OF CHILD Miriam alberta Toombs

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
F		1	Yes	10 22 1912

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	Albert J. Toombs	Lilliam Thompson
RESIDENCE	1109 No 14 Boise	1109 No 14 Boise
COLOR	W	W
AGE AT LAST BIRTHDAY (Years)	23	20
BIRTHPLACE	England	Idaho
OCCUPATION	Electrician	H W

Number of child of this mother, including present birth 1

Number of children, of this mother, now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn), at 7.30 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) W S Totems

(Physician or Midwife)

Address Boise

Given names added from a supplemental report

....., 19.....

Filed 10/25 19 17 C S McConnell

Registrar

S-Y CO., 16670

Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

AUG 28 1942

FEB 18 1950

813.221.001-944

[redacted]

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

PLACE OF BIRTH

Form V. S. No. 11-C—10m-8-7-11

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

County of Ada

City of Boise

No. 914, O'Farrell St.

Hospital

Registration District No.

File No. 10146

Primary Registration District No.

Registered No. 140

FULL NAME OF CHILD Arlie Alice Hall

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Girl			Yes	Oct. 21, 1912

FATHER

FULL NAME: Clarince Eugene Hall

RESIDENCE: Arrow Rock, Idaho

COLOR: White

AGE AT LAST BIRTHDAY: 28 (Years)

BIRTHPLACE: Buchannan Virginia

OCCUPATION: Locomotive Engineer

MOTHER

FULL MAIDEN NAME: Winifred Elizabeth Rudolph

RESIDENCE: Arrow Rock, Idaho

COLOR: White

AGE AT LAST BIRTHDAY: 21 (Years)

BIRTHPLACE: Como, Colorado

OCCUPATION: Housewife

[Number of child of this mother, including present birth: 1

Number of children, of this mother, now living, including present birth: 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) on the date above stated. at 2:15 A. M.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report

....., 19.....

.....
Registrar

(Signature) Victoria Hamilton

Midwife
(Physician or Midwife)

Address 914 O'Farrell St. Boise, Ida.

Filed 10/25 1912 A. McConnell
Registrar

SYMS - YORK CO., PTRS. & BORS. 17326

MAY 3 0 1974

942-213-001-571

PLACE OF BIRTH

Form V. S. No. 11-C—16m-6-20-11

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

County of Ada

City of Boise

No. 805 S. Pierce St.

Registration District No. _____ File No. 10147

Primary Registration District No. _____ Registered No. 129

Hospital _____

FULL NAME OF CHILD Melva Russell

Sex of Child female | Twin, Triplet, or other? | and | Number in order of birth | (To be answered only in event of plural births) | Legitimate? Yes | Date of birth Oct. (Month) 13 (Day) 1912 (Year)

FATHER

FULL NAME Walter Russell

RESIDENCE Boise Idaho

COLOR W. AGE AT LAST BIRTHDAY 27 yrs. (Years)

BIRTHPLACE Maryland.

OCCUPATION Barber.

MOTHER

FULL MAIDEN NAME Mary Egan.

RESIDENCE Boise Idaho

COLOR W. AGE AT LAST BIRTHDAY 19 yrs (Years)

BIRTHPLACE Ill.

OCCUPATION H. W.

Number of child of this mother, including present birth one

Number of children, of this mother, now living, including present birth one

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 4:30 M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. Carl Keel

(Physician or Midwife)

Given names added from a supplemental report

..... 19.....

Registrar

Address .....

Filed 10/15 1912 C. M. Connell

Registrar

S-Y CO., 16670

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

SEP 4 1956

DEC 7 1961

JUN 26 1970

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

145-11-1004-145

PLACE OF BIRTH

Form V. S. No. 11-C—10m-8-7-11

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

County of Ada

City of Boise

No 906, E State St.

Hospital

Registration District No.

File No. 10148

Primary Registration District No.

Registered No.

FULL NAME OF CHILD Bertha Elizabeth Adelmann

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
female			yes	Dec 13 1912

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	Carl R. Adelmann	Bertha Adelmann
RESIDENCE	906 - E State St	906 - E State -
COLOR	White	White
AGE AT LAST BIRTHDAY	34 (Years)	23 (Years)
BIRTHPLACE	Boise Idaho.	Iowa.
OCCUPATION	Book Keeper	Housewife

Number of child of this mother, including present birth 1st

Number of children, of this mother, now living, including present birth Same

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 4 30 A.M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report

....., 19.....

.....
Registrar

(Signature) L L Williamson M D

(Physician or Midwife)

Address 824 Franklin St

Filed 12/15 19 12 A M McConnell

Registrar

SYMS - YORK CO., PTRS. & BDRS. 17826

MAR 1 5 1966

MAY 1 9 1966

958-219-001-4/17

Form V. S. No. 11-C—20m-8-15-12

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

PLACE OF BIRTH

County of Ada

City of Boise

No. 1315 N 13 St.

Registration District No. _____ File No. 10149

Primary Registration District No. _____ Registered No. 137

Hospital _____

FULL NAME OF CHILD Miss Doris Ann Reynolds.

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Girl			Yess	Oct 19 1912

FATHER		MOTHER	
FULL NAME	Walter Wellington Reynolds	FULL MAIDEN NAME	Elma Maxfield.
RESIDENCE	Idaho City Idaho	RESIDENCE	Idaho City, Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	23 (Years)	AGE AT LAST BIRTHDAY	22 (Years)
BIRTHPLACE	Silver City, Idaho	BIRTHPLACE	Boise City, Idaho
OCCUPATION	Electrician	OCCUPATION	House Wife.

Number of child of this mother, including present birth 1

Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or still born) at 1 A. M. on the date above stated.

(Signature) R. H. Falls M.D.

(Physician or midwife)

Address Boise Ida

Filed 10/21 19 12 C. M. Casner Registrar

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report

_____ 19____

_____ Registrar

S-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

APR 1 6 1974

255-114-601-413

PLACE OF BIRTH

Form V. S. No. 11-C—15m-6-20-11

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

File No. 10150

County of Ada

City of Boise

Registration District No.

No. ____, ____ St.

Primary Registration District No.

Registered No. 12

Hospital Caryl Herbert

FULL NAME OF CHILD Robert Bentley

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Male	1	5	yes	Oct. 14, 1912

FATHER	MOTHER
FULL NAME Herbert Alfred Bentley	FULL MAIDEN NAME Ada Matlock
RESIDENCE Ustick Idaho	RESIDENCE Ustick Idaho
COLOR White	COLOR White
AGE AT LAST BIRTHDAY 35 (Years)	AGE AT LAST BIRTHDAY ~~32~~ 25 (Years)
BIRTHPLACE Mo.	BIRTHPLACE ~~Iowa~~ Idaho
OCCUPATION Farmer	OCCUPATION Home maker

Number of child of this mother, including present birth 5

Number of children, of this mother, now living, including present birth

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born Alive (Born alive or stillborn) at 7 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) L. P. McCalla

(Physician or Midwife)

Address Boise Idaho

Given names added from a supplemental report

Oct 18 1912

Filed 10/18 1912

Registrar

Registrar

S-Y CO., 16670

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

MARGIN RESERVED FOR BINDING

WRITE PLAINLY. WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a CERTIFICATE RETURN must be made for each and the number of each, in order of birth, stated

PLACE OF BIRTH

County of

259-106-001-345

PLACE OF BIRTH

Form V. S. No. 11-C—15m-6-20-11

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

County of Ada

City of Boise

Registration District No. ____ File No. 10151

No. ____, ____ St.

Primary Registration District No. ____ Registered No. 135

Hospital St. Alphonsus

FULL NAME OF CHILD ____

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
male	/	/	Yes	Oct. 6, 1912

FATHER		MOTHER	
FULL NAME	Grover Knight	FULL MAIDEN NAME	Mary Linehan
RESIDENCE	Jordan Valley, Oregon	RESIDENCE	Jordan Valley, Oregon
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	27 (Years)	AGE AT LAST BIRTHDAY	30 (Years)
BIRTHPLACE	Oregon	BIRTHPLACE	Silver City, Idaho
OCCUPATION	Stock Raiser	OCCUPATION	Home work

Number of child of this mother, including present birth 1

Number of children, of this mother, now living, including present birth ____

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born Alive (Born alive or stillborn) at 5 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) L. A. McCall

(Physician or Midwife)

Address Boise, Idaho

Given names added from a supplemental report

Oct. 15th 1912

Filed 10/18 1912 O. S. McConnell

Registrar

S-Y CO., 16670

Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of twins this child of birth, a SEPARATE CERTIFICATE must be made for each and the number of each, in order of birth, should be stated.

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

PLACE OF BIRTH

(County of

793-212-001-759.

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

Form V. S. No. 11-C—10m-3-7-11

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

PLACE OF BIRTH

County of Ada

City of Boise

No. 1412 River St.

Hospital

Registration District No.

File No. 10152

Primary Registration District No.

Registered No.

FULL NAME OF CHILD Verna Elizabeth Giles

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Female				yes	July 12 1912

FATHER		MOTHER	
FULL NAME	Edward Giles	FULL MAIDEN NAME	Grace Perkins
RESIDENCE	1412 River St	RESIDENCE	1412 River St.
COLOR	Light	COLOR	Light
AGE AT LAST BIRTHDAY	30 (Years)	AGE AT LAST BIRTHDAY	24 (Years)
BIRTHPLACE	Springville Utah	BIRTHPLACE	Franklin Idaho
OCCUPATION	Fireman	OCCUPATION	Housewife

Number of child of this mother, including present birth 1

Number of children, of this mother, now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was (Born alive or stillborn) at 8 P M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Geo. N. Hardy

(Physician or Midwife)

Address 701 3 9th, Boise

Given names added from a supplemental report

....., 19.....

Filed 10/18 19..... C. N. O'Connell

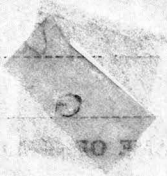
Registrar

Registrar

SYMS - YORK CO., PTRS. & BDRS. 17326

OCT 15 1963

MAR 8 2 1944



469-206 1001-864

PLACE OF BIRTH

Form V. S. No. 11-C 15m-6-20-11

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

County of Ada

City of Boise

Registration District No. ..... File No. 10153

No. ..... St.

Primary Registration District No. ..... Registered No. 32

Hospital St. Luke's

FULL NAME OF CHILD Dorothy Morris

Sex of Child	Twin, Triplet, or other?	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Female	1	1	yes	Oct. 6, 1912

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	Fred Morris	FULL MAIDEN NAME	Kate Young
RESIDENCE	Boise Idaho	RESIDENCE	Boise Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	29 (Years)	AGE AT LAST BIRTHDAY	27 (Years)
BIRTHPLACE	Idaho	BIRTHPLACE	Phila. Pa
OCCUPATION	Music Teacher	OCCUPATION	Housewife

Number of child of this mother, including present birth .....

Number of children, of this mother, now living, including present birth .....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born (Born alive or stillborn) at 4:45 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) L. P. McCall

(Physician or Midwife)

Given names added from a supplemental report

Oct 18, 1912

Address Boise Idaho

Filed 10/18 19 12 O. S. McCormick

Registrar

S-Y CO., 16670

Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE BLANK must be made for each and for each mother.

of birth, in order of birth desired.

PLACE OF BIRTH

County of

STATE OF IDAHO,

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

FULL NAME OF CHI

Sex of
Child

The Guardian Life Insurance Policy, No. 513540, Jan. 12, 1929 gives full name of insured Dorothy L. Morris, born Oct. 6, 1912 at Boise, Idaho, beneficiaries are given as ~~Fred~~ N. Morris and Katherine Y. Morris, parents. IDAHO DEPARTMENT OF HEALTH age of insured at time policy was taken out-16 years old - viewed by V.S. BUREAU OF VITAL STATISTICS Statement from Mary Stout, Indianapolis Public Schools, Pupil Personnel Division, notarized

Affidavit to Correct or Amend An Original Certificate of Birth or Death

State of Indiana } ss. County of Marion

Certificate No. 10153

Date Filed 1/15/62

The undersigned does solemnly swear that certain facts on the certificate of (Birth or Death) for Unnamed Morris (female child) (Name on Original Certificate) who was born (Was Born or Died) on Oct. 6, 1912 (Date of Event) in Boise, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the true facts are shown by Guardian Life Ins. Policy prepared on 1929 (Bible Record, Insurance Policy, Etc.) (Give Date), are:

states " This is to certify that, according to the records of the Indianapolis Public Schools, Dorothy L. Morris, daughter of Fred N. and Katherine Morris, was born in Idaho on 10-6-1912. This record was established in 1921 when Dorothy entered School #2 in the 1A Grade." - viewed by V.S.

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
Full Name of Child	Unnamed	Dorothy Morris

Subscribed and sworn to before me this 15th day of January 1962

Sara K. Denhart SARA K. DENHART

Notary Public, residing at Indianapolis, Indiana

My commission expires November 25, 1962

(Seal)

Signed Eli P. Messenger

(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

6449 N. Chester, Indianapolis, Indiana

(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Indiana } ss. County of Marion

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 15th day of January, 1962

Sara K. Denhart SARA K. DENHART

Notary Public, residing at Indianapolis Ind

My commission expires November 25, 1962

(Seal)

Signed Susan E White

(Signature of Any Credible Person)

4250 Harrison Pk.

(Street Address, City, State)

Indianapolis, Indiana

FORM DH 60-155 CL 1-9-62. nm

JAN 18 1962

954-21 B 001-386

PLACE OF BIRTH

STATE OF IDAHO

Form V. S. No. 11-C—15m-6-20-11

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

10154

County of Ada

City of Boise

Registration District No.

File No.

No. 1318 Eastman St.

Primary Registration District No.

Registered No. 119

Hospital

FULL NAME OF CHILD ISABEL ~~XXXXXXXXXXXXXX~~ ORDINA Isabella Redfern

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
F			Yes	9-18 1912

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	Fredrick C Redfern	Blanche Thompson
RESIDENCE	1318 Eastman	1318 Eastman
COLOR	W.	W.
AGE AT LAST BIRTHDAY (Years)	41	35
BIRTHPLACE	England	New York
OCCUPATION	Carpenter	At Home

Number of child of this mother, including present birth 6

Number of children, of this mother, now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive at 10 A. M. on the date above stated.

(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) W. Steen

301 McCarty Bld

(Physician or Midwife)

Given names added from supplemental report

Held for want of name ltr

, 19

Address

Registrar

Filed 10/1 19 C. M. Counsel

Registrar

S-Y CO., 16670

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

PLACE OF BIRTH

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of Idaho } ss.
County of Ada

FEB 2 1942

Certificate No. 10154
Date Filed /

The undersigned does solemnly swear that certain facts on the certificate of Birth (Birth or death)
for Isabella Esther Redfern (Name on original certificate) who was born (Was born or died) on Sept 18 1912 (Date of event)
in Boise, Idaho (Place of event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts as shown by Mother (Bible record, insurance policy, etc.) prepared on (Give date), are:

FACTS TO BE CORRECTED ("Name", "birth date", "cause of death", etc.)	FROM (As on original)	TO (The correct facts)
Name	Isabella Esther Redfern	Isabel Ordina Redfern

Subscribed and sworn to before me this 12th
day of January, 1942
David M Brown
Notary Public, residing at 69 Enterprise St
My commission expires March 30 1943
[SEAL]

Signed Ruth Redfern Jennings
(Signature of parent or attendant if correcting a birth record; or attendant, funeral director, informant if correcting a death record; or other credible person.)
The Tri-Telle - Sumter S.C.
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of New York } ss.
County of Monroe

[This affidavit MUST also be executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 13th
day of January, 1942
David M Brown
Notary Public, residing at 69 Enterprise
My commission expires March 30 1943
[SEAL]

Signed J. Lloyd Redfern
(Signature of any credible person other than the previous affiant.)
87 King St, Rochester, N.Y.
(Street Address, City, State)

Received for filing on FEB 2 1942 By
(Registrar's signature)

FEB 14 1942

281-201:001-533

Form V, S. No. 11-C—20m-2-15-12

PLACE OF BIRTH

County of Ada

City of Boise

No. _____ St.

Hospital _____

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. _____ File No. 10155

Primary Registration District No. _____ Registered No. 116

FULL NAME OF CHILD Mary Eliz. Shaw

Sex of Child	Twin, Triplet or other?	Number in order of birth	Legitimate?	Date of Birth (Month)	(Day)	191 (Year)
F.	—	—	yes	10	1	

(To be answered only in event of plural births)

FATHER	MOTHER
FULL NAME: Herbert Shaw	FULL MAIDEN NAME: Ona Ellis
RESIDENCE: 211 S. 16th	RESIDENCE: 211 S. 16
COLOR: W.	COLOR: W
AGE AT LAST BIRTHDAY: 38 (Years)	AGE AT LAST BIRTHDAY: 30 (Years)
BIRTHPLACE: Indiana	BIRTHPLACE: Kansas
OCCUPATION: Manager Boise R.R.	OCCUPATION: Hse

Number of child of this mother, including present birth 3

Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 8 A. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) M Allen Callaway

Physician

(Physician or midwife)

Address Boise Idaho

Given names added from a supplemental report

_____ 19____

_____ Registrar

Filed 10/3 19 12 E M Hound Registrar

B-Y CO. 20174

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

MARGIN RESERVED FOR BINDING

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

DEC 1 1943

APR 1 1970

132.101.001-816

PLACE OF BIRTH

Form V. S. No. 11—10m-6-20-11

STATE OF IDAHO
Bureau of Vital Statistics
CERTIFICATE OF BIRTH

County of Ada

City of Boise — Registration District No. ____ File No. 10156

No. ____ St. — Primary Registration District No. ____ Registered No. 117

Hospital St. Alphonsus

FULL NAME OF CHILD Reilly Atkinson Jr

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Male		Two	yes	10 / 1 / 1912

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	Reilly Atkinson	Emma Hanley
RESIDENCE	1112 E. Jeff	1112 E. Jeff
COLOR	White	White
AGE AT LAST BIRTHDAY (Years)	31	27
BIRTHPLACE	Michigan	Idaho
OCCUPATION	Mercantile	Housewife

Number of child of this mother, including present birth. Two.

Number of children, of this mother, now living, including present birth. Two.

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 6-30 P.M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) W. F. Smith, M. D. (Physician or Midwife)

Address ____

Given name added from a supplemental report

10-3-, 1912

Registrar

Filed 10/3 1912 C. W. McCann Registrar

S-Y CO., 16669

MARGIN RESERVED FOR BINDING

WRITE PLAINLY. WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at a birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS
AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of Idaho } ss.
County of Ada

Certificate No. 10156

Date Filed _____

The undersigned does solemnly swear that certain facts on the certificate of _____ (Birth or Death)
for _____ (Name on Original Certificate) who _____ (Was Born or Died) on _____ (Date of Event)
in _____ (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts are shown by _____ (Bible Record, Insurance Policy, Etc.) prepared on _____ (Give Date), are:

FACTS TO BE CORRECTED ("Name", "Birth Date", "Cause of Death", Etc.)	FROM (As on Original)	TO (The Correct Facts)
Name	Reilley	Reilly

Subscribed and sworn to before me this 1st
day of October, 19 42
Marion E. Otte
Notary Public, residing at Boise Idaho
My commission expires 6-24-45
(Seal)

Signed Emma Hawley Atkinson
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

_____
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of _____ } ss.
County of _____

[This Affidivat **MUST** Also be Executed.
(See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this _____
day of _____, 19____.

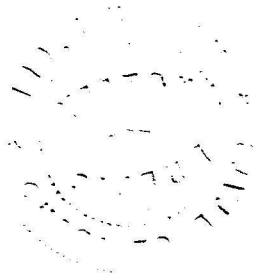
Notary Public, residing at _____
My commission expires _____
(Seal)

Signed _____
(Signature of Any Credible Person Other Than Previous Year)

_____
(Street Address, City, State)

APR 6 1970

OCT 1 1942



693-101-001-692

PLACE OF BIRTH

Form V. S. No. 11-C—15m-6-20-11

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

County of Ada

City of Boise

Registration District No. _____ File No. 10157

No. Near Franklin sch. Primary Registration District No. _____ Registered No. 116

Hospital _____

FULL NAME OF CHILD Robert Bensen Wilson

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Male		6	yes	Oct 1st, 1912

FATHER		MOTHER	
FULL NAME	Theo Wilson	FULL MAIDEN NAME	May Fisher
RESIDENCE	Boise Ida	RESIDENCE	Boise Ida.
COLOR	W.	COLOR	W.
AGE AT LAST BIRTHDAY	34 (Years)	AGE AT LAST BIRTHDAY	31 (Years)
BIRTHPLACE	Idaho	BIRTHPLACE	So. Dak.
OCCUPATION	Rancher	OCCUPATION	Housekpr

Number of child of this mother, including present birth _____

Number of children, of this mother, now living, including present birth _____

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Oct 1st 1912 (Born alive or stillborn) at 6 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. E. Troon

(Physician or Midwife)

Address Boise Ida

Given names added from a supplemental report

_____, 19____

_____ Registrar

Filed Oct 2 19 12 A. M. McConnell Registrar

S-Y CO., 16670

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

PLACE OF BIRTH

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

COLOR

AGE AT LAST BIRTHDAY

BIRTHPLACE

294-128001-666

PLACE OF BIRTH

Form V. S. No. 11-C—15m-6-20-11

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

County of Ada

City of Boise

No. 315 [redacted] St.

Hospital At Home 413 Grove

Registration District No. ____ File No. 10158

Primary Registration District No. ____ Registered No. 115

FULL NAME OF CHILD Len Loyd Simpson Jr.

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
male		One	yes	9 28 1912

FATHER		MOTHER	
FULL NAME	Len S. Simpson	FULL MAIDEN NAME	Fayette Wood
RESIDENCE	315 Grove St	RESIDENCE	413 Grove
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	28 (Years)	AGE AT LAST BIRTHDAY	26 (Years)
BIRTHPLACE	Idaho	BIRTHPLACE	Idaho
OCCUPATION	Rancher	OCCUPATION	Housewife

Number of child of this mother, including present birth One

Number of children, of this mother, now living, including present birth One

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 3-30 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Dr. James S. Stewart (Physician or Midwife)

Address 410 Overland Bldg

Given names added from a supplemental report

....., 19.....

Registrar

Filed 10-2-1912

C. M. Comstock

Registrar

S-Y CO., 16670

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

MAR 8 1943

24/-22/.00-897

PLACE OF BIRTH

Form V. S. No. 11-C—Rev-6-20-11

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

County of Ada

City of Boise

No. 1718 No 21 St.

Registration District No.

File No. 10159

Primary Registration District No.

Registered No. 114

Hospital

FULL NAME OF CHILD Jeneva Irene Smart

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
F			yes	9 28 191[illegible]

FATHER		MOTHER	
FULL NAME	Harvey C Smark	FULL MAIDEN NAME	May Haigh
RESIDENCE	1718 No 21	RESIDENCE	1718 No. 21
COLOR	W.	COLOR	W.
AGE AT LAST BIRTHDAY	31 (Years)	AGE AT LAST BIRTHDAY	26 (Years)
BIRTHPLACE	Kansas	BIRTHPLACE	Kansas
OCCUPATION	Painter	OCCUPATION	H. Wife

Number of child of this mother, including present birth 2

Number of children, of this mother, now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 9 P M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) W. Van B. Allen

361 [illegible] Carty Bld'g

(Physician or Midwife)

Given names added from a supplemental report

....., 19.....

Registrar

Address .....

Filed 10/1 1917 C. A. McConnell

Registrar

S-Y CO., 16670

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

Form V. S. No. 11-C—12m-6-39-11

PLACE OF BIRTH

(County of)

No. St.

Primary Registration District No. Registered No.

Hospital

FULL NAME OF CHILD

RESIDENCE

COLOR AGE AT LAST BIRTHDAY (Years)

BIRTHPLACE

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS A PERMANENT RECORD

Registrar

659-129001-751

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

Form V. S. No. 11-C—10m-8-7-11

PLACE OF BIRTH

County of Ada

City of Boise

No 1706 N 7th St.

Hospital

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

Registration District No.

File No. 10160

Primary Registration District No.

Registered No. 113

FULL NAME OF CHILD

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Male	V		V	yes	9 29 1912

FATHER		MOTHER	
FULL NAME	William M. Feran	FULL MAIDEN NAME	Fiona Peake
RESIDENCE	1706 N 7th	RESIDENCE	1706 N 7th
COLOR	white	COLOR	White
AGE AT LAST BIRTHDAY	38 (Years)	AGE AT LAST BIRTHDAY	31 (Years)
BIRTHPLACE	Md.	BIRTHPLACE	Kansas
OCCUPATION	Brick Maker	OCCUPATION	Housewife

Number of child of this mother, including present birth 3

Number of children, of this mother, now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 2-20 9 M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) W. F. Tyson

(Physician or Midwife)

Address Boise

Given names added from a supplemental report

....., 19.....

Filed 10/1 1912 C. N. Crawford

Registrar

BYMS - YORK CO., PTRS. & BDRS. 17826

Registrar

PLACE OF BIRTH

MARGIN RESERVED FOR BINDING

WRITE PLAINLY. WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of twins (or one child of birth), a DEATH RETURN must be made for each and its number.
if each, in order of birth, stated.

STATE OF IDAHO

Bureau of Vital Statistics

Form V. S. No. II-C—1000-8-7-11

296225.00-495

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

Form V. S. No. 11-C—15m-6-20-11

PLACE OF BIRTH

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

County of Ada

City of Boise

No. ____, ____ St.

Hospital St. Lukes

Registration District No. ____ File No. 10161

Primary Registration District No. ____ Registered No. 112

FULL NAME OF CHILD Barbara Brown

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Female		One	yes	9 - 25 - 1912

FATHER	MOTHER
FULL NAME: Charles A. Brown	FULL MAIDEN NAME: Elsie Dinwiddie
RESIDENCE: 1417 N. 14th	RESIDENCE: 1417 N. 14th St
COLOR: White	COLOR: White
AGE AT LAST BIRTHDAY: 23 (Years)	AGE AT LAST BIRTHDAY: 22 (Years)
BIRTHPLACE: Oregon	BIRTHPLACE: Oregon
OCCUPATION: Automobile Salesman	OCCUPATION: Housewife

Number of child of this mother, including present birth: One

Number of children, of this mother, now living, including present birth: One

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 4-A M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Dr. James L. Stewart (Physician or Midwife)

Address 410 Overland Bldg

Given names added from a supplemental report

10 - 2 - 1912

Filed 10 - 2 - 1912

S-Y CO., 16670

Registrar

Registrar

APR 8 1952

NOV 1 1963

655-128-001-993

PLACE OF BIRTH

Form V. S. No. 11-C—15m-6-20-11

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

County of Ada

City of Boise — Registration District No. ____ File No. 10162

No. 2214 No 14 St. — Primary Registration District No. ____ Registered No. 111

Hospital ____

FULL NAME OF CHILD Carl Benj. Wendt.

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
M		1	yes	Sept. 28, 1912

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	Walter W. Wendt	Bula Richardson
RESIDENCE	Boise Idaho	2214 No 14 Boise
COLOR	W.	W
AGE AT LAST BIRTHDAY (Years)	26	18
BIRTHPLACE	Wisconsin	Nebraska
OCCUPATION	Laborer	H. W.

Number of child of this mother, including present birth 1

Number of children, of this mother, now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn) at 11 am M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) W. O. Sutton (Physician or Midwife)

Address Boise Idaho

Given names added from a supplemental report

....., 19.....

Filed 10/1 19 17 C. S. McConnell Registrar

.....
Registrar

S-Y CO., 16670

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

NOV 17 1941

349-125-00-177

PLACE OF BIRTH

Form V. S. No. 11—10m-6-20-11

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

County of Ada

City of Boise

No. ....., ... St.

Hospital St. Lukes

Registration District No. .....

File No. 10163

Primary Registration District No. .....

Registered No. 143

FULL NAME OF CHILD Baby Curtis

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
male			yes	10 - 25 - 1912

FATHER	MOTHER
FULL NAME: R. Ashton Curtis	FULL MAIDEN NAME: Sarah Arnold
RESIDENCE: St. Margarets School	RESIDENCE: St Margarets School
COLOR: White	COLOR: White
AGE AT LAST BIRTHDAY: 38 (Years)	AGE AT LAST BIRTHDAY: 29 (Years)
BIRTHPLACE: Iowa	BIRTHPLACE: Maryland
OCCUPATION: minister	OCCUPATION: Housewife

Number of child of this mother, including present birth: One

Number of children, of this mother, now living, including present birth: One

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was ~~Stillborn~~ Born alive, at 6-30 A. M. on the date above stated.

(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Dr. Wm F. Smith

(Physician or Midwife)

Given name added from a supplemental report

10-25-1912

Address 410 Overland Bldg

Filed 10/26 1912

Registrar

S-Y CO., 16669

Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY. WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at a birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

PLACE OF BIRTH

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

285-2 26-001-523

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N.B.—In case of more than one child at birth a Separate Return must be made for each, and the number of each, in order of birth stated.

1. PLACE OF BIRTH

County of Ada

City of Boise

No. ..... St.

(If born in hospital or institution give name.)

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

10164

Registration District No. ..... State File No. [redacted]

Prim. Registration District No. ..... Local Registrar's No. .....

2. FULL NAME OF CHILD Helen Isabel Shea

3. Sex: Female

If plural births: 4. Twin, triplet, or other ..... 5. Number, in order of birth .....

6. Premature ..... Full term .....

7. Legitimate? Yes

8. Date of birth Oct. 26, 1912 [redacted] (Month, Day, Year)

FATHER

9. Full name: William B. Shea

10. Residence (usual place of abode) (If non-resident, give place and State): Miles City, Montana

11. Color or race ..... | 12. Age at last birthday ..... (years)

13. Birthplace (city or place) (State or Country): Boise, Idaho

OCCUPATION

14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Shop Sup't.

15. Industry or business in which work was done, as silk mill, sawmill, bank, etc.: Railroad

16. Date (month and year) last engaged in this work ....., 19.....

17. Total time (years) spent in this work .....

MOTHER

18. Full maiden name: Fern Estes

19. Residence (usual place of abode) (If non-resident, give place and State): Boise, Idaho

20. Color or race ..... | 21. Age at last birthday ..... (years)

22. Birthplace (city or place) (State or Country): Heppner, Oregon

OCCUPATION

23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. .....

24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. .....

25. Date (month and year) last engaged in this work ....., 19.....

26. Total time (years) spent in this work .....

27. What prophylactic was used to prevent Ophthalmia Neonatorum? .....

28. Number of children of this mother (At time of this birth and including this child)
(a) Born alive and now living 1 (b) Born alive but now dead ..... (c) Stillborn .....

29. If stillborn, period of gestation ..... months or weeks

30. Cause of Stillbirth ..... During labor ..... Before labor .....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was Born Alive 6:30 at p m. on the date above stated.
(Born Alive or Stillborn)

When there was no attending physician or midwife, then the father, householder, etc., should make this return.

Give name added from a supplemental report .....

(Date of) .....

Registrar.

(Signed) M. N. Tallman M.D., M. D.

or ....., Midwife

Address Boise, Idaho

Filed Oct 28, 1912, [redacted]

Registrar.

MAY 4 1942

OCT 8 1942

SEP 4 1973

395-117-001-469

PLACE OF BIRTH

Form V. S. No. 11—10m-6-20-11

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

County of _____

City of _____ Registration District No. 2 File No. 10167

No. _____, _____ St.

Primary Registration District No. 1004 Registered No. 146

Hospital _____

FULL NAME OF CHILD Robert Livingston

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
M		6	Yes	Oct 17, 1912

FATHER		MOTHER	
FULL NAME	Byron J. Livingston	FULL MAIDEN NAME	Kate Morgan
RESIDENCE	Boise Ida	RESIDENCE	Boise Ida
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	41 (Years)	AGE AT LAST BIRTHDAY	39 (Years)
BIRTHPLACE	Mo	BIRTHPLACE	Cal
OCCUPATION	Grocer	OCCUPATION	housewife

Number of child of this mother, including present birth 6

Number of children, of this mother, now living, including present birth _____

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn) at 4 9 M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) C. L. Bowman

(Physician or Midwife)

Given name added from a supplemental report

11/11 19____

Registrar

Address _____

Filed 11/4 19 12 C. S. McConnel

Registrar

S-Y CO., 16669

MARGIN RESERVED FOR BINDING

WRITE PLAINLY. WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at a birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

PLACE OF BIRTH

665-123-001-632

PLACE OF BIRTH

Form V. S. No. 11-C—10m-8-7-11

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

File No. 10168

County of Ada

City of Boise

No 1222 N. 15th St.

Registration District No V

Primary Registration District No 1002

Registered No. 428

Hospital

FULL NAME OF CHILD Robert Alma Owen

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Male	—	—	Yes	Oct. 23, 1912

FATHER		MOTHER	
FULL NAME	Robert Owen	FULL MAIDEN NAME	Anna Olson
RESIDENCE	1222 N. 15th	RESIDENCE	~~Cherry Wash~~ 1222 N. 15
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	32 (Years)	AGE AT LAST BIRTHDAY	24 (Years)
BIRTHPLACE	Orangeville Ontario Canada	BIRTHPLACE	Cherry Wash
OCCUPATION	Book Keeper	OCCUPATION	House wife - 8

Number of child of this mother, including present birth 3

Number of children, of this mother, now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 5:45 A. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) G. E. Strawhan

Physician (Physician or Midwife)

Address 1031 Eat 12

Given names added from a supplemental report

....., 19.. .....

Registrar

Filed Oct 25 1912

Registrar

SYMS - YORK CO., PTRS. & BDRS. 17326

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

AUG 27 1942

APR 2 9 1971

866-130-001-693

PLACE OF BIRTH

Form V. S. No. 11-C—15m-6-20-11

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

County of Ada

City of Boise

No. 1303, N 13 St.

Hospital

Registration District No. 12

Primary Registration District No. 1004

File No. 10169

Registered No. 147

FULL NAME OF CHILD John Howard Kapfgarten

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
male			Yes	Oct. 30, 1912

FATHER	MOTHER
FULL NAME: J Harry Kapfgarten	FULL MAIDEN NAME: Mamie Williams
RESIDENCE: 1303 N 13th St	RESIDENCE: 1303 N. 13th St
COLOR: white	COLOR: white
AGE AT LAST BIRTHDAY: 29 (Years)	AGE AT LAST BIRTHDAY: 28 (Years)
BIRTHPLACE: Georgia	BIRTHPLACE: No. Dakota.
OCCUPATION: Sign painter	OCCUPATION: housewife

Number of child of this mother, including present birth: 4

Number of children, of this mother, now living, including present birth: 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) on the date above stated. at 7.10 A.M.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Chas B Ballard

Physician (Physician or Midwife)

Address

Given names added from a supplemental report

10/31, 19

Registrar

Filed 11/4 19 12 C S McComas

Registrar

S-Y CO., 16670

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK. THIS IS A PERMANENT RECORD

PLACE OF BIRTH

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

FATHER

ATTENDING

MOTHER

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of _____ } ss.
County of _____ }

Certificate No. 10169

Date Filed _____

The undersigned does solemnly swear that certain facts on the certificate of _____ (Birth or Death)
for _____ (Name on Original Certificate) who _____ (Was Born or Died) on _____ (Date of Event)
in _____ (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts are shown by _____ (Bible Record, Insurance Policy, Etc.) prepared on _____ (Give Date), are:

FACTS TO BE CORRECTED ("Name", "Birth Date", "Cause of Death", Etc.)	FROM (As on Original)	TO (The Correct Facts)
name	Lone Jerin	John Howard Hoffgarten

Subscribed and sworn to before me this 6th day of June, 1944.

Notary Public, residing at Boise, Idaho

My commission expires My Commission Expires June 11, 1944
(Seal)

Signed J. H. Hoffgarten
(Signature of parent or attendant if correcting a birth record; or attendant, funeral director, informant if correcting a death record; or other credible person.)

1115 Boise Ave Boise, Idaho
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of _____ } ss.
County of _____ }

[This Affidivat **MUST** Also be Executed.
(See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this _____ day of _____, 19____.

Notary Public, residing at _____

My commission expires _____
(Seal)

Signed _____
(Signature of Any Credible Person Other Than Previous Year)

_____
(Street Address, City, State)

DEC 2 1975

FEB 4 1953

JAN 2 4 19

666-106-001-666

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth added

Form V. S. No. 11-C—10m-8-7-11

PLACE OF BIRTH

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

County of Ada

City of Boise

No. 901, Ressigue *St.*

Registration District No. 2

Primary Registration District No. 1-4

Hospital

File No. 10170

Registered No. 149

FULL NAME OF CHILD Heyde, Max Woodward

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Male			yes	11 – 6 – 1912

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	Walter R. Heyde	Willa Woodward
RESIDENCE	901 Ressigue	same
COLOR	White	White
AGE AT LAST BIRTHDAY	31 (Years)	35 (Years)
BIRTHPLACE	Mich.	Ala.
OCCUPATION	Civil Engineer	Housewife

Number of child of this mother, including present birth 2nd

Number of children, of this mother, now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 10 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report

....., 19.....

.....
Registrar

(Signature) F. A. Bellinger

(Physician or Midwife)

Address Falk Bldg

Filed 11/6 19 12 C. A. McConnell
Registrar

SYMS - YORK CO., PTRS. & BDRS. 17326

JUL 3 1962

355-118100-355

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

PLACE OF BIRTH

Form V. S. No. 11-C—10m-8-7-11

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

County of Ada

City of Boise

No. 1707, N 14th St.

Hospital

Registration District No. _____ File No. 10171

Primary Registration District No. _____ Registered No. 172

FULL NAME OF CHILD Chas. Edward Lee

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
male			yes	Nov. 18 1912

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	Chas Ed. Lee	Myrtle L. Lee
RESIDENCE	1707 N 14th St	1707 N 14th St.
COLOR	White	White
AGE AT LAST BIRTHDAY	28 (Years)	18 (Years)
BIRTHPLACE	Pennsylvania	Oregon
OCCUPATION	Laborer	Housewife

Number of child of this mother, including present birth 2nd

Number of children, of this mother, now living, including present birth 2nd

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn), at 11 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report

....., 19.....

.....
Registrar

(Signature) L. S. Williamson M. D.
(Physician or Midwife)

Address 824 Franklin St.

Filed 11/21 1912 A. M. McConnell
Registrar

SYMS - YORK CO., PTRS. & BDRS. 17326

JUN 29 1948

951-113-001-355

PLACE OF BIRTH

STATE OF IDAHO

Form V. S. No. 11-C—15m-6-20-11

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

County of Ada

City of Boise

Registration District No. ..... File No. 10172

No. 2105, N. 13th St.

Primary Registration District No. ..... Registered No. 168

Hospital .....

FULL NAME OF CHILD Reeves Warren Read

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Male			yes	Nov 13th, 1912

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	Geo. Wm Read	Elizabeth M. Love
RESIDENCE	Boise	Boise
COLOR	White	white
AGE AT LAST BIRTHDAY (Years)	32	30
BIRTHPLACE	England	London England
OCCUPATION	Machinist	Housewife

Number of child of this mother, including present birth 4

Number of children, of this mother, now living, including present birth .....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was ..... at 1 a. M. on the date above stated.

(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Geo. P. Haley M.D.

(Physician or Midwife)

Given names added from a supplemental report

..... 19.....

Address Boise

Filed 11/14 19 12 C. M. McConnell

S-Y CO., 16670 Registrar

Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

FEB 7 1955

1912-43025 VOIDED - Dup

259-113-001-712

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

PLACE OF BIRTH

Form V. S. No. 11-C—10m-8-7-11

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

County of Ada

City of Boise

No. 8th & Grove *St.*

Hospital

Registration District No.

File No. 10173

Primary Registration District No.

Registered No. 165

FULL NAME OF CHILD Bernansolo

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
male			yes	11 13 192

FATHER		MOTHER	
FULL NAME	Louis Benansolo	FULL MAIDEN NAME	Vernnanca Cabie
RESIDENCE	Boise	RESIDENCE	Boise
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	31 (Years)	AGE AT LAST BIRTHDAY	26 (Years)
BIRTHPLACE	Basco Spain	BIRTHPLACE	Basco Spain
OCCUPATION	Sheepman	OCCUPATION	Housewife

Number of child of this mother, including present birth.....

Number of children, of this mother, now living, including present birth.....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 8 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report

....., 19.....

.....
Registrar

(Signature) Fred A. Turney

(Physician or Midwife)

Address Falk Bldg

Filed 11/16 1917 C. S. McConnell
Registrar

SYMS - YORK CO., PTRS. & BDRS. 17328

STATE OF IDAHO

Form V. S. No. 11-C—10m-7-11

PLACE OF BIRTH

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

NAME

RESIDENCE

COLOR

AGE AT LAST BIRTHDAY

MAIDEN NAME

BIRTHPLACE

COLOR

AGE AT LAST BIRTHDAY

239-114-001-795

PLACE OF BIRTH

Form V. S. No. 11-C—15m-6-20-11

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

County of Ada

City of Boise

No. 1905, North 10th St.

Registration District No. ____ File No. 10174

Primary Registration District No. ____ Registered No. 163

Hospital ____

FULL NAME OF CHILD Raymond Emory Strawn

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Male	—	—	Yes	Nov. 14, 1912

FATHER		MOTHER	
FULL NAME	R. E. Strawn	FULL MAIDEN NAME	Daisy Dell Rice
RESIDENCE	1905 No. 10th St	RESIDENCE	1905 No. 10th St.
COLOR	White	AGE AT LAST BIRTHDAY (Years)	29
COLOR	White	AGE AT LAST BIRTHDAY (Years)	28
BIRTHPLACE	Iowa	BIRTHPLACE	Illinois
OCCUPATION	Printer	OCCUPATION	Housewife

Number of child of this mother, including present birth 3rd

Number of children, of this mother, now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 12:45 A. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. M. Taylor M.D.

(Physician or Midwife)

Address Boise Idaho

Given names added from a supplemental report

....., 19.....

Filed 11/16 1912 C. J. McConnell

Registrar

S-Y CO., 16670

Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

SEP 8 1942

994-106-001-749

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

Form V. S. No. 11-C—10m-8-7-11

PLACE OF BIRTH

County of Ada

City of Boise

No 1170, Lee St.

Hospital —

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

Registration District No. ____ File No. 10175

Primary Registration District No. ____ Registered No. 167

FULL NAME OF CHILD Dan Roland Zimmerman

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
M			Yes	Nov. 6, 1912

FATHER

FULL NAME: Edwin Zimmerman

RESIDENCE: 1170 Lee St

COLOR: W

AGE AT LAST BIRTHDAY: 30 (Years)

BIRTHPLACE: Penn

OCCUPATION: Butler

MOTHER

FULL MAIDEN NAME: Cordelia Steiner

RESIDENCE: 1170 Lee

COLOR: W

AGE AT LAST BIRTHDAY: 22 (Years)

BIRTHPLACE: Penn

OCCUPATION: House wife

Number of child of this mother, including present birth: 2

Number of children, of this mother, now living, including present birth: 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 2:30 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) W. F. Turkey M.D.

(Physician or Midwife)

Address Boise

Given names added from a supplemental report

....., 19.....

Filed 11/8 19 12 C. S. McConnell Registrar

....., Registrar

SYMS - YORK CO., PTRS. & BDRS. 17326

JUN 8 1964

2/4/41 L. B.

JAN 29 1952

689-27-001-335

PLACE OF BIRTH

Form V. S. No. 11-C—15m-6-20-1.

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

County of Ada

City of Boise

Registration District No. 2

File No. 10176

No. 1611, N 9 St.

Primary Registration District No. 1021

Registered No. 159

Hospital

FULL NAME OF CHILD Willard Steen White

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Male			yes	Oct 27, 1912

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	Clarence H. White	Amy Louise Steen
RESIDENCE	1611 N 9 Boise	1611 N 9 Boise
COLOR	white	white
AGE AT LAST BIRTHDAY (Years)	38	33
BIRTHPLACE	Nebr.	Nebr
OCCUPATION	Tyceum Bureau Manager	Housewife

Number of child of this mother, including present birth 4

Number of children, of this mother, now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 1 P.M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) R. L. Glasse

(Physician or Midwife)

Address Boise

Given names added from a supplemental report

....., 19.....

Filed 11/11 1912 C S McConnell

S-Y CO., 16670 Registrar

Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

K

NOV 27 1950

JUL 8 1942

993-123-000-867

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

PLACE OF BIRTH

County of Ada

City of Boise

No. 18 & Dewey St.

Hospital

Form V. S. No. 11-C—15m-6-20-11

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

Registration District No. ____ File No. 10177

Primary Registration District No. ____ Registered No. 158

FULL NAME OF CHILD Chester Eldon Richards

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
M			L	Oct 23 1912

FATHER		MOTHER	
FULL NAME	A Baker Richards	FULL MAIDEN NAME	Clara Hopffgarten
RESIDENCE	18 & Dewey	RESIDENCE	18 & Dewey
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY	29 (Years)	AGE AT LAST BIRTHDAY	23 (Years)
BIRTHPLACE	Ala.	BIRTHPLACE	Florida
OCCUPATION	Optician	OCCUPATION	H. W.

Number of child of this mother, including present birth ONE

Number of children, of this mother, now living, including present birth One

CERTIFICATE OF ATTENDING PHYSICIAN ~~OR MIDWIFE~~*

I hereby certify that I attended the birth of this child, who was ____ (Born alive ~~or stillborn~~) at 6.30 A.M. on the date above stated.

(Signature) J Hull Burnett

(Physician ~~or Midwife~~)

Address Boise Idaho

Filed 11/11 1912 A J McConnell Registrar

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report

....., 19.....

Registrar

S-Y CO., 18670

AUG 25 1942

OCT 30 1974

795 103 001-295

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

PLACE OF BIRTH

County of Ada

City of Boise

No. 1605 Main St.

Hospital

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

Form V. S. No. 11-C—15m-6-20-11

Registration District No. 2

File No. 10178

Primary Registration District No.

Registered No. 157

FULL NAME OF CHILD

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
M.	—	—	Y	Nov 3 1911

FATHER		MOTHER	
FULL NAME	Victor Pieri	FULL MAIDEN NAME	Josephine Rinetti
RESIDENCE	Boise Ida	RESIDENCE	Boise Ida
COLOR	W.	COLOR	W.
AGE AT LAST BIRTHDAY	47 (Years)	AGE AT LAST BIRTHDAY	33 (Years)
BIRTHPLACE	Canada	BIRTHPLACE	Canada
OCCUPATION	brickmason	OCCUPATION	Home W.

Number of child of this mother, including present birth 6

Number of children, of this mother, now living, including present birth 6

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was (Born alive or ~~stillborn~~) at 4 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) John Burke

(Physician or ~~Midwife~~)

Address Boise Ida

Given names added from a supplemental report

....., 19.....

.....
Registrar

Filed 11/11 19..... C S McConnell
Registrar

S-Y CO., 16670

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of twin, triplets, etc., a SEPARATE RETURN must be made for each child and the number

of each, as twin or triplet, stated.

PLACE OF BIRTH

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

666-122-001-396

PLACE OF BIRTH

Form V. S. No. 11-C—20m-2-15-12

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Ada

City of Boise

No. 518 Hays St.

Hospital

Registration District No. 2

Primary Registration District No. 1224

File No. 10179

Registered No. 155

FULL NAME OF CHILD William Warren Wood

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Male			Yes	10 22 1912

FATHER	MOTHER
FULL NAME: J. D. Wood	FULL MAIDEN NAME: Adelaide Sandford Cross
RESIDENCE: Murphy, Idaho	RESIDENCE: Murphy, Idaho
COLOR: White	COLOR: White
AGE AT LAST BIRTHDAY: 29 (Years)	AGE AT LAST BIRTHDAY: 28 (Years)
BIRTHPLACE: Bridgewater, Penn.	BIRTHPLACE: Denver, Colorado
OCCUPATION: Farmer	OCCUPATION: Farmer

Number of child of this mother, including present birth: One

Number of children of this mother now living, including present birth: One

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at ..... M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Geo. Courtis Dumford

Physician (Physician or midwife)

Address Boise, Idaho

Given names added from a supplemental report

..... 19.....

..... Registrar

Filed 11/10 19..... C. S. McConnell Registrar

S-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

PLACE OF BIRTH

FEB 2 2 1944

APR 1 MAR 2 7 1975

662-112-001-662

PLACE OF BIRTH

County of Ada

City of So Boise

No. ____, ____ St.

Hospital St Lukes

STATE OF IDAHO
Bureau of Vital Statistics
CERTIFICATE OF BIRTH

Form V. S. No. 11-C—15m-6-20-11

Registration District No. 7

Primary Registration District No. 1004

File No. 10180

Registered No. 153

FULL NAME OF CHILD James Harry Foster

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
M			L	Oct 12, 1912

FATHER

FULL NAME: Harry Foster

RESIDENCE: So Boise

COLOR: W. AGE AT LAST BIRTHDAY: 24 (Years)

BIRTHPLACE: Mo.

OCCUPATION: Laborer

MOTHER

FULL MAIDEN NAME: Mary Foster

RESIDENCE: So Boise

COLOR: W AGE AT LAST BIRTHDAY: 21 (Years)

BIRTHPLACE: Kans

OCCUPATION: H. W

Number of child of this mother, including present birth: 1

Number of children, of this mother, now living, including present birth: 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was ____ (Born alive or stillborn) at 3 P.M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) John Baurb

(Physician or Midwife)

Address Boise Ida

Given names added from a supplemental report

____, 19____

____ Registrar

Filed 11/11 19 12 C. A. McConnell Registrar

S-Y CO., 16670

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

Form V. S. No. 11-C—10m-6-20-11

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

PLACE OF BIRTH

FEB 12 1947

355 · 104 · 004-279

PLACE OF BIRTH

Form V. S. No. [illegible]-8-7-11

STATE OF IDAHO
Bureau of Vital Statistics
CERTIFICATE OF BIRTH

County of Ada

City of Boise

No. 208 W Bannock St.

Registration District No 2

File No. 10181

Primary Registration District No. 1014

Registered No. 151

Hospital

FULL NAME OF CHILD Folsom, Lewis Lee

Sex of Child	Twin, Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of birth (Month) (Day) (Year)
male		yes	11 4 1912

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	Lewis L. Folsom	Charlotte Spicer
RESIDENCE	208 W. Bannock	same
COLOR	white	white
AGE AT LAST BIRTHDAY (Years)	36	36
BIRTHPLACE	Kansas	Iowa
OCCUPATION	Real Estate dealer	housewife

Number of child of this mother, including present birth 1st

Number of children, of this mother, now living, including present birth 1st

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) on the date above stated., at 7 A. M.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Fred A. Tillinghast

Physician (Physician or Midwife)

Given names added from a supplemental report

....., 19.....

Address Falk Bldg.

Filed 11 5 19..... C S McConnell

SYMS - YORK CO., PTRS. & BDRS. 17326 Registrar

Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

JAN 27 1942

STATE OF IDAHO

PLACE OF BIRTH

FULL NAME	FATHER
RESIDENCE	
COLOR	AGE AT LAST BIRTHDAY

MAIDEN NAME	
COLOR	AGE AT LAST BIRTHDAY

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of Idaho } ss.
County of Ada

Certificate No. 12181

Date Filed Dec 1

The undersigned does solemnly swear that certain facts on the certificate of Birth (BIRTH OR DEATH)
for Lewis Lee Folsom (NAME ON ORIGINAL CERTIFICATE) who born (WAS BORN OR DIED) on 11-4-12 (DATE OF EVENT)
in Boise (PLACE OF EVENT) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts as shown by Mother (BIBLE RECORD, INSURANCE POLICY, ETC.) prepared on ____ (GIVE DATE) are:

FACTS TO BE CORRECTED ("NAME", "BIRTH DATE", "CAUSE OF DEATH", ETC.)	FROM (AS ON ORIGINAL)	TO (THE CORRECT FACTS)
Name of mother	Charlotte Stichen	Charlotte Spicer

Subscribed and sworn to before me this 28th
day of January, 19 42

John Jackson
Probate Judge Ada County, Idaho
~~Notary Public residing at~~
My commission expires ____
(SEAL)

Signed Charlotte Folsom
(SIGNATURE OF PARENT OR ATTENDANT IF CORRECTING A BIRTH RECORD: OF ATTENDANT, FUNERAL DIRECTOR, INFORMANT IF CORRECTING A DEATH RECORD; OR OTHER CREDIBLE PERSON.)
208 Bannock St., Boise, Idaho
(STREET ADDRESS, CITY, STATE)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Idaho } ss.
County of Ada

[THIS AFFIDAVIT MUST ALSO BE EXECUTED. (SEE CHAPTER 139, 1937 IDAHO SESSION LAWS.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 28th
day of January, 19 42

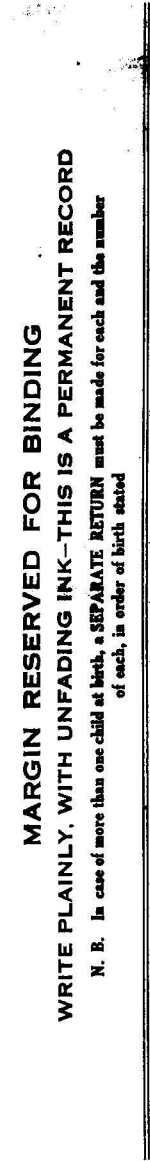
John Jackson
Probate Judge Ada County, Idaho
~~Notary Public residing at~~
My commission expires ____
(SEAL)

Signed Allen D. Folsom
(SIGNATURE OF ANY CREDIBLE PERSON OTHER THAN PREVIOUS AFFIANT.)
320 Bannock St. Boise, Idaho
(STREET ADDRESS, CITY, STATE)

Received for filing on ____ By ____
(REGISTRAR'S SIGNATURE)

JAN 29 1942

OCT 6 1944



MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

553-212-0001-551

[redacted]

Form V. S. No. 11-C—10m-8-7-11

PLACE OF BIRTH

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

County of Ada

City of Boise

No. 602 So. 17th St.

Hospital —

Registration District No. 2

Primary Registration District No. 1102

File No. 10182

Registered No. 145

FULL NAME OF CHILD .....

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
female	—	—	yes	Oct. 12, 1912

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	Isaac William Nelson	Maggie Jane Neal
RESIDENCE	Boise, Ida.	Boise, Ida.
COLOR	white	white
AGE AT LAST BIRTHDAY (Years)	42	32
BIRTHPLACE	Indiana	Baker City, Ore.
OCCUPATION	Laborer	Housewife

Number of child of this mother, including present birth 4

Number of children, of this mother, now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 4:05 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) G. E. Shawhan

Physician (Physician or Midwife)

Address Boise, Ida.

Given names added from a supplemental report

....., 19.....

.....
Registrar

Filed Nov. 1, 1912 C. M. McConnell
Registrar

SYMS - YORK CO., PTRS. & BDRS. 17326

STATE OF IDAHO

Bureau of Vital Statistics

Form V. S. No. 11-C—10m-8-7-11

PLACE OF BIRTH

CERTIFICATE OF BIRTH

NAME			
RESIDENCE			
COLOR	AGE AT LAST BIRTHDAY (Years)	4	2

AMENDED SEPT. 23, 1954

PLACE OF BIRTH

749-203001-243

County of Ada

City of Boise

No. 1207 Grand Ave. St.

Hospital

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 2 File No. 10183

Primary Registration District No. 1004 Registered No. 150

FULL NAME OF CHILD Dorothy Marie Guimon

(Certificate of no value without full name of child.)

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of birth
Female			Yes	Nov. 3 1912 (Month) (Day) (Year)

What bactericidal solution was used in eyes?

Number of child of this mother, including present birth 1st Number of children of this mother now living, including present birth 1

FATHER		MOTHER	
FULL NAME	Chester P. Guimon	FULL MAIDEN NAME	Reta Ellen Sullivan
RESIDENCE	1207 Grand Ave.	RESIDENCE	same
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	21 (Years)	AGE AT LAST BIRTHDAY	17 (Years)
BIRTHPLACE	Mo	BIRTHPLACE	Idaho
OCCUPATION	Laborer	OCCUPATION	Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn), at 3 A. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Fred A. Pittenger

Physician (Physician or midwife)

Address Falk Bldg.

Give names added from a supplemental report.

....., 192.....

..... Registrar.

Filed 11/5 192.. C. S. McConnel Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

MARGIN RESERVED FOR BINDING

WRITE PLAINLY. WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

PLACE OF BIRTH

Form V. S. No. 11-C—10m-8-7-11

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

County of Ada

City of Boise

No. 1207, Grand Ave.

Registration District No. 7 File No. 10183

Primary Registration District No. 1202 Registered No. 150

Hospital

FULL NAME OF CHILD Guimon, Dorothy Marie

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Female			yes	11 - 3 - 1912

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	Chester P. Guimon	Retta Sullivan
RESIDENCE	1207 Grand Ave.	Same
COLOR	White	White
AGE AT LAST BIRTHDAY (Years)	21	18
BIRTHPLACE	Mo	Idaho.
OCCUPATION	Laborer	Housewife

Number of child of this mother, including present birth: 1st

Number of children, of this mother, now living, including present birth: 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn) at 3 A. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Fred. A. Gilbert M.D.

Physician

(Physician or Midwife)

Address Falk Bldg.

Given names added from a supplemental report

....., 19.....

Filed 11/5 19.....

Registrar

Registrar

SYMS - YORK CO., PTRS. & BDRS. 17326

SEP 24 1954

JUN 3 - 1953

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

Affidavit to Correct or Amend An Original Certificate of Birth or Death

State of Idaho
County of Ada } ss.

Certificate No. 10183

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of Birth (Birth or Death) for Dorothy Marie Guimon (Name on Original Certificate) who was born (Was Born or Died) on Nov 3, 1912 (Date of Event) in Boise, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the true facts are shown by (Bible Record, Insurance Policy, Etc.) prepared on (Give Date), are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
Mother's Name	Retta Sullivan	Reta Ellen Sullivan
Mother's Age	18	17

Subscribed and sworn to before me this 22 nd day of Sept, 19 54.

W. W. Benson

Notary Public, residing at Boise

My commission expires July 21 1958

(Seal)

Signed Reta Sullivan Carter
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

1040 9th Ave., Sacramento, California
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Idaho
County of Ada } ss.

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 22nd day of Sept, 19 54.

W. W. Benson

Notary Public, residing at Boise Idaho

My commission expires July 21 1958

(Seal)

Signed Mary Malinda Stone Kingery
(Signature of Any Credible Person)

(Street Address, City, State)

DPH 52.155

-319-215-001-662

PLACE OF BIRTH

STATE OF IDAHO

Form V. S. No. 11-C—Rev. 1920-11

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

County of Ada

City of So Boise

No. 2nd & Vermont St.

Hospital St Lukes

Registration District No. V

Primary Registration District No. 1616

File No. 10184

A + B

Registered No.

FULL NAME OF CHILD I Christene E II Katheleen A

Sex of Child	Twin, Triplet, or other?	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
f.	2 (To be answered only in event of plural births)	I / II	L.	Oct 25, 1912

FATHER		MOTHER	
FULL NAME	Preston H. Carter	FULL MAIDEN NAME	Bessie Fosdick
RESIDENCE	2nd & Vermont	RESIDENCE	2nd & Vermont
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY	27 (Years)	AGE AT LAST BIRTHDAY	26 (Years)
BIRTHPLACE	Id.	BIRTHPLACE	Minn
OCCUPATION	Clerk	OCCUPATION	H. W.

Number of child of this mother, including present birth 2

Number of children, of this mother, now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN ~~OR MIDWIFE~~*

I hereby certify that I attended the birth of this child, who was (Born alive or stillborn) at 3.30 A. M. on the date above stated.

(Signature) John Bouck

(Physician or ~~Midwife~~)

Address Boise Idaho

Filed 11/1/12 C. S. McConnell

Registrar

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report

....., 19.....

Registrar

S-Y CO., 16670

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

MAY 11 1964

JUN 24 1942

MAY 9 1967

JUL 16 1974

Z Child's last name

DUP. OF 12-19972

-319-215-001-662

PLACE OF BIRTH

STATE OF IDAHO

Form V. S. No. 11-C—Rev. 1920-11

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

County of Ada

City of So Boise

No. 2nd & Vermont St.

Hospital St Lukes

Registration District No. V

Primary Registration District No. 1616

File No. 10184

A + B

Registered No.

FULL NAME OF CHILD I Christene E II Katheleen A

Sex of Child	Twin, Triplet, or other?	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
f.	2 (To be answered only in event of plural births)	I / II	L.	Oct 25, 1912

FATHER		MOTHER	
FULL NAME	Preston H. Carter	FULL MAIDEN NAME	Bessie Fosdick
RESIDENCE	2nd & Vermont	RESIDENCE	2nd & Vermont
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY	27 (Years)	AGE AT LAST BIRTHDAY	26 (Years)
BIRTHPLACE	Id.	BIRTHPLACE	Minn
OCCUPATION	Clerk	OCCUPATION	H. W.

Number of child of this mother, including present birth 2

Number of children, of this mother, now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN ~~OR MIDWIFE~~*

I hereby certify that I attended the birth of this child, who was (Born alive or stillborn) at 3.30 A. M. on the date above stated.

(Signature) John Bouck

(Physician or ~~Midwife~~)

Address Boise Idaho

Filed 11/1/12 C. S. McConnell

Registrar

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report

....., 19.....

Registrar

S-Y CO., 16670

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

MAY 11 1964

JUN 24 1942

MAY 9 1967

JUL 16 1974

Z Child's last name

DUP. OF 12-19972

414-211-001-199

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

PLACE OF BIRTH

Form V. S. No. 11-C—10m-8-7-11

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

County of Ada

City of Boise

No 117 So. Seventh

Hospital

Registration District No 2 **File No.** 10185

Primary Registration District No 1001 **Registered No.** 154

FULL NAME OF CHILD Madariete

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
female			yes	11-11-12

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	John Madariete	Theresa Arregui
RESIDENCE	117 So. 7th	same
COLOR	white	white
AGE AT LAST BIRTHDAY (Years)	29	22
BIRTHPLACE	Pasca Spain	Pasco, Spain
OCCUPATION	Sheepman	Housewife

Number of child of this mother, including present birth 1st

Number of children, of this mother, now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 7:30 A.M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report

....., 19.....

.....
Registrar

(Signature) Fred A. Partridge

(Physician or Midwife)

Address Falk Bldg

Filed 11/11 19 12 J. M. McConnell
Registrar

SYMS - YORK CO., PTRS. & BDRS. 17328

DUP OF 1912-55332

DUP OF 12-55332

562-202-001-859

Form V. S. No. 11-C—15m-6-20-11

PLACE OF BIRTH

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

County of Ada

City of Boise

Registration District No. 7 File No. 10186

No. 2109 Boise Ave.

Primary Registration District No. 1004 Registered No. 156

Hospital

FULL NAME OF CHILD Margaret ~~Elizabeth~~ & ELEANOR Noble

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
F			Yes.	Nov. 2, 1912

FATHER	MOTHER
FULL NAME: Ernest Noble	FULL MAIDEN NAME: ~~Rita~~ HERINGTON
RESIDENCE: 2109 Boise Ave.	RESIDENCE: 2109 Boise Ave
COLOR: W. AGE AT LAST BIRTHDAY: 24 (Years)	COLOR: W. AGE AT LAST BIRTHDAY: 24 (Years)
BIRTHPLACE: Idaho	BIRTHPLACE: Idaho
OCCUPATION: Asst. Cashier Ida. Trust & Sav. Bk.	OCCUPATION: House wife

Number of child of this mother, including present birth 2

Number of children, of this mother, now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was ..... (Born alive or stillborn) at ..... M. on the date above stated.

(Signature) J. S. Springer

(Physician or Midwife)

Address Boise Idaho

Filed 11/14 19 C. M. McConnell

Registrar

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report

..... 19.....

Registrar

S-Y CO., 16670

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

PLACE OF BIRTH

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of Idaho
County of Ada } ss.

Certificate No. 10186

Date Filed April 23, 1945

The undersigned does solemnly swear that certain facts on the certificate of Birth (Birth or Death)
for Margaret Elizabeth Noble (Name on Original Certificate) who Was born (Was Born or Died) on November 2, 1912 (Date of Event)
in Home in Boise, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts are shown by Bible Record (Bible Record, Insurance Policy, Etc.) prepared on November 15, 1912 (Give Date), are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
Name	Margaret Elizabeth Noble	Margaret Eleanor Noble
Mother's Name	Rieta Herrington	Rita Herrington

Subscribed and sworn to before me this 24th day of April 1945

Gladys Boldman
Notary Public, residing at Boise, Idaho
My commission expires October 30, 1947
(Seal)

Signed Rita Herrington Noble
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)
629 S. Catalina Redondo Beach
(Street Address, City, State) California

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Idaho
County of Ada } ss.

[This Affidavit **MUST** Also be Executed. (See Chapter 139, 1937 Idaho Session Laws,)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 24th day of April 1945

Gladys Boldman
Notary Public, residing at Boise, Idaho
My commission expires October 30, 1947
(Seal)

Signed [signature]
(Signature of Any Credible Person)
416 Idaho St. Boise Idaho
(Street Address, City, State)

APR 2 6 1945

JAN 22 1969

S 51-211-00-133

PLACE OF BIRTH

County of Ada

City of Boise

No. 610 So 16th St.

Hospital St Alphonsus

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

Form V. S. No. 11-C—20m-2-15-12

CERTIFICATE OF BIRTH

Registration District No. _____ File No. 10187

Primary Registration District No. _____ Registered No. 160

FULL NAME OF CHILD Jessie Hannah Neal

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
F			Yes	11-17-1912

FATHER		MOTHER	
FULL NAME	Peter Neal	FULL MAIDEN NAME	Hanna Allen
RESIDENCE	610 So 16th St Boise Ida	RESIDENCE	Boise Idaho
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY	36 (Years)	AGE AT LAST BIRTHDAY	29 (Years)
BIRTHPLACE	Baker City Ore	BIRTHPLACE	Utah
OCCUPATION	Labr	OCCUPATION	Waitress

Number of child of this mother, including present birth _____ Number of children of this mother now living, including present birth _____

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 2 20 A. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) M D Tallmon

Phys & Surg (Physician or midwife)

Address Boise Idaho

Given names added from a supplemental report

_____ 19____

_____ Registrar

Filed 11/16 1912 C S McConnell Registrar

S-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

PLACE OF BIRTH

RESIDENCE

BIRTHDAY

BIRTHPLACE

755-211-001-291

PLACE OF BIRTH

Form V. S. No. 11-C—15m-6-20-11

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

County of Ada

City of Boise

Registration District No. 2 File No. 10188

No. 709 Brumback St.

Primary Registration District No. 1004 Registered No. 161

Hospital

FULL NAME OF CHILD Georgie G. Pennock

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Female			Yes	Nov. 11, 1912

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	William Pennock	Katherine Brauer
RESIDENCE	Boise - Ida.	Boise - Ida.
COLOR	W.	W.
AGE AT LAST BIRTHDAY (Years)	38 yrs.	22 yrs.
BIRTHPLACE	Ohio -	Colo.
OCCUPATION	Merchant	H W.

Number of child of this mother, including present birth 2

Number of children, of this mother, now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 4.30 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Earl Kell

(Physician or Midwife)

Address

Given names added from a supplemental report

....., 19.....

Registrar

Filed 11/12 19 12 C. M. McConnel

Registrar

S-Y CO., 16670

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

PLACE OF BIRTH

345.21.100-291

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

Form V. S. No. 11-C—10m-8-7-11

PLACE OF BIRTH

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

County of Ada

City of Boise

No. 619, Grove St.

Registration District No. ..... File No. 10189

Primary Registration District No. ..... Registered No. 164

Hospital —

FULL NAME OF CHILD Frances Lavelle Cuevas

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
F	—	—	Yes	Nov 14 1927

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	Noel C Cuevas	Grace L. Brandon
RESIDENCE	619 Grove St	619 Grove St
COLOR	W	W
AGE AT LAST BIRTHDAY (Years)	27	20
BIRTHPLACE	Colo	Utah
OCCUPATION	Fireman	Housewife

Number of child of this mother, including present birth 1

Number of children, of this mother, now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 1220 A. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) W. M. Turkey

Physician

(Physician or Midwife)

Address Boise

Given names added from a supplemental report

....., 19.....

Filed 11/16 19.....

SYMS - YORK CO., PTRS. & BDRS. 17326

Registrar

Registrar

MAY 22 1942

864-209-008-296

PLACE OF BIRTH

Form V. S. No. 11—10m-6-20-11

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

County of Boise Ada

City of Boise Registration District No. File No. 10190

No. , St. Primary Registration District No. Registered No. 167

Hospital St Alphonsus

FULL NAME OF CHILD Hilared Hodson

Sex of Child	Twin, Triplet, or other?	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Female	I (To be answered only in event of plural births)	I	no	Nov. 9 1912

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	Albert Hodson	Clara Brock
RESIDENCE	unknown	Homedale Id.
COLOR	White	White
AGE AT LAST BIRTHDAY (Years)	21	17
BIRTHPLACE	unknown	Mo.
OCCUPATION	Ranch hand	House Servant

Number of child of this mother, including present birth

Number of children, of this mother, now living, including present birth

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn) at 9 9 A.M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) L. P. McCall

(Physician or Midwife)

Given name added from a supplemental report

Nov. 18 1912

Address Boise Idaho

Filed 11/10 1912 C. M. McConnell

Registrar

Registrar

S-Y CO., 16669

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at a birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

4/3-215-001-26
PLACE OF BIRTH

Form V. S. No. 11—10m-6-20-11

STATE OF IDAHO
Bureau of Vital Statistics
CERTIFICATE OF BIRTH

County of Ada

City of Boise

Registration District No. _____ File No. 10191

No. _____, _____ St.

Primary Registration District No. _____ Registered No. 170

Hospital St Alphonsus

FULL NAME OF CHILD Hannah Caroline Mathers

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Female	/	/	yes	Nov. 15, 1912

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	Grant D Mathers	Mary Bowen
RESIDENCE	Nampa Idaho	Nampa Idaho
COLOR	White	White
AGE AT LAST BIRTHDAY (Years)	46	37
BIRTHPLACE	Ohio	Ohio
OCCUPATION	Clerk	House wife

Number of child of this mother, including present birth 1

Number of children, of this mother, now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 1.00 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) L. P. McCalla

(Physician or Midwife)

Given name added from a supplemental report

Nov. 18, 1912

Address Boise Idaho

Filed 11/16 19 C. S. McConnell

S-Y CO., 16669 Registrar

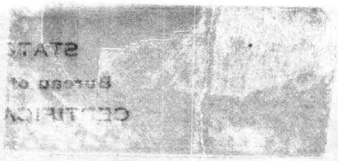
Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at a birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

MAR 2 6 1942



OCT 3 1973

MAR 6 1942

238-222-004-361

PLACE OF BIRTH

Amended 12/16/74

Form V. S. No. 11-C—10m-8-7-11

STATE OF IDAHO.
Bureau of Vital Statistics
CERTIFICATE OF BIRTH

County of Ada

City of Boise

No 1412, N. Sixth St.

Hospital

Registration District No.

File No. 10192

Primary Registration District No.

Registered No. 123

FULL NAME OF CHILD Mildred Fay Schilling

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Female			yes	11 22 1912

FATHER	MOTHER
FULL NAME: John H. Schilling	FULL MAIDEN NAME: Madge L. Coate
RESIDENCE: 1416 N. 6th	RESIDENCE: 1416 N. 6th
COLOR: white	COLOR: white
AGE AT LAST BIRTHDAY: 23 (Years)	AGE AT LAST BIRTHDAY: 18 (Years)
BIRTHPLACE: Idaho	BIRTHPLACE: Illinois
OCCUPATION: Salesman	OCCUPATION: Housewife

Number of child of this mother, including present birth: two

Number of children, of this mother, now living, including present birth: one

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn) at 6 A. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Fred A. Ruegger

Physician. (Physician or Midwife)

Address Falk Bldg.

Given names added from a supplemental report

11/23, 19

Filed 11/23 1917 A. S. McConnell Registrar

Registrar

SYMS - YORK CO., PTRS. & BORS. 17326

MARGIN RESERVED FOR BINDING

WRITE PLAINLY. WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

FEB 18 1942

Amended 12/15/74

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of ..... } ss.
County of ..... }

Certificate No. 10192

Date Filed .....

The undersigned does solemnly swear that certain facts on the certificate of birth (BIRTH OR DEATH)
for Mildred Fae Schilling (NAME ON ORIGINAL CERTIFICATE) who born (WAS BORN OR DIED) on November 22, 1912 (DATE OF EVENT)
in Baker, Idaho (PLACE OF EVENT) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts as shown by ..... (BIBLE RECORD, INSURANCE POLICY, ETC.) prepared on ..... (GIVE DATE), are:

FACTS TO BE CORRECTED ("NAME", "BIRTH DATE", "CAUSE OF DEATH", ETC.)	FROM (AS ON ORIGINAL)	TO (THE CORRECT FACTS)
name	Mildred Fay Shilling	Mildred Fae Schilling
name of father	John H. Shilling	John H. Schilling

Subscribed and sworn to before me this .....
day of ....., 19 .....

.....
Notary Public, residing at .....
My commission expires .....
(SEAL)

Signed John H Schilling
(SIGNATURE OF PARENT OR ATTENDANT IF CORRECTING A BIRTH RECORD; OF ATTENDANT, FUNERAL DIRECTOR, INFORMANT IF CORRECTING A DEATH RECORD; OR OTHER CREDIBLE PERSON.)
909 - SW. 12th Portland, Oreg.
(STREET ADDRESS, CITY, STATE)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Oregon } ss.
County of Washington }

[THIS AFFIDAVIT MUST ALSO BE EXECUTED. (SEE CHAPTER 139, 1937 IDAHO SESSION LAWS.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 6th
day of November, 19 74
Denise L. Merrill
Notary Public, residing at Tualatin, Ore.
My commission expires Aug 27, 1978
(SEAL)

Signed Madge L. Schilling
(SIGNATURE OF ANY CREDIBLE PERSON OTHER THAN PREVIOUS AFFIANT.)
17555 S.W. Boones Ferry Rd
(STREET ADDRESS, CITY, STATE)
Tigard, Ore 97223

Received for filing on ..... By .....
(REGISTRAR'S SIGNATURE)

Return of Marriage from Oregon gives name as Vernon J. Moir and the bride's name as Mildred F. Schilling. dated Sept. 4, 1936. viewed by V. S.

DEC 16 1974

Marriage certif for John Henry Schilling and Madge Coate. dated Oct. 24, 1910 at Boise, Idaho. viewed by V. S.

Social Security Card fro John Henry Schilling x (540-07-6865) dated 12.14.36 viwe by V. S.

Social security card (540-07-3547) gives name as ~~Mrs~~ Mildred Schilling Moir. dated 12.41/36. viewed by V. S.

415-119-001-241

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH

Form V. S. No. 11-C—10m-8-7-11

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

County of Ada

City of Boise

No. 973 E. Washington Registration District No. _____ File No. 10193

Hospital _____ Primary Registration District No. _____ Registered No. _____

FULL NAME OF CHILD Ralph Newton Manous

Sex of Child	Twin, Triplet or other?	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
M	(To be answered only in event of plural births)		Yes	Nov. 19, 191-

FATHER		MOTHER	
FULL NAME	Harry A Manous	FULL MAIDEN NAME	Gladys V Muncey
RESIDENCE	973 E Washington	RESIDENCE	973 E. Washington
COLOR	W	AGE AT LAST BIRTHDAY (Years)	24
COLOR	W	AGE AT LAST BIRTHDAY (Years)	20
BIRTHPLACE	Kan	BIRTHPLACE	Ind.
OCCUPATION	Baker	OCCUPATION	Housewife

Number of child of this mother, including present birth 1

Number of children, of this mother, now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was Born Alive (Born alive or stillborn), at 8-20 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report

....., 19....

.....
Registrar

(Signature) W. W. Jukey, M.D.

(Physician or Midwife)

Address Boise Ida

Filed 11/20 19 17 C. S. McConnell
Registrar

SYMS - YORK CO., PTRS. & BDRS. 17826

7-17-41

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, with UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

City of Boise — Registration District No. — File No. 10194

No. 1518 State St. — Primary Registration District No. — Registered No.

Hospital

FULL NAME OF CHILD Walter Raymond Knudson

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
M			L	Nov 20, 1912

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	Julius Knudson	Amanda Nelson
RESIDENCE	1518 State St.	1518 State St.
COLOR	W	W
AGE AT LAST BIRTHDAY (Years)	38	34
BIRTHPLACE	Norway	Sweden
OCCUPATION	Farmer	H. W.

Number of child of this mother, including present birth 2 — Number of children, of this mother, now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN *

I hereby certify that I attended the birth of this child, who was (Born alive) at 3.75 M. on the date above stated.

(Signature) John Bouck

(Physician)

Address Boise Idaho

Filed 11/23 1912 — Registrar

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report

....., 19..... — Registrar

S-Y CO., 16670

PLACE OF BIRTH

STATE OF IDAHO

361-110-001-763

PLACE OF BIRTH

Form V. S. No. 11-C—15m-6-20-11

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

County of Ada

City of Boise

No. 1712 N 13 St.

Hospital

Registration District No. ..... File No. 10195

Primary Registration District No. ..... Registered No. .....

FULL NAME OF CHILD Samuel Melvin Coak

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
M			L.	Nov 10, 1912

FATHER		MOTHER	
FULL NAME	Samuel W Coak	FULL MAIDEN NAME	Ida Potts
RESIDENCE	1712 N 13	RESIDENCE	1712 N 13
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY (Years)	32	AGE AT LAST BIRTHDAY (Years)	22
BIRTHPLACE	Mich	BIRTHPLACE	Ind
OCCUPATION	Carpenter	OCCUPATION	H.W.

Number of child of this mother, including present birth 2

Number of children, of this mother, now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN [redacted]*

I hereby certify that I attended the birth of this child, who was ..... (Born alive or stillborn) at 12.15 P.M. on the date above stated.

(Signature) John Boeckx

(Physician or ~~Midwife~~)

Address Boise Ada

Filed Nov 1912

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report

..... 19.....

Registrar

Registrar

S-Y CO., 16670

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

719-25-001-851

PLACE OF BIRTH

County of Ada

City of Boise

No. 621, S 16 St.

Hospital

Form V. S. No. 11-C—15m-6-20-11

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

Registration District No. File No. 10196

Primary Registration District No. Registered No.

FULL NAME OF CHILD Edna Evelyn Garcelon

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
f.			L	Nov. 25, 1912

FATHER		MOTHER	
FULL NAME	Rupert Garcelon	FULL MAIDEN NAME	Maria Heath
RESIDENCE	621 S 16	RESIDENCE	621 S. 16.
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY (Years)	22	AGE AT LAST BIRTHDAY (Years)	29
BIRTHPLACE	Cal.	BIRTHPLACE	Wash
OCCUPATION	Millman	OCCUPATION	H. W.

Number of child of this mother, including present birth 1

Number of children, of this mother, now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN

I hereby certify that I attended the birth of this child, who was ..... (Born alive [redacted]), at 2.45 P.M. on the date above stated.

(Signature) J. Lee Brock

(Physician [redacted])

Address Boise Ida

Filed 11/26 1912 C S McConnell

Registrar

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report

....., 19.....

Registrar

S-Y CO., 16670

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

MAR 27 1944

843-224.001-75-9

PLACE OF BIRTH

Form V. S. No. 11-C—15m-6-20-11

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

County of Ada

City of Boise

No. 525, S. 15 St.

Registration District No. _____ File No. 10197

Primary Registration District No. _____ Registered No. _____

Hospital _____

FULL NAME OF CHILD Effy I Hull

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
f			L	Nov 24, 191.2

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	Geo W Hull	Ellen G Perry
RESIDENCE	525 S. 15	525 S 15
COLOR	W	W
AGE AT LAST BIRTHDAY (Years)	27	21
BIRTHPLACE	Ida	Ida
OCCUPATION	Farmer	H W.

Number of child of this mother, including present birth _____

Number of children, of this mother, now living, including present birth _____

CERTIFICATE OF ATTENDING PHYSICIAN

I hereby certify that I attended the birth of this child, who was (Born alive) at 9 P. M. on the date above stated.

(Signature) John Buck

(Physician) [redacted]

Address Boise Ida

Filed 11/26 19 1 Y. C. McConnell Registrar

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report

_____, 19_____

_____ Registrar

S-Y CO., 16670

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.

If child of more than one birth, state whether first, second, third, etc.

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

PLACE OF BIRTH

493-210-001-259

PLACE OF BIRTH

County of Ada

City of Boise

No. 1503, N 8 St.

Hospital

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

Form V. S. No. 11-C—15m-6-20-11

Registration District No. ____ File No. 10198

Primary Registration District No. ____ Registered No. ____

FULL NAME OF CHILD Arda La Verne Miller

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births) and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
f.		L.	Nov. 10, 1912

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	Harry J. Miller	Ruth Knights
RESIDENCE	1503 N 8	1503 N 8
COLOR	W	W
AGE AT LAST BIRTHDAY (Years)	20	20
BIRTHPLACE	Colo.	Neb.
OCCUPATION	Repairman	H. W.

Number of child of this mother, including present birth 1

Number of children, of this mother, now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN [redacted]*

I hereby certify that I attended the birth of this child, who was ____, at 7 A. M. on the date above stated. (Born alive [redacted])

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Jno Bacon

(Physician [redacted])

Given names added from a supplemental report

Address Boise Ida

Filed 11/13 19 17 C. McConnell

Registrar

S-Y CO., 16670

Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

Form V. S. No. 11-C—Rev. 6-29-11

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

PLACE OF BIRTH

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

M. B. In case of more than one child at birth, CERTAIN ENTRIES must be made for each and the number of each, in order of birth, stated

IDAHO STATE BOARD OF HEALTH
DIVISION OF VITAL STATISTICS

Affidavit to Correct or Amend An Original Certificate of Birth or Death

State of California
County of Napa } ss.

Certificate No. 10198

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of birth (Birth or Death)
for Unnamed Miller (Name on Original Certificate) who was born (Was Born or Died) on 11-10-12 (Date of Event)
in Boise (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts are shown by School Record (Bible Record, Insurance Policy, Etc.) prepared on May 19, 1932 (Give Date), are:
Own Child's Birth Cert Viewed by V. S.

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
Child's Name	Unnamed	Arda La Verne Miller
	Washington #38-3662 Viewed by V.S.	

Subscribed and sworn to before me this 15th day of May, 1957

Mary Marcus Stanton
Notary Public, residing at Napa California
My commission expires Nov. 11, 1960
(Seal)

Signed Luella G. Miller (Mother)
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)
2196 Atlas Road Napa California
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of California
County of Napa } ss.

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 15th day of May, 1957

Mary Marcus Stanton
Notary Public, residing at Napa, Calif.
My commission expires Nov. 11, 1960
(Seal)

Signed John J. Miller (Father)
(Signature of Any Credible Person)
2196 Atlas Road Napa, California
(Street Address, City, State)

FORM DPH 55.155

NN 5-7-57 1 copy paid

JUN 1 3 1957

718-219-001-864

PLACE OF BIRTH

Form V. S. No. 11-C—15m-6-20-11

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

File No. 10199

County of Ada

City of Boise

Registration District No.

No. 718 McKinley Ave.

Primary Registration District No.

Registered No.

Hospital

FULL NAME OF CHILD

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
girl			yes	NOV 19 1912

FATHER		MOTHER	
FULL NAME	Benjamin F. Payton	FULL MAIDEN NAME	Annie F. Hodges
RESIDENCE	718 McKinley ave.	RESIDENCE	Same as husband.
COLOR	White	AGE AT LAST BIRTHDAY (Years)	44
BIRTHPLACE	Hubard Co. Indiana	COLOR	White
OCCUPATION	Ed Foreman	AGE AT LAST BIRTHDAY (Years)	37
		BIRTHPLACE	Morgan Co. Ills.
		OCCUPATION	Housekeeping

Number of child of this mother, including present birth 8

Number of children, of this mother, now living, including present birth 7

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 1 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Rollin L. Gregory M.D.

(Physician or Midwife)

Address 204 Sonna Block

Given names added from a supplemental report

....., 19.....

Filed 11/21 1912 C. McCann

S-Y CO., 16670 Registrar

Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

File No. 10139

PLACE OF BIRTH

CHILD

FULL NAME

WRITE PLAINLY. WITH PEN AND INK. USE NO ABBREVIATIONS. Must be made for each and the original.

N. B.—In case of more than one child at birth, a separate certificate must be made for each child, in order of birth stated.

243-116-003-849

[redacted]

Form V. S. No. 11-C [illegible] 8-15-12

PLACE OF BIRTH

[redacted] TICS

[redacted] CERTIFICATE OF [redacted]

County of Bannock.

City of Pocatello, Idaho.

Registration District No. 19 File No. 10200

No. 633 S. 3rd. Ave. St.

Primary Registration District No. 1002 Registered No. 173

Hospital ---

FULL NAME OF CHILD Howard Quigley Butterfield.

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of Birth
Male.	------	------	Yes.	Sept. 16, 2 (Month) (Day) 191 (Year)

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	Chas. Robt. Butterfield.	Adelia Quigley.
RESIDENCE	Capitol Idaho	Capitol, Idaho
COLOR	White.	White.
AGE AT LAST BIRTHDAY	44 (Years)	40 (Years)
BIRTHPLACE	Oxford Idaho.	Clarkston, Utah.
OCCUPATION	Rancher.	Housewife.

Number of child of this mother, including present birth 12

Number of children of this mother now living, including present birth 10

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 10 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) W. F. Howard M.D.
(Physician or midwife)

Address

Given names added from a supplemental report

..... 19.....

..... Registrar

Filed 9-30 1912 Earl D. Jones Registrar

S-Y CO. 20174

a.

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Form V. S. No. 11-C—20m-5-15-12

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

PLACE OF BIRTH

County of Bingham.

BIRTHPLACE	Oxford, Idaho.
OCCUPATION	Rancher.

BIRTHPLACE	Jackson, Utah.
OCCUPATION	Housewife.

IDAHO DEPARTMENT OF HEALTH

BUREAU OF VITAL STATISTICS

12 5 74

Affidavit to Correct or Amend an Original Certificate of Birth or Death

RECEIVED
BUREAU OF
VITAL STATISTICS
DEC 13 1 55 PM '74

State of Idaho } ss.
County of .....

Certificate No. 10200

Date Filed .....

The undersigned does solemnly swear that certain facts on the certificate of birth (Birth or Death)
for Unnamed Butterfield (Name on Original Certificate) who was born (Was Born or Died) on Sept. 16, 1912 (Date of Event)
in Pocatello Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts are shown by ..... (Bible Record, Insurance Policy, Etc.) prepared on ..... (Give Date), are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
Name	Omitted	Howard Quigley Butterfield (Butterfield) d

Subscribed and sworn to before me this 13 day of
December, 1974
Jean Nixon Rowe
Notary Public, residing at Boise, Idaho
My commission expires Sept 18, 1977
(Seal)

Signed Carol A Hedrick
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)
10920 Estate Dr. Boise, Idaho
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of ..... } ss.
County of ..... }

[This Affidavit MUST Also be Executed.
(See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this ..... day of
....., 19.....

Notary Public, residing at .....
My commission expires .....
(Seal)

Signed .....
(Signature of Any Credible Person)

.....
(Street Address, City, State)

FORM DH 60-155

Family Bible - by the family obviously old gives name as Howard Q. Butterfield born Sept. 16,1912.
Viewed by VS

DEC 13 1974

Family Record- by the family obviously old gives name as Howard Quigley Butterfield born Spt. 16, 1912 at Pocatello, Idaho .
Viewed by VS

NOV 15 1976

-813

STATE OF
BUREAU OF VI
CERTIFICA

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANEN

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and of each, in order of birth stated.

City of Pocatello — Registration District No. 19 — File No. 10201

No. 730 N, Garfield, Ave. St. — Primary Registration District No. 1002 — Registered No. 174

Hospital —

FULL NAME OF CHILD ...unt. Clarissa Conrad

Sex of Child	Twin / Triplet or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Female.	---- and	-----	Yes.	Sept. 12 1912

FATHER		MOTHER	
FULL NAME	William Sherman Hunt.	FULL MAIDEN NAME	Mary Hall.
RESIDENCE	Inkom, Idaho.	RESIDENCE	Inkom, Idaho.
COLOR	White.	COLOR	White.
AGE AT LAST BIRTHDAY	51 (Years)	AGE AT LAST BIRTHDAY	36 (Years)
BIRTHPLACE	Reno, Ill.	BIRTHPLACE	Denver, Colorado.
OCCUPATION	Rancher.	OCCUPATION	Housewife.

Number of child of this mother, including present birth 6 — Number of children of this mother now living, including present birth 6

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive ~~or stillborn~~) at 3:40 A.M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) W. F. Howard, M.D. (Physician ~~or midwife~~)

Given names added from a supplemental report

.....19.....

Address .....

Filed 9-30 1912 Earl D. Jones Registrar

.....Registrar

a.

S-Y CO. 20174

Bannock

Registration District No.

Age.

319-216-003-319

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

PLACE OF BIRTH

County of Bannock

City of Pocatello

No. 1307 N. 3rd St.

Hospital

Form V. S. No. 11-C—15m-6-20-11

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

Registration District No. 19 File No. 10202

Primary Registration District No. 1002 Registered No. 175

FULL NAME OF CHILD

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth
Female		2	Yes	Oct. 16 (Month) (Day) 1912 (Year)

FATHER		MOTHER	
FULL NAME	Adolph Larson	FULL MAIDEN NAME	Bertha Larson
RESIDENCE	Pocatello, Ida.	RESIDENCE	Pocatello, Ida.
COLOR	White	AGE AT LAST BIRTHDAY	31 (Years)
COLOR	White	AGE AT LAST BIRTHDAY	28 (Years)
BIRTHPLACE	Sweeden	BIRTHPLACE	Sweeden
OCCUPATION	Carpenter.	OCCUPATION	Housewife

Number of child of this mother, including present birth 2

Number of children, of this mother, now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was (Born alive ~~or stillborn~~) at 5 A. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) D. M. Ley

(Physician ~~or Midwife~~)

Given names added from a supplemental report

....., 19.....

Address .....

Filed 9-22 1912 Earl D. Jones

Registrar

S-Y CO., 16670

Registrar

339-219-003-473

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

Form V. S. No. 11-C—10m-8-7-11

PLACE OF BIRTH

County of Bannock.

City of Pocatello

No 710 N. Arthur St.

Hospital

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

Registration District No 19 File No. 10203

Primary Registration District No. 1002 Registered No. 176

FULL NAME OF CHILD Genevieve Clinkingbeard.

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
female			yes	Sept 19, 1912

FATHER

FULL NAME: W. E. Clinkingbeard

RESIDENCE: Pocatello, Idaho.

COLOR: white AGE AT LAST BIRTHDAY: 32 (Years)

BIRTHPLACE: Missouri

OCCUPATION: Engineer.

MOTHER

FULL MAIDEN NAME: Minnie Bell Upchurch

RESIDENCE: Pocatello Idaho

COLOR: white AGE AT LAST BIRTHDAY: 32 (Years)

BIRTHPLACE: Missouri

OCCUPATION: Housewife

Number of child of this mother, including present birth: one

Number of children, of this mother, now living, including present birth: one

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive Sept. 19, 1912 at 2:10 A. M. on the date above stated.

(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) H Smith Woolley M D

(Physician or Midwife)

Given names added from a supplemental report

....., 19.....

Address .....

Filed 9-26 1912 Earl D Jones

Registrar

SYMS - YORK CO., PTRS. & BDRS. 17326

Registrar

PLACE OF BIRTH

Form V. S. No. 11-C—10m-8-7-11

STATE OF IDAHO

Bureau of Vital Statistics

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and in number of order of birth stated.

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of Oregon } ss.
County of Malheur }

Certificate No. 10203

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of Birth (BIRTH OR DEATH)
for Genevieve Chinnaugh born on 9-19-12
(NAME ON ORIGINAL CERTIFICATE) (WAS BORN OR DIED) (DATE OF EVENT)
in Pocatello, Ida. are erroneous or were omitted; and that, to the best of his knowledge, the
(PLACE OF EVENT)
true facts as shown by mother prepared on , are:
(BIBLE RECORD, INSURANCE POLICY, ETC.) (GIVE DATE)

FACTS TO BE CORRECTED ("NAME", "BIRTH DATE" "CAUSE OF DEATH" ETC.)	FROM (AS ON ORIGINAL)	TO (THE CORRECT FACTS)
Name of Mother	Minnie Macey	Minnie Bell Upchurch

Subscribed and sworn to before me this 5th day of January 1942.

Martin P. Gallagher
Notary Public, residing at Ontario, Ore.
My commission expires 3/1/42
(SEAL)

Signed Minnie Belle Upchurch
(SIGNATURE OF PARENT OR ATTENDANT IF CORRECTING A BIRTH RECORD; OF ATTENDANT, FUNERAL DIRECTOR OR OTHER INTERESTED PERSON IF CORRECTING A DEATH RECORD; OR OTHER CREDIBLE PERSON.)
Ontario, Oregon
(STREET ADDRESS, CITY, STATE)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Oregon } ss.
County of Malheur }

[THIS AFFIDAVIT MUST ALSO BE EXECUTED. (SEE CHAPTER 139, 1937 IDAHO SESSION LAWS.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 5th day of January 1942.

Martin P. Gallagher
Notary Public, residing at Ontario Ore
My commission expires 3/1/42
(SEAL)

Signed Thad Beatty
(SIGNATURE OF ANY CREDIBLE PERSON OTHER THAN PREVIOUS AFFIANT.)
Ontario, Oregon
(STREET ADDRESS, CITY, STATE)

Received for filing on By
(REGISTRAR'S SIGNATURE)

FEB 25 1972
DEC 24 1951
JAN 1
JAN 14 1952

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Bannock

City of Pocatello

No. 528 No. 5th St.

Hospital

Registration District No. 19 File No. 10204

Primary Registration District No. 1002 Registered No. 179

FULL NAME OF CHILD Ferando

Sex of Child	Twin / Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
male			yes	Sept 14, 1912

FATHER		MOTHER	
FULL NAME	Eugene Ferando	FULL MAIDEN NAME	Felice Lussorang
RESIDENCE	Pocatello Idaho	RESIDENCE	Pocatello Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	25	AGE AT LAST BIRTHDAY (Years)	20
BIRTHPLACE	Italy	BIRTHPLACE	Italy
OCCUPATION	Laborer	OCCUPATION	housework

Number of child of this mother, including present birth 1

Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn) at 8 P M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) O. T. Keeler

(Physician or midwife)

Address Pocatello Idaho

Given names added from a supplemental report

.....19.....

.....
Registrar

Filed 9-17 1912 Earl D. Jones
Registrar

S-Y CO. 20174

PLACE OF BIRTH

County of

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Form V. S. No. 11-C—20m-2-15-12

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

PLACE OF BIRTH

County of Bannock

City of Pocatello

No. 743 No Harrison St.

Hospital

Registration District No. 19 — File No. 10205

Primary Registration District No. 1002 — Registered No. 97

FULL NAME OF CHILD Kroell

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
male			yes	Aug 29 1912

FATHER		MOTHER	
FULL NAME	William H. Kroell	FULL MAIDEN NAME	Effie Mrs McConkey
RESIDENCE	Pocatello	RESIDENCE	Pocatello
COLOR	white	COLOR	White
AGE AT LAST BIRTHDAY (Years)	38	AGE AT LAST BIRTHDAY (Years)	29
BIRTHPLACE	Colorado	BIRTHPLACE	Iowa
OCCUPATION	Printer	OCCUPATION	housewife

Number of child of this mother, including present birth 5 — Number of children of this mother now living, including present birth 5

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn), at 4 a M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) O. D. Geary

(Physician ~~or midwife~~)

Address Pocatello Idaho

Given names added from a supplemental report

.....19.....

.....
Registrar

Filed 9-17 1912 Earl D. Jones
Registrar

S-Y CO. 20174

a.

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

DUP OF 12-352815

693-125-003-862

Form V. S. No. 11-C—20m-3-15-12

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Bannock

City of Pocatello

No. 606 So 2nd St.

Hospital

Registration District No. 19 — File No. 10206

Primary Registration District No. 1009 — Registered No. 179

FULL NAME OF CHILD Williams, Richard Lyman

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
male	—	1	yes	Aug 25 1912

FATHER		MOTHER	
FULL NAME	George Williams	FULL MAIDEN NAME	Lida H. Hokman
RESIDENCE	Pocatello Idaho	RESIDENCE	Pocatello Idaho
COLOR	white	COLOR	White
AGE AT LAST BIRTHDAY (Years)	49	AGE AT LAST BIRTHDAY (Years)	37
BIRTHPLACE	England	BIRTHPLACE	Sweden
OCCUPATION	Grocer	OCCUPATION	housewife

Number of child of this mother, including present birth 12

Number of children of this mother now living, including present birth 12

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn) on the date above stated., at 8 P M.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) O T Bleazy

(Physician or midwife)

Address Pocatello Idaho

Given names added from a supplemental report

....., 19.....

Filed 9-17 1912 Earl D. Jones Registrar

.....
Registrar

Per Q.

S-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

K

PLACE OF BIRTH

FEB 28 1947

DECEASED

415 - 467-700

Amended 9-27-71

Form V. S. No. 11-C—2m-2-15-12

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

PLACE OF BIRTH

County of Bannock

City of Pocatello

No. 723 N-8 St.

Hospital

Registration District No. 19

Primary Registration District No. 1002

File No. 10207

Registered No. 180

FULL NAME OF CHILD Tony Dante Davis

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
M			yes	9 7 1912

FATHER

FULL NAME John Davis

RESIDENCE Pocatello

COLOR W AGE AT LAST BIRTHDAY 23 (Years)

BIRTHPLACE Italy

OCCUPATION Merchant

MOTHER

FULL MAIDEN NAME Maggie Jales

RESIDENCE Pocatello

COLOR W AGE AT LAST BIRTHDAY 22 (Years)

BIRTHPLACE Wisconsin

OCCUPATION Housewife

Number of child of this mother, including present birth 2

Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 7:30 P M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Earl Jones DO

(Physician or midwife)

Address Pocatello

Given names added from a supplemental report

..... 19.....

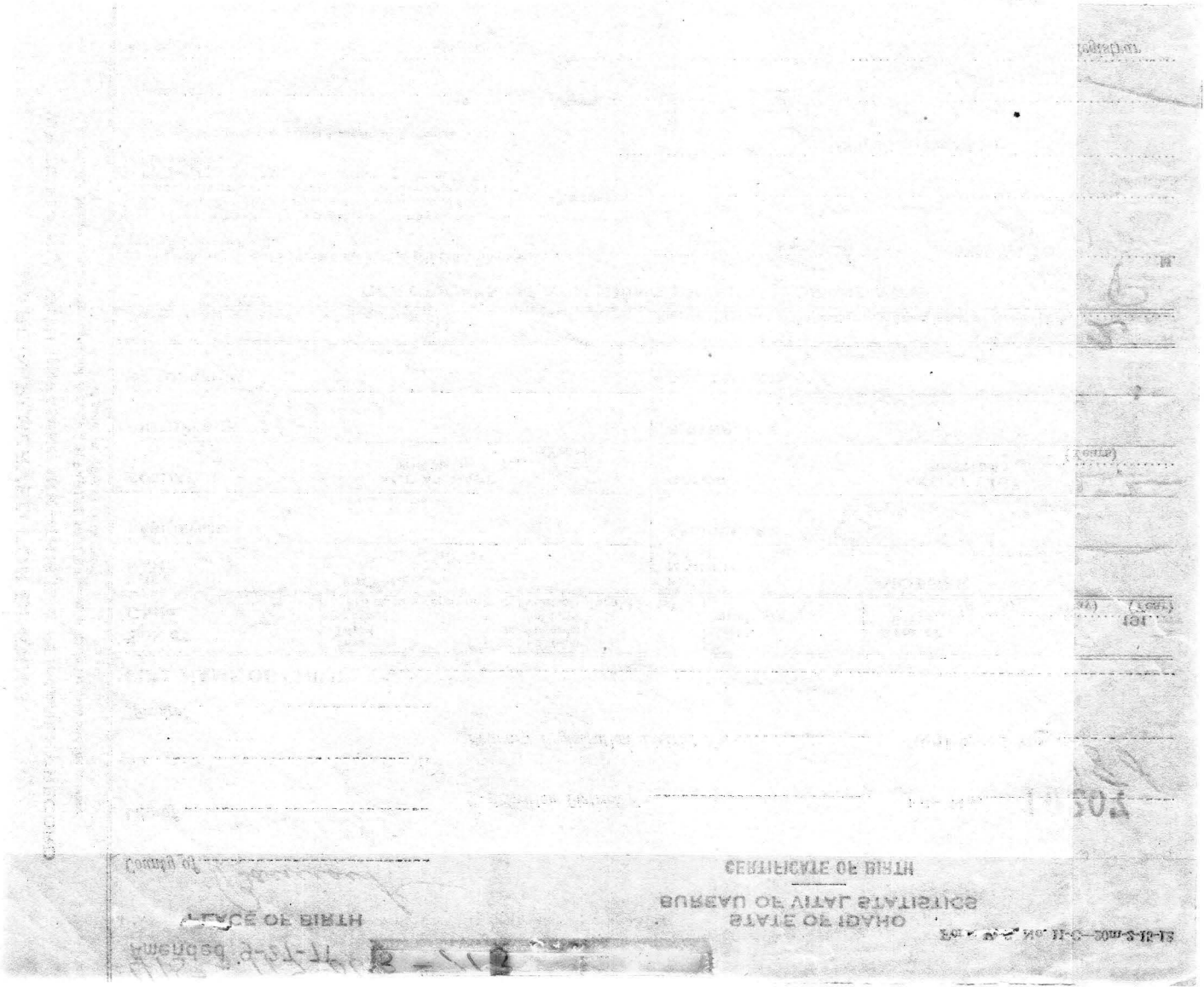
Filed 9-30 19 12

Earl Jones

Registrar

S-Y CO. 20174

Registrar



IDAHO DEPARTMENT OF HEALTH

BUREAU OF VITAL STATISTICS

Affidavit to Correct or Amend An Original Certificate of Birth or Death

RECEIVED
SEP 22 1971
Bureau of Vital Statistics

State of ..... } ss.
County of ..... }

Certificate No. 10207

Date Filed .....

The undersigned does solemnly swear that certain facts on the certificate of ..... birth (Birth or Death)
for Tony Dan Davis (Name on Original Certificate) who was born (Was Born or Died) on Sept. 17, 1912 (Date of Event)
in Pocatello, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts are shown by Union Pacific RR Co. (Bible Record, Insurance Policy, Etc.) prepared on September 10, 1971 (Give Date), are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
Child's name	Tony Dan Davis	Anthony Dante Davis
		Tony Dante Davis

Subscribed and sworn to before me this 13 day of September, 1971

Notary Public, residing at Pocatello Idaho

My commission expires 7-7-75

(Seal)

Signed William K. Forbes
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record, or other credible person.)

Route 1 South. Pocatello Idaho
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Idaho } ss.
County of Bannock }

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 13 day of September, 1971

Notary Public, residing at Pocatello Idaho

My commission expires 7-7-75

(Seal)

Signed John D. Demarais
(Signature of Any Credible Person)

431 No. S. Pocatello, Idaho
(Street Address, City, State)

FORM DH 60-155

CL 8/16/71 M lcc pd.rec/ #20702

Union Record issued by Brotherhood of Railway, Airline and Steamship Clerks, Freight Handlers, Express and Station Employees. Lodge # 900 Pocatello gives name a Tony Dante Davis. Joined organization on Feb. 14, 1949. Birthdate recorded as Sept. 17, 1912. Lorin V. Yearsley, Secretary-Treasurer.
Viewed by V.S.

SEP 27 1971

Employment record gives name as Tony Dante Davis issued by Union Pacific Railway Co. on Feb. 1949. Birthdate Sept. 17, 1912
Viewed by V.S.

FEB 5 1976

294-101-003-253

Form V. S: No. 21-C—20m-8-15-12

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Bannock

City of 6mi S. Pocatello Registration District No. 19 File No. 10208

No. near Ft Hall Mine Primary Registration District No. — Registered No. 181

Hospital —

FULL NAME OF CHILD Earl Simmons

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Male	—	—	Y	Sept 1 1912

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	John Simmons	Lottie Kellow
RESIDENCE	6mi S. Pocatello	6m. S. Pocatello
COLOR / AGE AT LAST BIRTHDAY	White / 43 (Years)	Mule / 28 (Years)
BIRTHPLACE	Spanish Fork, Utah	Bingham Canon, Utah
OCCUPATION	Farmer	Asst

Number of child of this mother, including present birth 4

Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive ~~or stillborn~~), at 10:30 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) N. F. Howard M.D.

(Physician ~~or midwife~~)

Given names added from a supplemental report

..... 19.....

Address .....

Filed 9/5 19.17 Earl D. Simmons

..... Registrar

..... Registrar

S-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

IDAHO DEPARTMENT OF HEALTH

BUREAU OF VITAL STATISTICS

RECEIVED
BUREAU OF
VITAL STATISTICS
JUN 5 2 30 PM '73

Affidavit to Correct or Amend An Original Certificate of Birth or Death

State of IDAHO } ss.
County of BANNOCK }

Certificate No. 10208

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of birth (Birth or Death)
for Unnamed Simmons (Male) (Name on Original Certificate) who was born (Was Born or Died) on Sept. 1, 1912 (Date of Event)
in Pocatello, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts are shown by MARRIAGE LISENCE — (Bible Record, Insurance Policy, Etc.) prepared on JUNE 22-1934 (Give Date), are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
Child's name	Unnamed Simmons	Earl Simmons

Subscribed and sworn to before me this 4th day of June, 1973

Jessie Thomas
Notary Public, residing at Pocatello, Idaho
My commission expires March 15, 1977
(Seal)

Signed Wallace Simmons (Brother)
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

1506 South 2nd, Pocatello, Idaho 83201
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of } ss.
County of }

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this day of , 19

Notary Public, residing at
My commission expires
(Seal)

Signed
(Signature of Any Credible Person)

(Street Address, City, State)

FORM DH 60-155 CL 5/16/73 nm

Certificate of Baptism and Confirmation from LDS Church gives name as Earl E. Simmons son of John Simmons and Lottie Kellow. Born Sept. 1, 1912. Was Baptized March 31, 1956. Viewed by V. S.

JUN 13 1973

Marriage License from Idaho gives groom's name as Earl Simmons and the bride's name as Katie Allen. Dated June 23, 1934. Viewed by V. S.

249-204003-418

Form V. S. No. 11-C—20m-2-15-12

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH

County of Bannock

City of Pocatello

No. 750 N Hayes Ave

Hospital —

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 19 File No. 10209

Primary Registration District No. 1002 Registered No. 172

FULL NAME OF CHILD Mary Emma Burrus

Sex of Child: Female | Twin, Triplet or other? — and Number in order of birth — (To be answered only in event of plural births) | Legitimate? Y | Date of Birth: Sept. 4 (Month) (Day) 1912 (Year)

FATHER	MOTHER
FULL NAME: Fletcher R. Burrus	FULL MAIDEN NAME: Emma Day
RESIDENCE: Pocatello Idaho	RESIDENCE: Pocatello, Idaho
COLOR: White — AGE AT LAST BIRTHDAY: 36 (Years)	COLOR: White — AGE AT LAST BIRTHDAY: 33 (Years)
BIRTHPLACE: Philips Co Arkansas	BIRTHPLACE: Jersey Co, Ill.
OCCUPATION: Real Estate	OCCUPATION: Hswf

Number of child of this mother, including present birth: 4

Number of children of this mother now living, including present birth: 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or ~~stillborn~~), at 12:30 a. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) N. F. Howard M.D.

(Physician or midwife)

Address —

Given names added from a supplemental report

....., 19.....

Registrar

Filed 9/5 19 17 Earl D. Jones

Registrar

S-Y CO. 20174

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

PLACE OF BIRTH

County of

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH-BUREAU OF VITAL STATISTICS

Affidavit to Correct or Amend an Original Certificate of Birth or Death

State of....Washington.....) Certificate No.....10209.....
)ss
County of....K.i.n.g.....) Date Filed.....

The undersigned does solemnly swear that certain facts on the certificate

of....birth.....for.....no name given.....who...was born.....
(birth or death) (Name on original certificate) (was born or died)

on..Sept. 4, 1912.....in..Pocatello, Ida.....are erroneous or were ommitted;
(Date of event) (Place of event)

and that, to the best of ~~his~~ her knowledge, the true facts of the case as shown

by.....prepared on.....are:
(Bible record, insurance plcy.etc.) (Give date)

FACTS TO BE CORRECTED (Name, birthdate,etc.)	FROM (As on original)	TO (The correct facts)
Name	no name given	~~Mary E. Burrus~~
		Mary Emma Burrus

Subscribed and sworn to before me this..9th.day of.January.....1942

Signed..Emma Day Burrus.....
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

...Elmer March.....
Notary Public
Residing at....Seattle.....

...4518 - 4th N. E. Seattle.....
(Street address, City, State)

My commission expires....3/22/42.....

(SEAL)

SUPPORTING AFFIDAVIT OF A SECOND PERSON
(Both affidavits must be completed)

State of..Washington.....)
)ss
County of..K..i.n.g.....)

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best ~~of his~~ knowledge.

Subscribed and sworn to before me this...9th day of January.....1942

Signed..Inez Burrus Evander.....
(Signature of any credible person other than the previous affiant.)

...Elmer March.....
Notary Public
Residing at...Seattle.....

....4518 - 4 N. E. Seattle.....
(Street address, City, State)

My commission expires....3/22/42.....
(SEAL)

JAN 12 1942

234-207-003-866

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

PLACE OF BIRTH

Form V. S. No. 11-C—10m-8-7-11

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

County of Bannock

City of Pocatello

No Keystone Farm.

Registration District No 19 File No. 10210

Hospital

Primary Registration District No. 1009 Registered No. 183

FULL NAME OF CHILD Dorothy Stinman.

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births) and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
female		yes	Sept 7, 1912

FATHER	MOTHER
FULL NAME: Albert C. Stinman	FULL MAIDEN NAME: Nate Hoffine.
RESIDENCE: Keystone Farm	RESIDENCE: Keystone Farm
COLOR: white	COLOR: white
AGE AT LAST BIRTHDAY: 20 (Years)	AGE AT LAST BIRTHDAY: 16 (Years)
BIRTHPLACE: Kansas.	BIRTHPLACE: Grave Lake, Idaho
OCCUPATION: Farmer.	OCCUPATION: Housewife.

Number of child of this mother, including present birth: 1

Number of children, of this mother, now living, including present birth: 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive Sept 7, 1912 11:00 P M. on the date above stated.

(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) H. Smith Woolley M. D.

(Physician or Midwife)

Address Pocatello Idaho.

Given names added from a supplemental report

....., 19.....

Filed 9-16 1912 Earl D. Jones a.

Registrar

SYMS - YORK CO., PTRS. & BDRS. 17326

Registrar

JUL 12 1951

OCT 9 1974

667-116-003-243

PLACE OF BIRTH

Form V. S. No. 11-C—10m-8-7-11

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

County of Bannock

City of Pocatello

No 332 N 5th Ave St.

Hospital

Registration District No 19 File No. 10211

Primary Registration District No. 1002 Registered No. 184

FULL NAME OF CHILD WILLARD JACK FOGT

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Male	✓		1	Yes	Sept 16" 1912

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	John A Fogt	Pearl M. Butz
RESIDENCE	Pocatello Idaho	Pocatello Idaho
COLOR	W	W
AGE AT LAST BIRTHDAY (Years)	25	22
BIRTHPLACE	Waukon Iowa	Ridgeway Iowa
OCCUPATION	Prof- Shorthand-Typewriting + athletics - Academy Idaho	H.W.

Number of child of this mother, including present birth 1

Number of children, of this mother, now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive Sept 16/12 (Born alive or stillborn) at 10:35 a. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) H. A. Castle MD

(Physician or Midwife)

Given names added from a supplemental report

....., 19.....

Address .....

Filed 9-20 1912 Earl D Jones a.

SYMS - YORK CO., PTRS. & BDRS. 17326 Registrar

Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of California }
County of Los Angeles } ss.

Certificate No. 10211

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of (Name on Original Certificate) for (Birth or ~~Death~~) who (Was Born or ~~Died~~) on Sept 16 1912 (Date of Event) in Pocatello Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the true facts are shown by (Bible Record, Insurance Policy, Etc.) prepared on (Give Date), are:

FACTS TO BE CORRECTED ("Name", "~~Birth Date~~", "Cause of Death", Etc.)	FROM (As on Original)	TO (The Correct Facts)
Name	Unnamed	Willard Jack Fogt

Subscribed and sworn to before me this 19th day of June 1942

L. S. Hamilton
Notary Public, residing at Los Angeles
My commission expires Feb. 21 1944
(Seal)

Signed J. J. Fogt
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

7337 N. Sierra Bonita ave. Los Angeles California
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of California }
County of Los Angeles } ss.

[This Affidivat **MUST** Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 19th day of June 1942

L. S. Hamilton
Notary Public, residing at Los angeles
My commission expires Feb. 21-1944
(Seal)

Signed Pearl May Fogt
(Signature of Any Credible Person Other Than Previous Year)

7337 N Sierra Bonita, Hollywood Calif
(Street Address, City, State)

JUN 22 1942

Corrected Z.J.

JUN 30 1944

JUN 24 1942

656-23-003-815

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

Form V. S. No. 11-C—10m-8-7-11

PLACE OF BIRTH

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

County of Bannock

City of Pocatello

No. 318 N. Arthur St.

Registration District No. 19 File No. 10212

Primary Registration District No. 1002 Registered No. 75

Hospital

FULL NAME OF CHILD Ruthemma Daisy Frewens

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Female	✓		✓	Yes	Sep 13th, 1912

	FATHER	MOTHER
FULL NAME	Geo. W. Frewens	Daisy Hansen
RESIDENCE	Pocatello Idaho	Pocatello Idaho
COLOR	W	W
AGE AT LAST BIRTHDAY (Years)	19	17
BIRTHPLACE	Pocatello Idaho	St Charles Idaho
OCCUPATION	Machinist Helper	Housewife

Number of child of this mother, including present birth 1

Number of children, of this mother, now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive Sep 13/12 (Born alive or stillborn) at 11:35 P.M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) A A Castle

MD

(Physician or Midwife)

Pocatello Idaho

Address

Given names added from a supplemental report

....., 19.....

Filed 9-20 1912 Earl D Jones

Registrar

SYMS - YORK CO., PTRS. & BDRS. 17326

Registrar

JUN 19 1962

255-104-003-519

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

Form V. S. No. 11-C—10m-8-7-11.

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

PLACE OF BIRTH

County of Bannock

City of Pocatello

No 328 N. Lewis St.

Hospital

Registration District No 19 File No. 10213

Primary Registration District No. 1002 Registered No. 186

FULL NAME OF CHILD James Richard Snedden

Sex of Child	Twin, Triplet or other?	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Male	✓	✓	Yes	Sept 4th, 1912

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	Arthur R Snedden	FULL MAIDEN NAME	Priscilla Naisbitt
RESIDENCE	Pocatello Idaho	RESIDENCE	Pocatello Idaho
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY	27 (Years)	AGE AT LAST BIRTHDAY	32 (Years)
BIRTHPLACE	Scotland	BIRTHPLACE	Hooper, Utah.
OCCUPATION	Electrician	OCCUPATION	H.W.

Number of child of this mother, including present birth 1

Number of children, of this mother, now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive Sept 4/12 (Born alive or stillborn), at 8-10 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) H A Castle M.D.

(Physician or Midwife)

Address Pocatello Idaho

Given names added from a supplemental report

....., 19.....

Filed 9-20 1912 Earl L Jones A. Registrar

.....

Registrar

SYMS - YORK CO., PTRS. & BDRS. 17826

PLACE OF BIRTH

STATE OF IDAHO

Bureau of Vital Statistics

493-124-003-613

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH

County of Bannock,

City of Pocatello, Idaho.

No. 355 E. Center, St.

Hospital ---

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 19 File No. 10214

Primary Registration District No. 1002 Registered No. 7

FULL NAME OF CHILD Miltenberger, William Orson

Sex of Child	Twin, Triplet or other?	and	Number in order of birth	Legitimate?	Date of Birth
Male.	----- (To be answered only in event of plural births)		-----	Yes.	Sept. 24, 191[illegible] (Month) (Day) (Year)

FATHER	MOTHER
FULL NAME: William Emery Miltenberger.	FULL MAIDEN NAME: Edith Waldron.
RESIDENCE: Pocatello, Idaho.	RESIDENCE: Pocatello.
COLOR: White. AGE AT LAST BIRTHDAY: 30 (Years)	COLOR: White, AGE AT LAST BIRTHDAY: 26 (Years)
BIRTHPLACE: Rochester, Penna.	BIRTHPLACE: N. Ogden, Utah.
OCCUPATION: Electrician.	OCCUPATION: Housewife.

Number of child of this mother, including present birth 3 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 10 P.M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) W. J. Howard M.D.

(Physician ~~or midwife~~)

Given names added from a supplemental report

.....19.....

Address .....

Filed 9-30 1912 Earl D Jones

.....Registrar

S-Y CO. 20174 Registrar

a.

NOV 7 1974

IDAHO DEPARTMENT OF HEALTH

BUREAU OF VITAL STATISTICS

RECEIVED BUREAU OF VITAL STATISTICS DEC 2 33 PH '74

Affidavit to Correct or Amend An Original Certificate of Birth or Death

State of Oregon } ss.
County of Multnomah }

Certificate No. 10214

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of birth (Birth or Death)
for Unnamed Miltenberger (Male) (Name on Original Certificate) who was born (Was Born or Died) on Sept. 24, 1912 (Date of Event)
in Pocatello, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts are shown by (Bible Record, Insurance Policy, Etc.) prepared on (Give Date), are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
Child's name	Unnamed	William Orson Miltenberger

Subscribed and sworn to before me this 4th day of December, 1974

Notary Public, residing at Portland, Oregon

My commission expires May 24, 1975

(Seal)

Signed Edith Miltenberger
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

900 N.E. 81st Ave Portland Ore
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Oregon } ss.
County of Multnomah }

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 4th day of December, 1974

Notary Public, residing at Portland, Oregon

My commission expires May 24, 1975

(Seal)

Signed Bert O Miltenberger
(Signature of Any Credible Person)

4135 N.E. 130th Pl Portland, Oregon
(Street Address, City, State)

FORM DH 60-155 CL 11/7/74

Certificate from THe U.S. OFA. Federal Communications Commission Radio Telephone Operators License first Class gives name as William Orsôn Miltenberger. born Sept. 24, 192. dated of issuance April 14,1967. viewed by V. S. DEC 11 1974

Report of Induction of Selective Service Man (39174741). gives name as William Orson Miltenberg. born Sept. 24, 1912. dated April 23, 1942. viewed by V. S.

595-126-003-415

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

Form V. S. No. 11-C

County of Bannock,

City of Pocatello, Idaho.

No. 456 S. First. Av. St.

Hospital ---

Registration District No. 19 File No. 10215

Primary Registration District No. 1002 Registered No. 197

FULL NAME OF CHILD Breeding, Franklin Clifford

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of Birth
Male.	---- and	-----	Yes	Sept. 26, 191[illegible] (Month) (Day) (Year)

FATHER	MOTHER
FULL NAME: Marion Clifford Breeding.	FULL MAIDEN NAME: Abbie Davison.
RESIDENCE: Pocatello.	RESIDENCE: Pocatello.
COLOR: White. AGE AT LAST BIRTHDAY: 25 (Years)	COLOR: White. AGE AT LAST BIRTHDAY: 30 (Years)
BIRTHPLACE: Percival, Iowa.	BIRTHPLACE: Percival, Iowa.
OCCUPATION: Trainman.	OCCUPATION: Housewife.

Number of child of this mother, including present birth 1

Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 2:15 A.M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) W. J. Howard, M.D.

(Physician or ~~midwife~~)

Given names added from a supplemental report

..... 19.....

Address .....

Filed 9-30 1912 Earl D. Jones

Registrar

..... Registrar

S-Y CO. 20174

a.

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Form V. S. No. 11-C—20m-2-15-12

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

PLACE OF BIRTH

Bannock,

OCT 13 1959

437-126-003-217

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

Form V. S. No. 11-C—10m-8-7-11

PLACE OF BIRTH

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

County of Bannock

City of Pocatello

No. 345 S. Arthur St.

Registration District No. 19 File No. 10216

Primary Registration District No. 1002 Registered No. 179

Hospital

FULL NAME OF CHILD James Arnold McGee

Sex of Child	Twin, Triplet or other?	and	Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
M	✓ (To be answered only in event of plural births)		✓	Yes	Sept 26th 1912

FATHER		MOTHER	
FULL NAME	Robt Burns McGee	FULL MAIDEN NAME	Matilda F. Baggeson
RESIDENCE	Pocatello Idaho	RESIDENCE	Pocatello Idaho
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY	32 (Years)	AGE AT LAST BIRTHDAY	22 (Years)
BIRTHPLACE	Runcsutawney, Pa.	BIRTHPLACE	Longmont Colo.
OCCUPATION	Switchman	OCCUPATION	H.W.

Number of child of this mother, including present birth 2

Number of children, of this mother, now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) Sept 26th 1912 at 11:45 A. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) H A Castle MD

(Physician or Midwife)

Address Pocatello Idaho

Given names added from a supplemental report

....., 19.....

Filed 9-30 1912 Earl F Jones

Registrar

SYMS - YORK CO., PTRS. & BDRS. 17326 Registrar

OCT 6 1942

AUG 6 1971

819-225-003-364

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Form V. S. No. 11-C—20m-6-15-12

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

PLACE OF BIRTH

County of Bannock

City of Pocatello

No. 132 So. 2nd St.

Registration District No. 19 — File No. 10217

Primary Registration District No. 1002 — Registered No. 190

Hospital

FULL NAME OF CHILD Dorothy May Harvey

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Female	—	—	yes	9-26-1912

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	John S. Harvey	Ida May Lounsbery
RESIDENCE	Pocatello, Idaho	Pocatello Idaho
COLOR	White	White
AGE AT LAST BIRTHDAY (Years)	23	25
BIRTHPLACE	Pocatello, Idaho	Mt Clemens, Mich
OCCUPATION	Lumber Merchant	housewife

Number of child of this mother, including present birth 1 — Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn), at 8 a M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) O T Healy

(Physician or midwife)

Address Pocatello Idaho

Given names added from a supplemental report

.....19.....

Filed 9-28-1912 Earl D Jones Registrar

.....Registrar

S-Y CO. 20174

a.

Certified Copy issued October 29, 1940. E.W.

764-124-003-345

Form V. S. No. 11-C—20m-2-15-12

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Bannock

City of Pocatello

No. 329 So 8th St.

Hospital

Registration District No. 19 File No. 10218

Primary Registration District No. 1002 Registered No. 191

FULL NAME OF CHILD John Henry Goddard

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
male	—	2	Yes	9, 24, 1912

FATHER		MOTHER	
FULL NAME	William H. Goddard	FULL MAIDEN NAME	Lucinda Lund
RESIDENCE	Pocatello Idaho	RESIDENCE	Pocatello Idaho
COLOR	White	AGE AT LAST BIRTHDAY (Years)	43
BIRTHPLACE	Utah		
OCCUPATION	Foreman O S L	COLOR	White
		AGE AT LAST BIRTHDAY (Years)	37
		BIRTHPLACE	Utah
		OCCUPATION	housewife

Number of child of this mother, including present birth 8

Number of children of this mother now living, including present birth 8

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive at 2 P. M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) O. P. Healy

(Physician or midwife)

Address Pocatello Idaho

Given names added from a supplemental report

.....19.....

.....
Registrar

Filed 9-28 1912 Earl D. Jones
Registrar

8-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH — BUREAU OF VITAL STATISTICS

Affidavit to Correct or Amend an Original Certificate of Birth or Death

RECEIVED JUL 31 1941

State of Idaho } ss.
County of Bannock }

Certificate No. 10218
Date Filed

The undersigned does solemnly swear that certain facts on the certificate of birth (Birth or death)
for John Henry Goddard (Name on original certificate) who was born (Was born or died) on September 24, 1912 (Date of event)
in Pocatello, Idaho (Place of event) are erroneous or were omitted; and that, to the best of his knowledge, the true facts as shown by ..... (Bible record, insurance policy, etc.) prepared on ..... (Give date), are:

FACTS TO BE CORRECTED ("Name", "birth date", "cause of death", etc.	FROM (As on original)	TO (The correct facts)
JOHN HENRY GODDARD	not named	JOHN HENRY GODDAPD

Subscribed and sworn to before me this 19th day of July, 19 41

Leslie M. Thilo.
Notary Public, residing at Pocatello, Idaho

My commission expires July 5, 1942.
[SEAL]

Signed William Henry Goddard
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person)

329 So. 8th Ave., Pocatello, Idaho
(Street Address, City, State)

Supporting Affidavit of a Second Person

State of ..... } ss.
County of ..... }

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this .....
day of ....., 19.....

Notary Public, residing at .....
My commission expires .....
[SEAL]

Signed .....
(Signature of any credible person other than the previous affiant)

.....
(Street Address, City, State)

Received for filing on ..... by .....
(Registrar's signature)

555-120-003847

Form V. S. No. 11-C—20m-2-15-12

PLACE OF BIRTH

County of Bannock

City of Pocatello

No. 1132 No 8th St.

Hospital

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 1 File No. 10219

Primary Registration District No. 1 Registered No. 192

FULL NAME OF CHILD

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
male	✓	✓	yes	Sep 20 1912

FATHER		MOTHER	
FULL NAME	John Ennis	FULL MAIDEN NAME	Minnie Hughes
RESIDENCE	Pocatello Idaho	RESIDENCE	Pocatello Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	53	AGE AT LAST BIRTHDAY (Years)	43
BIRTHPLACE	St Louis Mo	BIRTHPLACE	Platte City Mo
OCCUPATION	Laborer	OCCUPATION	housewife

Number of child of this mother, including present birth 12

Number of children of this mother now living, including present birth 12

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn) at 11 a M. on the date above stated.

(Signature) O B Deeds

(Physician or ~~midwife~~)

Address Pocatello Idaho

Filed 9-20 1912 Earl D Jones Registrar

a.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report

..... 19.....

..... Registrar

S-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Form V. S. No. 11-0—20m-6-36-12

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

PLACE OF BIRTH

County of

343-230-003-386

PLACE OF BIRTH

Form V. S. No. 11-C—20m-2-15-12

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Bannock

City of Pocatello

No. 646 N. Hayes St.

Registration District No. _____ File No. 10220

Primary Registration District No. _____ Registered No. 143

Hospital _____

FULL NAME OF CHILD Cullen

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Son			yes	9 30 1912

FATHER		MOTHER	
FULL NAME	James Cullen	FULL MAIDEN NAME	Batilda Thompson
RESIDENCE	Pocatello Idaho	RESIDENCE	Pocatello Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	57 (Years)	AGE AT LAST BIRTHDAY	37 (Years)
BIRTHPLACE	Ft Washington Wis	BIRTHPLACE	Richmond, Utah
OCCUPATION	B & B Foreman	OCCUPATION	housewife

Number of child of this mother, including present birth 8

Number of children of this mother now living, including present birth 8

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn), at 7 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) O. B. Leedy

(Physician or midwife)

Address Pocatello Idaho

Given names added from a supplemental report

..... 19.....

Filed Oct 3 1912 Earl D. Jones

Registrar

..... Registrar

8-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Form V. S. No. 11-C—Revised 1-52

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

PLACE OF BIRTH

County of

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK. THIS IS A PERMANENT RECORD

1. If child was born dead, state DEATH, and fill out report as directed.

2. In case of more than one child at birth, report for each child in order of birth.

8/6-130-037-157

PLACE OF BIRTH

County of Owyhee

City of DeLamar

No. ..... St.

Hospital .....

Form V. S. No. 11-C—20m-2-15-12

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 30 File No. 10221

Primary Registration District No. 3123 Registered No. 27

FULL NAME OF CHILD Alfred Richard Hawes

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth (Month) Dec (Day) 30 (Year) 1917

FATHER		MOTHER	
FULL NAME	John D. Hawes	FULL MAIDEN NAME	Mary Angel
RESIDENCE	DeLamar,	RESIDENCE	DeLamar
COLOR	White	AGE AT LAST BIRTHDAY (Years)	29
BIRTHPLACE	Idaho	COLOR	White
OCCUPATION	Miner	AGE AT LAST BIRTHDAY (Years)	29
		BIRTHPLACE	Ills.
		OCCUPATION	H. W.

Number of child of this mother, including present birth 4

Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn) at 1 15 P. M. on the date above stated.

(Signature) J. D. Lamar, M.D.

(Physician or midwife)

Address DeLamar

Filed Dec 30 1917 J. D. Lamar Registrar

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report

..... 19.....

..... Registrar

8-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

[redacted]

PLACE OF BIRTH

County of

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Form V. S. No. 11-C—30m-3-15-12

559-225-037-361

PLACE OF BIRTH

Form V. S. No. 11-C—10m-8-7-11

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

County of Douglas

City of D'Lamar

No ....., ... St.

Hospital .....

Registration District No. 31 File No. 10222

Primary Registration District No. 2123 Registered No. 24

FULL NAME OF CHILD Margarello Vernetti

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Female				Yes	Oct 25 1917

	FATHER	MOTHER
FULL NAME	R B Vernetti	Rosa Cosmo
RESIDENCE	D'Lamar	D'Lamar
COLOR	W	W
AGE AT LAST BIRTHDAY (Years)	30	39
BIRTHPLACE	Italy	Italy
OCCUPATION	Miner	H W

Number of child of this mother, including present birth 3

Number of children, of this mother, now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn) at ..... M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report

..... 19.....

..... Registrar

(Signature) No Physician or Midwife

(Physician or Midwife)

Address D'Lamar Idaho

Filed Dec 30 1917 I D Stanard Registrar

SYMS - YORK CO., PTRS. & BDRS. 17326

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

K

199-126-037-5-36

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Form V. S. No. 11-C—20m-2-15-12

PLACE OF BIRTH

County of Owyhee

City of D'Lamar

No. ..... St.

Hospital .....

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 30 File No. 10223

Primary Registration District No. 2123 Registered No. 26

FULL NAME OF CHILD Rufus Aristola

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Male			Yes	July 26 19

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	Rufus Aristola	Mary Elordi
RESIDENCE	D'Lamar	D'Lamar,
COLOR	White	White
AGE AT LAST BIRTHDAY (Years)	35	24
BIRTHPLACE	Spain	Spain.
OCCUPATION	Miner	H. W.

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive, at 1 P M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) T D Lamar

(Physician or midwife)

Address D'Lamar Idaho.

Given names added from a supplemental report

..... 19.....

Filed Dec 30 19 14 T D Lamar

..... Registrar

S-Y CO. 20174

Registrar

SEP 28 1960

286-115-037-133

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Form V. S. No. 11-C—20m-2-15-12

PLACE OF BIRTH

County of Owyhee

City of D'Lamar

No. ____ St.

Hospital ____

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 30 File No. 10224

Primary Registration District No. 2123 Registered No. 29

FULL NAME OF CHILD Orin Henderson Shoemaker

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Male			Yes.	Nov 15 1912

FATHER	MOTHER
FULL NAME: Orin Henderson Shoemaker	FULL MAIDEN NAME: Olive Allison.
RESIDENCE: D'Lamar	RESIDENCE: D'Lamar
COLOR: White AGE AT LAST BIRTHDAY: 29 (Years)	COLOR: White AGE AT LAST BIRTHDAY: 25 (Years)
BIRTHPLACE: Kansas	BIRTHPLACE: Colo.
OCCUPATION: Book keeper	OCCUPATION: Home Wife

Number of child of this mother, including present birth: One

Number of children of this mother now living, including present birth: One

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive. (Born alive or stillborn) at 7 15 A. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) T. D. Lamar

(Physician or midwife)

Address D'Lamar Idaho.

Given names added from a supplemental report

....., 19.....

Registrar

Filed Dec 30 19 17 T. D. Lamar

Registrar

S-Y CO. 20174

PLACE OF BIRTH

County of

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Form V. S. No. 11-C—20m-8-15-12

453-220-037-669

Form V. S. No. 11-C—20m-2-15-12

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Owyhee

City of DeLamar

No. ..... St.

Hospital .....

Registration District No. 30 File No. 10225

Primary Registration District No. 2123 Registered No. 28

FULL NAME OF CHILD Mary Decmd

Sex of Child	Twin / Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Female			Yes	Aug 20 191

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	John Decmd	Lucy Tornetti
RESIDENCE	DeLamar	DeLamar
COLOR / AGE AT LAST BIRTHDAY (Years)	White, 30	White 30
BIRTHPLACE	Italy	Italy
OCCUPATION	Miner	Indefa,

Number of child of this mother, including present birth .....

Number of children of this mother now living, including present birth .....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn), at ..... M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) No Physician — no Midwife —
(Physician or midwife)

Given names added from a supplemental report

..... 19.....

..... Registrar

Address .....

Filed Dec 20 19 17 H. P. Summers Registrar

S-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Form V. S. No. 11-C—20m-8-15-12

413 - 103 - 2

PLACE OF BIRTH [redacted] Form V. S. No. 11-C—20m-2-15-12

County of Owy[illegible] [redacted]

City of South [illegible]

Registration District No. 30 File No. 10226

No. _____ St.

Primary Registration District No. 2133 Registered No. 31

Hospital _____

FULL NAME OF CHILD John Frank Mallea

Sex of Child	Twin Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Male				Yes,	Dec 3rd 191[illegible]

FATHER		MOTHER	
FULL NAME	Joe Mallea,	FULL MAIDEN NAME	Agilda Recurtea
RESIDENCE	South Mt - DeLamar Ida	RESIDENCE	S. Mountain DeLamar Idaho
COLOR	White -	COLOR	white -
AGE AT LAST BIRTHDAY	39 (Years)	AGE AT LAST BIRTHDAY	29 (Years)
BIRTHPLACE	Spain	BIRTHPLACE	Spain -
OCCUPATION	Farmer & Stock man	OCCUPATION	Keeps House,

Number of child of this mother, including present birth 4 Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Alive (Born alive or stillborn) at [illegible] M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) T. D. Farmer

No attendance from onroad

(Physician or midwife)

Address DeLamar Ida

Given names added from a supplemental report

..... 19.....

Filed Dec 30 19 17 T. D. Farmer

Registrar

Registrar

S-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

c.c. 5/19/41. w.h.

[redacted] 103-003-785

[redacted] F BIRTH

Form V. S. No. 11-C—15m-6-20-11

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

County of Bannock

City of Pocatello

Registration District No. 19

File No. 10228

No. 710 So Main St.

Primary Registration District No. 1002

Registered No. 232

Hospital home

FULL NAME OF CHILD

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
male			yes	Nov. 3rd, 191[illegible]

FATHER		MOTHER	
FULL NAME	Harry F. W. Shutter	FULL MAIDEN NAME	Anna Marie Phelps
RESIDENCE	916 So. Main St	RESIDENCE	710 So. Main St.
COLOR	white	AGE AT LAST BIRTHDAY (Years)	29
COLOR	white	AGE AT LAST BIRTHDAY (Years)	27
BIRTHPLACE	California	BIRTHPLACE	Idaho
OCCUPATION	O.S.L. Conductor	OCCUPATION	house wife

Number of child of this mother, including present birth 4

Number of children, of this mother, now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 4 P M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Mrs. Emma Bird

Midwife (Physician or Midwife)

Address 905 So Main St

Given names added from a supplemental report

....., 19.....

Filed 12 10, 1912

.....
Registrar

S-Y CO., 16670

.....
Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

Dep of 1912-175974

1796-213-005-212

PLACE OF BIRTH

County of Bannock

City of Pocatello

No. 626 So. 3rd Ave. St.

Hospital Home

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

Form V. S. No. 11-C—15m-6-20-11

Registration District No. 19 File No. 10229

Primary Registration District No. 1002 Registered No. 233

FULL NAME OF CHILD Rosina Basile Groccio

Sex of [redacted]	Twin, Triplet, or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
[redacted]			Yes	Nov 18, 1912

FATHER	MOTHER
FULL NAME: Giuseppe Groccio	FULL MAIDEN NAME: Rafelo Basile
RESIDENCE: 626 So. 3rd Ave.	RESIDENCE: 626 S. 3rd Ave.
COLOR: white	COLOR:
AGE AT LAST BIRTHDAY: 35 (Years)	AGE AT LAST BIRTHDAY: 22 (Years)
BIRTHPLACE: Italy	BIRTHPLACE: Italy
OCCUPATION: Common labor	OCCUPATION: house wife

Number of child of this mother, including present birth: two

Number of children, of this mother, now living, including present birth: two

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 3 a. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Mrs. Annie Burd

Midwife (Physician or Midwife)

Address 905 Dalhart St.

Given names added from a supplemental report

....., 19.....

.....
Registrar

Filed 12, 4, 1912

[signature]
Registrar

S-Y CO., 16670

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

MAR 25 1958

MAY 9 1972

269-224-003-912

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

PLACE OF BIRTH

Form V. S. No. 11-C—10m-8-7-11

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

County of Bannock

City of Pocatello

No. 952 N. Buchanan St.

Hospital

Registration District No. 19 File No. 10230

Primary Registration District No. 1002 Registered No. 234

FULL NAME OF CHILD Anna Marie Sorensen

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Female	✓	✓	Yes	Nov. 24th, 1912

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	Hans Sorensen	Thyra Rasmussen
RESIDENCE	Pocatello Ida	Pocatello Idaho
COLOR	W	W
AGE AT LAST BIRTHDAY (Years)	41	33
BIRTHPLACE	Denmark	Denmark
OCCUPATION	Painter	Housewife

Number of child of this mother, including present birth 3

Number of children, of this mother, now living, including present birth: 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) November 24th, 1912, at 1:40 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) H. A. Castle M. D.

(Physician or Midwife)

Address Pocatello Idaho

Given names added from a supplemental report

....., 19.....

.....
Registrar

Filed 12/12/1912

[illegible]
Registrar

SYMS - YORK CO., PTRS. & BDRS. 17326

PLACE OF BIRTH

STATE OF IDAHO

Bureau of Vital Statistics

Form V. S. No. U-C--10m-8-7-41

666-201-003-469

Form V. S. No. 11-C—20m-2-15-12

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH

County of Bannock

City of Pocatello

No. 320 N. Grant St.

Hospital

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 19 File No. 10231

Primary Registration District No. 1002 Registered No. 235

FULL NAME OF CHILD Leona Woodland -

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Female			Yes	Dec. 1 1912

FATHER	MOTHER
FULL NAME Henry D. Woodland -	FULL MAIDEN NAME Luella Mordican -
RESIDENCE 320 N. Grant - Pocatello, Ida	RESIDENCE 320 N. Grant - Pocatello Ida
COLOR White	COLOR White
AGE AT LAST BIRTHDAY 46 (Years)	AGE AT LAST BIRTHDAY 33 (Years)
BIRTHPLACE Willard, Utah -	BIRTHPLACE Franklin, Idaho -
OCCUPATION Farming.	OCCUPATION Housewife -

Number of child of this mother, including present birth 9

Number of children of this mother now living, including present birth 5

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive Dec. 1, 1912 at 3:15 A. M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) H. Smith Woolley

(Physician or ~~midwife~~)

Address Pocatello Idaho

Given names added from a supplemental report

.....19.....

.....
Registrar

Filed 12, 3, 1912 O. B. Nicely
Registrar

8-Y CO. 20174

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

PLACE OF BIRTH

Form V. S. No. 11-C—20m-2-10-32

957-211-003-012

PLACE OF BIRTH

Form V. S. No. 11-C—20m-2-15-12

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Bannock

City of Pocatello

Registration District No. _____ File No. 10232

No near 619 E Main St.

Primary Registration District No. _____ Registered No. 236

Hospital _____

FULL NAME OF CHILD MILDRED JOSEPHINE ~~Jeanette~~ Regan.

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
female			yes	~~Dec~~ Nov. 11th 1912

FATHER		MOTHER	
FULL NAME	James Regan.	FULL MAIDEN NAME	Lillie Oakey.
RESIDENCE	Pocatello, Idaho	RESIDENCE	Pocatello Idaho.
COLOR	white	COLOR	white
AGE AT LAST BIRTHDAY	32 (Years)	AGE AT LAST BIRTHDAY	23 (Years)
BIRTHPLACE	Nebraska.	BIRTHPLACE	Montpelier, Idaho
OCCUPATION	Grocer—clerk.	OCCUPATION	Housewife

Number of child of this mother, including present birth 3

Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) on Dec 2, 1912, at 9:12 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Dr. A. M. Newton.

(Physician ~~or midwife~~)

Address Pocatello Idaho

Given names added from a supplemental report

....., 19.....

Filed 12, 6, 1912

Registrar

Registrar

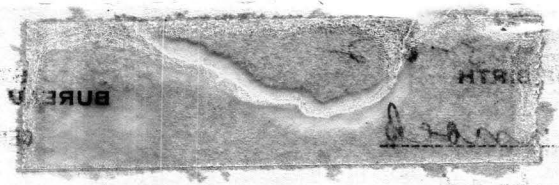
8-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

K


BUREAU OF VITAL STATISTICS

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of IDAHO }
County of BANNOCK } ss.

Certificate No. 10232

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of Birth (Birth or Death)
for Jeanette Regan (Name on Original Certificate) who was born (Was Born or Died) on November 11, 1912 (Date of Event)
in Pocatello, Idaho (Place of Event) are erroneous ~~or were omitted~~; and that, to the best of his knowledge, the
true facts are shown by record in state office (Bible Record, Insurance Policy, Etc.) prepared on (Give Date), are:

FACTS TO BE CORRECTED ("Name", "Birth Date", "Cause of Death", Etc.)	FROM (As on Original)	TO (The Correct Facts)
Name	Jeanette	Mildred Josephine Regan
Date	Dec. 2nd	Nov. 11, 1912

Subscribed and sworn to before me this 1st day of June, 19 42

Jessie A. Rice
Notary Public, residing at Pocatello, Idaho
My commission expires June 25, 1945
(Seal)

Signed Lillie Regan.
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)
Mother
858 North Main, Pocatello, Idaho
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Idaho }
County of Bannock } ss.

[This Affidivat **MUST** Also be Executed.
(See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemly swear that she has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 2nd day of June, 19 42

Jessie A. Rice
Notary Public, residing at Pocatello Idaho Count
My commission expires June 25, 1945
(Seal)

Signed Mrs Rosaltha G. Holmes
(Signature of Any Credible Person Other Than Previous Year)
3849 Morton Rd.
(Street Address, City, State)
Lynwood, Calif.

K JUN 5 1942

JUN 8 1942

993-105-003-418

Form V. S. No. 11-C—20m-2-15-12

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Bannock

City of Pocatello

No. 341 S. Main St.

Registration District No. 19 File No. 10233

Primary Registration District No. 1002 Registered No. 237

Hospital

FULL NAME OF CHILD John William Ritchie (Ritchie)

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
male			yes	Dec. 5 1912

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	John William Ritchie	Myrtle Mayer
RESIDENCE	341 S. Main Pocatello, Idaho	341 S. Main Pocatello, Ida.
COLOR	white	white
AGE AT LAST BIRTHDAY (Years)	24	18
BIRTHPLACE	Colorado	Leviston, Utah
OCCUPATION	Engineer	Housewife

Number of child of this mother, including present birth 2

Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) Dec. 5, 1912, at 5:00 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Dr. A. M. Newton

(Physician or ~~midwife~~)

Address Pocatello Idaho

Given names added from a supplemental report

.....19.....

.....
Registrar

Filed 12/7 1912

O. D. Lacy
Registrar

B-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Form V.S. No. 11-C—20m-8-15-12

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

PLACE OF BIRTH

County of

764-206-003-815

Form V. S. No. 11-C—20m-2-15-12

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Bannock

City of Pocatello

No. 200 N. Harrison St.

Registration District No. 19 File No. 10234

Primary Registration District No. 1002 Registered No. 238

Hospital Gertrude Poulsen

FULL NAME OF CHILD

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Female	✓	✓	Yes	Dec 6th 1912

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	Otto Poulsen	Anna Hansen
RESIDENCE	Pocatello Idaho	Pocatello Idaho
COLOR	W	W
AGE AT LAST BIRTHDAY (Years)	43	38
BIRTHPLACE	Denmark	Denmark
OCCUPATION	Laborer	Housewife

Number of child of this mother, including present birth 1

Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive Dec 6/12 (Born alive or stillborn) at 5:45 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Dr Alcock

M.D.

(Physician or midwife)

Given names added from a supplemental report

.....19.....

.....
Registrar

Address .....

Filed 12/8/1912

O P Healy
Registrar

S-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

OCT 2 9 1974

389-106-003-155

(Be sure the information is complete and accurate)

Amended 3-3-66

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 10235
Local Reg. No. 239
Reg. Dist. No. 19

1. PLACE OF BIRTH
a. COUNTY: Bannock
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN: Pocatello
c. FULL NAME OF (If NOT in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION:

2. USUAL RESIDENCE OF MOTHER (Where does mother live?)
a. STATE: Idaho
b. COUNTY: Bannock
c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN: Pocatello
d. STREET ADDRESS (If rural, give location):

3. CHILD'S NAME (Type or print)
a. (First): Elvin
b. (Middle): Stephen
c. (Last): Christensen

4. SEX: Male

5a. THIS BIRTH: SINGLE X TWIN ____ TRIPLET ____

5b. IF TWIN OR TRIPLET (This child born) 1st ____ 2nd ____ 3rd ____

6. DATE OF BIRTH (Month) (Day) (Year): Dec. 6, 1912

FATHER OF CHILD

7. FULL NAME
a. (First): Chris
b. (Middle): M.
c. (Last): Christensen

8. AGE (At time of this birth): 35 YEARS

9. BIRTHPLACE (State of foreign country) (City or Town): Denmark

10. USUAL OCCUPATION: Carpenter

11. KIND OF BUSINESS OR INDUSTRY:

MOTHER OF CHILD

12. FULL MAIDEN NAME
a. (First): Astria
b. (Middle):
c. (Last): Jensen

13. AGE (At time of this birth): 25 YEARS

14. BIRTHPLACE (State or foreign country) (City or Town): Denmark

15. CHILDREN PREVIOUSLY BORN TO THIS MOTHER (Do NOT include this child)
a. How many OTHER children are now living? 1
b. How many OTHER children were born alive but are now dead? 0
c. How many children were stillborn (born dead after 20 wks. pregnancy?) 0

16. INFORMANT'S SIGNATURE OR NAME (Relationship):

I hereby certify that this child was born alive on the date stated above.

17. SIGNATURE: H. A. Castle

18. ATTENDANT AT BIRTH: M.D. X MIDWIFE ____ OTHER (Specify) ____

19. ADDRESS: Pocatello, Idaho

20. DATE SIGNED:

21. DATE REC'D BY LOCAL REG.: 12-16-1912

22. REGISTRAR'S SIGNATURE: O.B. Steely

23. DATE ON WHICH GIVEN NAME ADDED BY ____ Registrar

Record typewriter ribbon in completing this certificate. This certificate MUST be filed with the rict where the birth occurred WITHIN 10 days after the date of birth of the child. Address ITAL STATISTICS, BOISE, IDAHO.

389 - 10 - 063 - 155

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

Form V. S. No. 11-C—10m-8-7-11

PLACE OF BIRTH

County of Bannock

City of Pocatello

No 1234 N. Main St.

Hospital

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

Registration District No 19 File No. 10235

Primary Registration District No. 1007 Registered No. 239

FULL NAME OF CHILD Alvin Stephen Christensen

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Male	✓	✓	Yes	Dec 6 1912

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	Chris M. Christensen	Astrid Jensen
RESIDENCE	Pocatello Idaho	Pocatello Idaho
COLOR	W	W
AGE AT LAST BIRTHDAY (Years)	35	25
BIRTHPLACE	Denmark	Denmark
OCCUPATION	Carpenter	Housewife

Number of child of this mother, including present birth 2

Number of children, of this mother, now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born Alive (Born alive or stillborn) Dec 6/12, at 11:30 A. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) H A Castle M D

(Physician or Midwife)

Address Pocatello Idaho

Given names added from a supplemental report

....., 19.....

.....
Registrar

Filed 12/16, 1912

O P Lucky
Registrar

SYMS - YORK CO., PTRS. & BDRS. 17326

MAR 3 1966

MAR 8 1957

IDAHO DEPARTMENT OF HEALTH

BUREAU OF VITAL STATISTICS

Affidavit to Correct or Amend An Original Certificate of Birth or Death

RECEIVED
JAN 18 1966
Bureau of Vital Statistics

State of ..... } ss
County of ..... }

Certificate No. 10235

Date Filed .....

The undersigned does solemnly swear that certain facts on the certificate of Birth (Birth or Death)
for Alvin Stephen Christensen (Name on Original Certificate) who was born (Was Born or Died) on Dec. 6, 1912 (Date of Event)
in Pocatello, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts are shown by ..... (Bible Record, Insurance Policy, Etc.) prepared on ..... (Give Date), are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
Child's First Name	Alvin	Elvin
		(marriage)

Subscribed and sworn to before me this 17th day of January, 19 66

Notary Public, residing at Soda Springs, Idaho

My commission expires 4-5-69

(Seal)

Signed Astrid Jensen Christensen
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

3756 Hawthorne Rd Soda Springs Idaho
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of ..... } ss.
County of ..... }

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this ..... day of ....., 19.....

Notary Public, residing at .....

My commission expires .....
(Seal)

Signed .....
(Signature of Any Credible Person)

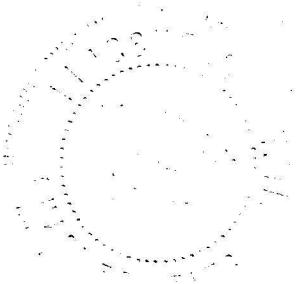
.....
(Street Address, City, State)

FORM DH 60-155

CL 9-18-64. nm

Own Child's Birth Cert. on file: (Idaho Birth) #348766 gives full name of father as Elvin Stephen Christensen - viewed by V.S.

Certificate of Confirmation, confirmed May 12, 1929, Lutheran Church at Pocatello, Idaho gives full name as Elvin Stephen Christensen, born Dec. 6, 1912 at Pocatello, Idaho - L.H. Kjaer, Pastor - viewed by V.S.



165-107-003-962

[redacted]

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

Form V. S. No. 11-C—10m-8-7-11

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

PLACE OF BIRTH

County of Bannock

City of Pocatello

No 134 S. Garfield St.

Hospital

Registration District No

Primary Registration District No

File No. 10236

Registered No. 240

FULL NAME OF CHILD Robert Tester Jones

Sex of Child	Twin, Triplet or other?	Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
M	—	1	Yes	12 7 1912

(To be answered only in event of plural births)

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	Eber Wesley Jones	Pearl Julian Roberts
RESIDENCE	Pocatello Idaho	Pocatello Idaho
COLOR	W.	White
AGE AT LAST BIRTHDAY (Years)	24	18
BIRTHPLACE	New California, Ohio	Grand Junction Colo
OCCUPATION	Fireman	Housewife

Number of child of this mother, including present birth 1

Number of children, of this mother, now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 4.30 A.M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report

....., 19.....

.....
Registrar

(Signature) E. W. Roberts M. D.

Physician
(Physician or Midwife)

Address Pocatello Idaho

Filed 12/10/ 1912

O. P. Lee
Registrar

SYMS - YORK CO., PTRS. & BDRS. 17326

JUL 9 1949

OCT 8 1975

713-209-003-449

Form V. S. No. 11-C—20m-2-15-12

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Bannock.

City of Pocatello.

No. 555 N. 4th. Ave. St.

Hospital

Registration District No. 19 File No. 10237

Primary Registration District No. 1002 Registered No. 241

FULL NAME OF CHILD Gallimore

Sex of Child	Twin / Triplet or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Female.			Yes.	Dec. 9 1912

FATHER	MOTHER
FULL NAME: Samuel D. Gallimore.	FULL MAIDEN NAME: Novella Murphy.
RESIDENCE: 555 N. 4th. Ave.	RESIDENCE: 555 N. 4th. Ave.
COLOR: White. AGE AT LAST BIRTHDAY: 29 (Years)	COLOR: White. AGE AT LAST BIRTHDAY: 25 (Years)
BIRTHPLACE: Hillesville, Virginia.	BIRTHPLACE: Winston, N. C.
OCCUPATION: Mail Clerk.	OCCUPATION: Housewife.

Number of child of this mother, including present birth 3

Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive at (Born alive or stillborn) at 5 A. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) W. J. Howard M.D.

(Physician or midwife)

Address

Given names added from a supplemental report

19

Registrar

Filed 12/12/ 19 12

O. P. Keely
Registrar

S-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

[redacted]

Form V. S. No. 11-C 20m-5-15-12

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

PLACE OF BIRTH

County of Bannock.

713-110-003-319

Form V. S. No. 11-C—20m-2-15-12

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

19

County of Bannock

City of Pocatello Ida

No. 615 N. 7th 11 Ave St.

Registration District No. 1002 File No. 10238

Primary Registration District No. Registered No. 242

Hospital

FULL NAME OF CHILD Frank Innocent John Galacchio Palagi

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Male			Yes	Dec 10th 1912

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	Sisto Galacchio Palago	Letitia Lavini
RESIDENCE	Pocatello Idaho	Pocatello Idaho
COLOR	W	W
AGE AT LAST BIRTHDAY (Years)	38	37
BIRTHPLACE	Italy	Italy
OCCUPATION	Laborer	Housewife

Number of child of this mother, including present birth 5

Number of children of this mother now living, including present birth 5

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was Born Alive Dec 10/12 (Born alive or stillborn), at 4:15 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) H A Castle MD

(Physician or midwife)

Given names added from a supplemental report

..... 19.....

Address .....

Filed 12/12/ 1912

..... Registrar

..... Registrar

B-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Form V. S. No. U-C—2m-3-15-12

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

PLACE OF BIRTH

271 - 112 003-54 [redacted]

Form V. S. No. 11-C—20m-2-1[redacted]

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Bannock

City of Pocatello

Registration District No. 19

File No. 10239

No. 603 N. Johnson St.

Primary Registration District No. 1002

Registered No. 243

Hospital

Ralph E. Spaugy

FULL NAME OF CHILD

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
male				yes	Dec. 12 1912

FATHER		MOTHER	
FULL NAME	Wm. Spaugy.	FULL MAIDEN NAME	Mary Marie Nussbaum
RESIDENCE	Pocatello, Idaho	RESIDENCE	Pocatello, Idaho
COLOR	white.	COLOR	white.
AGE AT LAST BIRTHDAY (Years)	30	AGE AT LAST BIRTHDAY (Years)	26
BIRTHPLACE	Penn.	BIRTHPLACE	Germany.
OCCUPATION	Engineer.	OCCUPATION	Housewife

Number of child of this mother, including present birth three

Number of children of this mother now living, including present birth three

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive Dec. 12, 1912, at 6:20 P. M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Edmund Woolley

(Physician or midwife)

Given names added from a supplemental report

....., 19.....

.....
Registrar

Address .....

Filed 12/16, 1912

O. J. Keely
Registrar

S-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

AUG 27 1971

813-113-003-719

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH

County of Bannock

City of Pocatello

No. 705 N. Harrison St.

Hospital

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 19 File No. 10240

Primary Registration District No. 1002 Registered No. 244

FULL NAME OF CHILD Herbert LeRoy Hallmark

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
male			yes	Dec 13 1912

FATHER		MOTHER	
FULL NAME	Harry Hallmark	FULL MAIDEN NAME	Hazel Garner
RESIDENCE	705 N Harrison	RESIDENCE	705 N. Harrison
COLOR	white	COLOR	white
AGE AT LAST BIRTHDAY	31 (Years)	AGE AT LAST BIRTHDAY	20 (Years)
BIRTHPLACE	Albion, Idaho	BIRTHPLACE	Pocatello, Idaho
OCCUPATION	Blacksmith	OCCUPATION	Housewife

Number of child of this mother, including present birth one

Number of children of this mother now living, including present birth one

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive, Dec 13, 1912, at 12:30 P.M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) H Smith Woolley
(Physician or midwife)

Given names added from a supplemental report

.....19.....
Registrar

Address .....

Filed 12/16, 1912 O. J. Healy
Registrar

S-Y CO. 20174

NOV 24 1941

249-113-003-967

Form V. S. No. 11-C-2m-6-31

PLACE OF BIRTH

County of Bannock.

City of Pocatello.

No. 133 S. Arthur. St.

Hospital

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 19 File No. 10241

Primary Registration District No. 1002 Registered No. 245

FULL NAME OF CHILD Thurston Smith.

Sex of Child	Twin / Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Male.	----	----	Yes.	Dec. 13 1912

FATHER		MOTHER	
FULL NAME	Walter W. Smith.	FULL MAIDEN NAME	Lillie Marie Rogstad.
RESIDENCE	133 S. Arthur.	RESIDENCE	133 S. Arthur.
COLOR	White.	COLOR	White.
AGE AT LAST BIRTHDAY	26 (Years)	AGE AT LAST BIRTHDAY	26 (Years)
BIRTHPLACE	Idaho Falls, Idaho.	BIRTHPLACE	Idaho Falls, Idaho.
OCCUPATION	Ice-man.	OCCUPATION	Housewife.

Number of child of this mother, including present birth 3

Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 10:45 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) W. F. Howard M.D.

(Physician or midwife)

Address Pocatello Idaho

Given names added from a supplemental report

.....19.....

.....
Registrar

Filed 12/16, 1912 O. B. Dean
Registrar

S-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Form V. S. No. 11-C—20m-2-15-12

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

PLACE OF BIRTH

County of Bannock.

795-214-003-785

Form V. S. No. 11-C—20m-2-15-12

PLACE OF BIRTH

County of Bannock.

City of Pocatello.

No. Conroy House. St.

Hospital ----------

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 19 File No. 10242

Primary Registration District No. 1002 Registered No. 246

FULL NAME OF CHILD Green.

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth
Female.	----	----	Yes.	Dec. 14 (Month) (Day) 1912 (Year)

FATHER	MOTHER
FULL NAME Wm. L. Green.	FULL MAIDEN NAME Anna Green.
RESIDENCE Conroy House.	RESIDENCE Conroy House.
COLOR White. AGE AT LAST BIRTHDAY 30 (Years)	COLOR White. AGE AT LAST BIRTHDAY 28 (Years)
BIRTHPLACE Montpelier, Idaho.	BIRTHPLACE Green Co., Iowa.
OCCUPATION Engineer.	OCCUPATION Housewife.

Number of child of this mother, including present birth 2

Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 9:30 A. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) W. F. Howard M.D.

(Physician or midwife)

Address Pocatello Idaho

Given names added from a supplemental report

..... 19.....

Filed 12/16, 1912

..... Registrar

..... Registrar

8-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

JUN 3 0 1970

719 - 114-003-713

Form V. S. No. 11-C—20m-2-15-12

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Bannock

City of Pocatello

No. 707 N. 8th Ave. St.

Registration District No. 19 File No. 10243

Primary Registration District No. 1002 Registered No. 247

Hospital

FULL NAME OF CHILD Andrew Parrento

Sex of Child	Twin, Triplet or other?	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Male	✓	✓	Yes	Dec 14th 1912

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	Liberto Parrento	FULL MAIDEN NAME	Mary Gales
RESIDENCE	Pocatello Ida	RESIDENCE	Pocatello Idaho
COLOR	Italian	COLOR	Italian
AGE AT LAST BIRTHDAY	24 (Years)	AGE AT LAST BIRTHDAY	28 (Years)
BIRTHPLACE	Cumberland, Wis.	BIRTHPLACE	Italy
OCCUPATION	Boiler Makers Helper	OCCUPATION	At. Wk.

Number of child of this mother, including present birth 3

Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) Dec 14/12, at 9:11 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) H. A. Castle

M. D.
(Physician or midwife)

Address Pocatello Idaho

Given names added from a supplemental report

..... 19.....

Filed 12/16, 1912 O. P. Greeley
Registrar

..... Registrar

S-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

SEP 1 9 1974

533-115-003-693

Form V. S. No. 11-C—20m-2-15-12

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Bannock

City of Pocatello

No. 806 N. Main St.

Registration District No. 19 File No. 10244

Primary Registration District No. 1002 Registered No. 248

Hospital

FULL NAME OF CHILD Francis William Elliott

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Male	✓	✓	Yes	Dec 15th 1912

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	Alonzo R. Elliott	Winifred H. Williams
RESIDENCE	Pocatello Idaho	Pocatello Idaho
COLOR	White	White
AGE AT LAST BIRTHDAY (Years)	76	78
BIRTHPLACE	Syracuse N. Y.	Cheyenne, Wyo.
OCCUPATION	Post Office Clerk	Housewife

Number of child of this mother, including present birth

Number of children of this mother now living, including present birth

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive Dec 15/12 at 9 P. M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) H A Castle M.D.
(Physician or midwife)

Address Pocatello Idaho

Given names added from a supplemental report

.....19.....

.....
Registrar

Filed 12/17 19 12

O. F. Steely
Registrar

S-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

APR 21 1971

153 - 217003-913

Form V. S. No. 11-C—20m-2-15-12

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

PLACE OF BIRTH

County of Bannock

City of Pocatello

No. 349 N. 9th Ave. *St.*

Hospital _____

Registration District No. 19 **File No.** 10245

Primary Registration District No. 1009 **Registered No.** 249

FULL NAME OF CHILD Fredricka Josephine Anthes

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
female			yes	Dec. 17 1912

FATHER	MOTHER
FULL NAME: Arthur Edward Anthes	FULL MAIDEN NAME: Hulda Ralston
RESIDENCE: ranch n. of town	RESIDENCE: ranch n. of town
COLOR: white	COLOR: white
AGE AT LAST BIRTHDAY: 26 (Years)	AGE AT LAST BIRTHDAY: 24 (Years)
BIRTHPLACE: Schuyler, Nebraska	BIRTHPLACE: Mitchell, S. Dakota
OCCUPATION: Farmer	OCCUPATION: Housewife

Number of child of this mother, including present birth: One

Number of children of this mother now living, including present birth: One

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive Dec. 17, 1912 at 6:00 A. M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) H. Smith Woolley
(Physician or midwife)

Address Pocatello Idaho

Given names added from a supplemental report

..... 19.....

..... Registrar

Filed 12/20 1912 O. P. Steed Registrar

6-Y CO. 20174

MARGIN RESERVED FOR BINDING
WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Form V. S. No. 11-C—20m-3-15-12

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

PLACE OF BIRTH

County of

[redacted] 3-249

Form V. S. No. 11-C 20m-8-15-12

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Bannock

City of Pocatello — Registration District No. 19 — File No. 10246

No. 150 N. Garfield St. — Primary Registration District No. 1002 — Registered No. 250

Hospital

FULL NAME OF CHILD DOROTHY ALEEN Keener

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
female	—	—	yes	12 24 1912

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	Robert E. Keener	Adella A. Smyth
RESIDENCE	Pocatello Idaho	Pocatello Idaho
COLOR	White	White
AGE AT LAST BIRTHDAY (Years)	24	22
BIRTHPLACE	Garland Kans	Pocatello Idaho
OCCUPATION		

Number of child of this mother, including present birth 2 — Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn), at 10 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) O. J. Neely

(Physician ~~or midwife~~)

Address Pocatello Idaho

Given names added from a supplemental report

....., 19.....

Filed 12-26 1912 O. J. Neely

Registrar

S-Y CO. 20174

Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Dup of 1912-11605

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of Idaho } ss.
County of Bannock }

Certificate No. 10246

SEP 28 1942

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of birth (Birth or Death)
for (Unnamed) Keener (Name on Original Certificate) who was born (Was Born or Died) on December 24th, 1912 (Date of Event)
in Pocatello, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts are shown by my memory as mother of child ~~prepared on~~ (Bible Record, Insurance Policy, Etc.) (Give Date), are:

FACTS TO BE CORRECTED ("Name", "Birth Date", "Cause of Death", Etc.)	FROM (As on Original)	TO (The Correct Facts)
Name	Unnamed	Dorothy Aileen Keener

Subscribed and sworn to before me this 25th
day of September, 1942.

J. A. McQuillen
Notary Public, residing at Pocatello, Idaho.
My commission expires June 20, 1944
(Seal)

Signed Mrs. Adella A. Keener
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

455 No. Hayes Ave., Pocatello, Idaho.
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Idaho } ss.
County of Bannock }

[This Affidivat **MUST** Also be Executed.
(See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 25th
day of September, 1942.

J. A. McQuillen
Notary Public, residing at Pocatello, Idaho
My commission expires June 20, 1944
(Seal)

Signed Rev. Edmund L. Coday
(Signature of Any Credible Person Other Than Previous Year)

455 No. Hayes Ave., Pocatello, Idaho.
(Street Address, City, State)

[redacted]

STATE OF IDAHO

DEPARTMENT OF PUBLIC HEALTH--BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

SEP 30 1942

866 [redacted] 06-219

PL[redacted]H

Form V. S. No. 11-C—20m-2-15-12

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Bannock

City of Pocatello Ward 1 Registration District No. 13 File No. 10247

No. ____ St. Primary Registration District No. 2053 Registered No. 250

Hospital ____

FULL NAME OF CHILD Unnamed Hofer

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate	Date of Birth (Month) (Day) (Year)
M.			Yes	Dec 4 1912

FATHER	MOTHER
FULL NAME: August Hofer	FULL MAIDEN NAME: Sarah Barnard
RESIDENCE: Pocatello Ward 1	RESIDENCE: Pocatello
COLOR: W	COLOR: W
AGE AT LAST BIRTHDAY: 30 (Years)	AGE AT LAST BIRTHDAY: 25 (Years)
BIRTHPLACE: Switzerland	BIRTHPLACE: Utah
OCCUPATION: Farmer	OCCUPATION: Housewife

Number of child of this mother, including present birth: 3

Number of children of this mother now living, including present birth: 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born Alive (Born alive or stillborn), at 7 A. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) B. Dawson M.D. (Physician or midwife)

Given names added from a supplemental report ____ 19____

Address ____

Filed Dec 6 1912 W. E. Patrie Registrar

____ Registrar

S-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

155-20-006-553

Form V. S. No. 11-C—20m-2-15-12

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Bingham

City of Blackfoot

No. R. F. 3 St.

Registration District No. 13 File No. 10248

Primary Registration District No. 2053 Registered No. 951

Hospital

FULL NAME OF CHILD Jensen

Sex of Child F

Twin Triplet or other? and Number in order of birth
(To be answered only in event of plural births)

Legitimate? Yes

Date of Birth Dec (Month) 1 (Day) 1912 (Year)

FATHER	MOTHER
FULL NAME Waldeman Jensen	FULL MAIDEN NAME Geneva Nelson
RESIDENCE Blkfoot R F 3	RESIDENCE Blkfoot R F 3
COLOR W	COLOR W
AGE AT LAST BIRTHDAY 35 (Years)	AGE AT LAST BIRTHDAY 24 (Years)
BIRTHPLACE Utah	BIRTHPLACE Utah
OCCUPATION Sugar formain of beet field	OCCUPATION Housewife

Number of child of this mother, including present birth 3

Number of children of this mother now living, including present birth

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 11 45 A. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) B Davis

(Physician or midwife)

Given names added from a supplemental report

19

Registrar

Address

Filed Dec 6 1912 M E Patrie

Registrar

8-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

813-224-006-767

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

Form V. S. No. 11-C—10m-8-7-11

PLACE OF BIRTH

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

County of Bingham

City of Ranch 2½ mls N. & E. Wapello

Registration District No. 13 File No. 10249

No. ____, ____ St.

Primary Registration District No. 2053 Registered No. 252

Hospital ____

FULL NAME OF CHILD Iva Evelyn Hale

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Female			Yes	1 24 1912

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	Horace L. Hale	Agnes P. Pope
RESIDENCE	2½ mls N. & E. Wapello	2½ mls N. & E. Wapello
COLOR	White	White
AGE AT LAST BIRTHDAY (Years)	36	21
BIRTHPLACE	Box Elder Co. Utah	Pinte Co. Utah
OCCUPATION	Farmer	Housewife

Number of child of this mother, including present birth 1

Number of children of this mother, now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn), at 2:15 a M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Ira N. Coon

(Physician or Midwife)

Given names added from a supplemental report

....., 19.....

Address .....

Filed Dec 3 1912 W. E. Patrie

SYMS - YORK CO., PTRS. & BDRS. 17326

Registrar

Registrar

IDAHO DEPARTMENT OF HEALTH

BUREAU OF VITAL STATISTICS

Affidavit to Correct or Amended An Original Certificate of Birth or Death

State of ..... } ss. RECEIVED AUG 31 1971 Bureau of Vital Statistics

County of ..... }

Certificate No. 10249

Date Filed .....

The undersigned does solemnly swear that certain facts on the original certificate of birth (Birth or Death)

for Unnamed Hale (female) (Name on Original Certificate) who was born (Was Born or Died) on Jan. 24, 1912 (Date of Event)

in Bingham County, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the true facts are shown by ..... (Bible Record, Insurance Policy, Etc.) prepared on ..... (Give Date), are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
Child's name	Unnamed Hale	Iva Evelyne Hale

Subscribed and sworn to before me this 30th day of August, 1971

John E. Burnard

Notary Public, residing at Spokane

My commission expires 5-13-72

(Seal)

Signed Iva Evelyne Hale Stevens

(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

1018-W Augusta Spokane, Wash. 99205

(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Washington } ss.

County of Spokane }

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 30th day of August, 1971

John E. Burnard

Notary Public, residing at Spokane

My commission expires 5-13-72

(Seal)

Signed Anna C. Lerlach

(Signature of Any Credible Person)

1027 W. Main

(Street Address, City, State)

Spokane, Wash.

CL 8/24/71 nm

FORM DH 60-155

Family Group Record from LDS Church gives name as Iva Evline Hale daughter of Horace Leslie Hale and Agnes Pearl Pope. born Jan. 24, 1912 at Kimball, Idaho. Viewed by V. S.

OCT 14 1971

Birth Certificate from Deaconess Hospital, Spokane, 9, Washington for Dennis Alvin Stowers. Born Nov. 27, 1948. Gives father's name asAlvin A. Stowers and the mother's maiden name as Iva Evelyn Hale born 1-24-12 in Blackfoot, Idaho. Viewed by V. S.

Certificate of Baptism and Confirmation from LDS Church dated Feb. 4, 1951 for Mikel Dale Stowers daughter of Alvin Almarion Stowers and Iva Evelyn Hale. Born May 18, 1942.at Great Falls, Montana. Baptized Feb. 3, 1951 by Herbert Hoover Osborn. Viewed by V. S.

293-226-006-753

Form V. S. No. 11-C—20m-2-15-12

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH

County of Brigham

City of Moreland

No. ..... St.

Hospital .....

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 13 File No. 10250

Primary Registration District No. 2053 Registered No. 253

FULL NAME OF CHILD Fern Button

Sex of Child Female | Twin, Triplet or other? | and Number in order of birth (To be answered only in event of plural births) | Legitimate? yes | Date of Birth Nov 24 1912 (Month) (Day) (Year)

FATHER	MOTHER
FULL NAME Wm D Button	FULL MAIDEN NAME Sarah Patterson
RESIDENCE Bluefield Idaho #4	RESIDENCE Bluefield, Idaho #4
COLOR White	COLOR White
AGE AT LAST BIRTHDAY 22 (Years)	AGE AT LAST BIRTHDAY 24 (Years)
BIRTHPLACE Utah	BIRTHPLACE Utah
OCCUPATION Farmer	OCCUPATION Housewife

Number of child of this mother, including present birth 3

Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 4. A. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) F. W Mitchell

(Physician or midwife)

Address .....

Given names added from a supplemental report

..... 19.....

Filed Dec 17 19 12 W. E. Patrie

..... Registrar

S-Y CO. 20174

Registrar

JUL 2 2 1976

452-124-006-433

Form V. S. No. 11-C—20m-2-15-12

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Bingham

City of Blackfoot, Ida

No. 268 Ash St.

Registration District No. 13 File No. 10251

Primary Registration District No. 1007 Registered No. 254

Hospital

FULL NAME OF CHILD Harold Robert DeKay

Sex of Child	Twin / Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Male			yes	Nov. 24 1912

FATHER		MOTHER	
FULL NAME	Frank E. DeKay	FULL MAIDEN NAME	Kate C. McLeod
RESIDENCE	Blackfoot, Idaho	RESIDENCE	Blackfoot, Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	41 (Years)	AGE AT LAST BIRTHDAY	40 (Years)
BIRTHPLACE	Mich	BIRTHPLACE	Ill
OCCUPATION	Sheriff-Bingham Co	OCCUPATION	Housewife

Number of child of this mother, including present birth 4

Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 9.9 M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) F. W. Mitchell

(Physician or midwife)

Given names added from a supplemental report

.....19.....

Address

Filed Dec 7 1912 W. E. Patric

Registrar

.....

Registrar

S-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Form V. S. No. 11-C—20m-8-10-12

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

PLACE OF BIRTH

County of

685-113-006-415

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

PLACE OF BIRTH

County of Bingham

City of Thomas

No. ____, ____ St.

Hospital ____

Form V. S. No. 11-C—Rev. 6-7-11

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

Registration District No. 13 File No. 10252

Primary Registration District No. 2053 Registered No. 255

FULL NAME OF CHILD George Wheeler

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number, in order of birth	Legitimate?	Date of birth (Month) Oct (Day) 13 (Year) 1912
Male				

	FATHER	MOTHER
FULL NAME	John J Wheeler	FULL MAIDEN NAME Charlate Darry
RESIDENCE	Thomas Idaho	RESIDENCE Thomas Idaho
COLOR	White	COLOR White
AGE AT LAST BIRTHDAY	46 (Years)	AGE AT LAST BIRTHDAY 42 (Years)
BIRTHPLACE	Iowa	BIRTHPLACE Salt Lake City
OCCUPATION	Farmer	OCCUPATION Housewife

Number of child of this mother, including present birth 6.

Number of children, of this mother, now living, including present birth 6

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at ____ M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Mary A Hatch

Midwife (Physician or Midwife)

Address Blackfoot Idaho

Given names added from a supplemental report

____, 19____

____ Registrar

Filed Dec 9 19 12 M E Petrie Registrar

SYMS - YORK CO., PTRS. & BDRS. 17826

JAN 1 7 1977

432-227-006-713

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

Form V. S. No. 17-C—10m-8-7-11

PLACE OF BIRTH

County of Bingham

City of Mareland

No. ____, ____ St.

Hospital ____

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

Registration District No. 13 File No. 10253

Primary Registration District No. 2053 Registered No. 256

FULL NAME OF CHILD Unnamed McKnight. OPAL BERNICE

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Female			Yes	Sept 27, 1912

	FATHER	MOTHER
FULL NAME	William H Mc Knight	Nalate Pulton
RESIDENCE	Mareland	Mareland
COLOR	White	White
AGE AT LAST BIRTHDAY	50 (Years)	46 (Years)
BIRTHPLACE	Beaver Co Utah	Fillmore Utah
OCCUPATION	Farmer	Housewife

Number of child of this mother, including present birth 11

Number of children, of this mother, now living, including present birth 11

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at ____ M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report

....., 19....

.....
Registrar

(Signature) Mary A Peatch

(Physician or Midwife)

Address Blackfoot Idaho

Filed Dec 9 1912 W E Patrie
Registrar

SYMS - YORK CO., PTRS. & BORS. 17326

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of IDAHO } ss.
County of Bingham }

Certificate No. 10253

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of birth (BIRTH OR DEATH)
for Opal Bernice McKnight (NAME, ON ORIGINAL CERTIFICATE) who was born (WAS BORN OR DIED) on Sept 27 1912 (DATE OF EVENT)
in Moreland Idaho (PLACE OF EVENT) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts as shown by Bible record (BIBLE RECORD, INSURANCE POLICY, ETC.) prepared on Nov. 1 1912 (GIVE DATE), are:

FACTS TO BE CORRECTED ("NAME", "BIRTH DATE", "CAUSE OF DEATH", ETC.)	FROM (AS ON ORIGINAL)	TO (THE CORRECT FACTS)
Name	Unnamed	Opal Bernice McKnight
Date	Sept. 21st	Sept. 27, 1912

Subscribed and sworn to before me this
day of , 19

Notary Public, residing at

My commission expires
(SEAL)

Signed
(SIGNATURE OF PARENT OR ATTENDANT IF CORRECTING A BIRTH RECORD; OF ATTENDANT, FUNERAL DIRECTOR, INFORMANT IF CORRECTING A DEATH RECORD; OR OTHER CREDIBLE PERSON.)

(STREET ADDRESS, CITY, STATE)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Idaho } ss.
County of Twin Falls }

[THIS AFFIDAVIT MUST ALSO BE EXECUTED. (SEE CHAPTER 139, 1937 IDAHO SESSION LAWS.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 8
day of January, 19 43

Notary Public, residing at Twin Falls, Ida

My commission expires March 3, 1944
(SEAL)

Signed Ida Mc Bride
(SIGNATURE OF ANY CREDIBLE PERSON OTHER THAN PREVIOUS AFFIANT.)

200 - W. addison
(STREET ADDRESS, CITY, STATE)
Twin Falls Idaho.

Received for filing on By
(REGISTRAR'S SIGNATURE)

STATE OF IDAHO

DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND A CERTIFICATE OF BIRTH OR DEATH

State of .....

County of .....

JAN 12 1943

The undersigned does hereby swear that the certificate of birth or death for .....

in .....

time facts as shown by .....

FACTS TO BE CORRECTED

FROM

TO

Subscribed and sworn to before me this ..... day of ..... 19 ...

My commission expires .....

NOTARY PUBLIC RESIDING AT .....

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of .....

County of .....

The undersigned, being duly sworn, says that he has known the above named .....

819-106-006-305

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

PLACE OF BIRTH

County of Bingham

City of Marelend

No. ____, ____ St.

Hospital ____

Form V. S. No. M-C—Rev. 8-7-11

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

Registration District No. 13 File No. 10254

Primary Registration District No. 2053 Registered No. 257

FULL NAME OF CHILD Elyah Tanner Jardon

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Male				Dec. 6 1912

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	Elijah T Jardan	Mary S Tanner
RESIDENCE	Marelend	Marelend
COLOR	White	White
AGE AT LAST BIRTHDAY (Years)	27	18
BIRTHPLACE	England	Pery, Utah
OCCUPATION	Farmer	

Number of child of this mother, including present birth 1

Number of children, of this mother, now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at ____ M. on the date above stated.

(Signature) Mary A Hatch

(Physician or Midwife)

Address Blackfoot Idaho

Filed Dec 9 19 12 W E Petrie Registrar

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report

____, 19____

____ Registrar

SYMS - YORK CO., PTRS. & BDRS. 17926

MAR 3 1967

799-114-006-432

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

Form V. S. No. [illegible]

PLACE OF BIRTH

County of Bingham

City of Mareland

No. ____, ____ St.

Hospital ____

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

Registration District No. 13 — File No. 10255

Primary Registration District No. 2053 — Registered No. 258

FULL NAME OF CHILD Unnamed Grennett.

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) Sep (Day) 14 (Year) 1912
Male				

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	W. A. Grennett	Anne McBride
RESIDENCE	Mareland	Mareland
COLOR	White	White
AGE AT LAST BIRTHDAY (Years)	35	31
BIRTHPLACE	Bear Lake Idaho	Nyrum Utah
OCCUPATION	Farmer	

Number of child of this mother, including present birth 9

Number of children, of this mother, now living, including present birth 7

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive, at ____ M. on the date above stated.

(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Thos. A. Dated

(Physician or Midwife)

Given names added from a supplemental report

Address Blackfoot Idaho

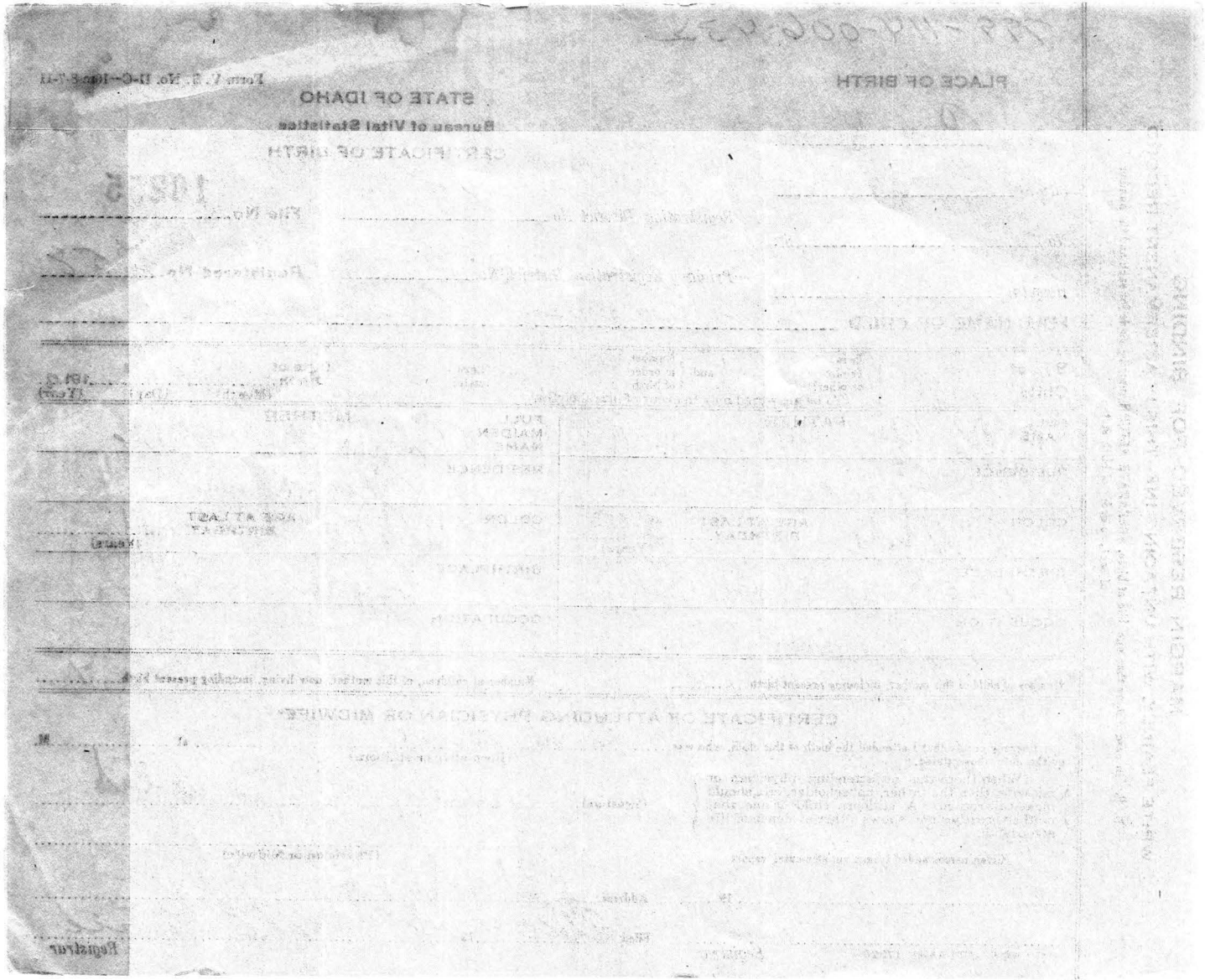
Filed Dec 9 1912 W. E. Patrie

____, 19____

____ Registrar

SYMS - YORK CO., PTRS. & BDRS. 17326

Registrar



315-205-006-753

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

PLACE OF BIRTH

County of Bingham

City of Mareland

No. ____, ____ St.

Hospital ____

Form V. S. No. 11-C Rev. 8-7-11

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

Registration District No. 13 File No. 10256

Primary Registration District No. 2053 Registered No. 259

FULL NAME OF CHILD ____

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
female				Nov. 2, 1912

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	Thomas Tanner	Ina M Peck
RESIDENCE	Mareland	Mareland.
COLOR	White	White
AGE AT LAST BIRTHDAY	48 (Years)	38 (Years)
BIRTHPLACE	Idaho Utah	Salt Lake City
OCCUPATION	Farmer	So

Number of child of this mother, including present birth 9

Number of children, of this mother, now living, including present birth 9

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at ____ M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Mary A Heath (Physician or Midwife)

Address Blackfoot Idaho

Given names added from a supplemental report ____, 19____

Filed Dec 9 19 12 W. E. Patrie Registrar

____ Registrar

SYMS - YORK CO., PTRS. & BDRS. 17326

PLACE OF BIRTH

STATE OF IDAHO

419 - 104 - 006 - 296

PLACE OF BIRTH

Form V. S. No. 11-C--10m-8-7-11

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

County of Bingham

City of Blackfoot

No. 38 Fisher St.

Registration District No. 13 File No. 10257

Primary Registration District No. 1007 Registered No. 260

~~Hospital~~ Home

FULL NAME OF CHILD John W. Martin

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Boy			Yes	12 4 1912

FATHER	MOTHER
FULL NAME John W. Martin	FULL MAIDEN NAME Lottie Broadhead
RESIDENCE Blackfoot	RESIDENCE Blackfoot
COLOR White AGE AT LAST BIRTHDAY 31 (Years)	COLOR White AGE AT LAST BIRTHDAY 29 (Years)
BIRTHPLACE South Dacota	BIRTHPLACE Utah
OCCUPATION Miller	OCCUPATION Housewife

Number of child of this mother, including present birth... one

Number of children, of this mother, now living, including present birth... one

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn) at 2.15 a. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Mrs. L. P. Bateway

Midwife (Physician or Midwife)

Given names added from a supplemental report

....., 19.....

.....

Registrar

Address .....

Filed Dec 11 1912 M. E. Patrie.

Registrar

SYMS - YORK CO., PTRS. & BDRS. 17326

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

JUN 24 1942

453 - 126-006-515

PLACE OF BIRTH

Form V. S. No. 11-C—20m-2-15-12

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Bingham

City of Pingree

No. ..... St.

Hospital .....

Registration District No. 13 File No. 10258

Primary Registration District No. 2053 Registered No. 261

FULL NAME OF CHILD Julio Decetis

Sex of Child	Twin / Triplet or other? (To be answered only in event of plural births) and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Male		Yes	Nov 26th 1912

FATHER		MOTHER	
FULL NAME	Sam Decetis	FULL MAIDEN NAME	Mary Velente
RESIDENCE	Pingree	RESIDENCE	Pingree
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	46 (Years)	AGE AT LAST BIRTHDAY	41 (Years)
BIRTHPLACE	Italy	BIRTHPLACE	Italy
OCCUPATION	Farmer	OCCUPATION	House work

Number of child of this mother, including present birth 5

Number of children of this mother now living, including present birth 5

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive, at 5:55 P.M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Mrs W A Edwards

(Physician or midwife)

Address Springfield

Given names added from a supplemental report

..... 19.....

Filed Dec 14 1912 W E Patrie
Registrar

..... Registrar

S-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

DEC 2 9 1941

236-226-006-413
Amended 8/21/72

MARGIN RESERVED FOR BINDING
WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

Form V. S. No. 11-C—10m-8-7-11

PLACE OF BIRTH

STATE OF IDAHO
Bureau of Vital Statistics
CERTIFICATE OF BIRTH

County of Bingham
City of Wapello
Registration District No 13
File No. 10259
No ____, ____ St.
Primary Registration District No. 2053
Registered No. 262
Hospital Home

FULL NAME OF CHILD Phyllis LaVon Scott

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Girl			Yes	11 26 1912

FATHER	MOTHER
FULL NAME Arthur Scott	FULL MAIDEN NAME Ester Malm
RESIDENCE Wapello	RESIDENCE Wapello
COLOR White	COLOR White
AGE AT LAST BIRTHDAY 30 (Years)	AGE AT LAST BIRTHDAY 22 (Years)
BIRTHPLACE Utah	BIRTHPLACE Utah
OCCUPATION Farmer	OCCUPATION Housewife

Number of child of this mother, including present birth... one
Number of children, of this mother, now living, including present birth... one

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 10 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Mrs. L. P. Batway
Midwife
(Physician or Midwife)

Given names added from a supplemental report

....., 19.....

Address .....

Filed Dec 20 1912 W. E. Patrie
Registrar

SYMS - YORK CO., PTRS. & BDRS. 17326

Registrar

IDAHO DEPARTMENT OF HEALTH

BUREAU OF VITAL STATISTICS

RECEIVED
BUREAU OF
VITAL STATISTICS
AUG 4 9 54 AM '72

Affidavit to Correct or Amend An Original Certificate of Birth or Death

State of Idaho
County of Bingham } ss.

Certificate No. 10259

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of birth (Birth or Death)
for LaVaun Scott (Name on Original Certificate) who was born (Was Born or Died) on Nov. 26, 1912 (Date of Event)
in Wapallo, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts are shown by (Bible Record, Insurance Policy, Etc.) prepared on (Give Date), are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
Child's name	LaVaun Scott	Phyllis LeVon Scott

Subscribed and sworn to before me this 2nd day of August, 1972

Notary Public, residing at Blackfoot, Bingham County, Idaho
My commission expires May 14, 1975
(Seal)

Notary Public Residing in
Blackfoot, Bingham County, Idaho
My Commission Expires May 14, 1975

Signed
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

Esther Seth Seamon
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Idaho
County of Bingham } ss.

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 2nd day of August, 1972

Notary Public, residing at Blackfoot, Bingham County, Idaho
My commission expires May 14, 1975
(Seal)

Notary Public Residing in
Blackfoot, Bingham County, Idaho
My Commission Expires May 14, 1975

Signed
(Signature of Any Credible Person)

1445 River St. Rd. Blackfoot, Idaho
(Street Address, City, State)

FORM DH 60-155 CL 7/18/72

Marriage License from Idaho gives name of groom as Francis Chatfield Lawrence and the bride's name as Phyllis LaVon Scott. Dated Aug. 30, 1930. Viewed by V. S. AUG 21 1972

Patriarchial Blessing gives name as Phyllis Lavon Scott. Born Nov. 26, 1912. Was blessed Feb. 18, 1925. Signed by Orson H. Hickencooper. Viewed by V. S.

915-122-006-289

Form V. S. No. 11-C—20m-2-15-12

PLACE OF BIRTH

County of Bingham

City of Blackfoot

No. ..... St.

Hospital Blackfoot

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 13 File No. 10260

Primary Registration District No. 2053 Registered No. 263

FULL NAME OF CHILD Maurice B. Randall

Sex of Child	Twin Triplet or other? (To be answered only in event of plural births) and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Male		Yes	Dec 22 1912

FATHER	MOTHER
FULL NAME Raymond L. Randall	FULL MAIDEN NAME Ruby Bridges
RESIDENCE Blackfoot, Idaho	RESIDENCE Blackfoot, Idaho
COLOR White	COLOR White
AGE AT LAST BIRTHDAY 22 (Years)	AGE AT LAST BIRTHDAY 20 (Years)
BIRTHPLACE Kans.	BIRTHPLACE Wis
OCCUPATION Farmer	OCCUPATION Home

Number of child of this mother, including present birth 1

Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 6.30 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) F. W. Mitchell

(Physician or midwife)

Address .....

Given names added from a supplemental report

..... 19.....

..... Registrar

Filed Dec 26 1912 W. E. Patrick Registrar

S-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

MAR 14 1950

555-120-006-165

Form V. S. No. 11-C—20m-2-15-12

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH

County of Brigham

City of Rupello

No. ..... St.

Hospital .....

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 13 File No. 10261

Primary Registration District No. 2053 Registered No. 264

FULL NAME OF CHILD Lee Elden Neville

Sex of Child Male | Twin Triplet or other? | and | Number in order of birth (To be answered only in event of plural births) | Legitimate? Yes | Date of Birth Dec 20 1912 (Month) (Day) (Year)

FATHER

FULL NAME Clarence W. Neville

RESIDENCE Blackfoot, Idaho #3

COLOR White AGE AT LAST BIRTHDAY 28 (Years)

BIRTHPLACE Idaho

OCCUPATION Merchant

MOTHER

FULL MAIDEN NAME Ida Jones

RESIDENCE Blackfoot, Idaho #3

COLOR White AGE AT LAST BIRTHDAY 22 (Years)

BIRTHPLACE Utah

OCCUPATION Housewife

Number of child of this mother, including present birth 3

Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 7 A. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) F. W. Mitchell

(Physician or midwife)

Given names added from a supplemental report

..... 19.....

..... Registrar

Address .....

Filed Dec 26 19 12 W. E. Patrie Registrar

S-Y CO. 20174

IDAHO DEPARTMENT OF HEALTH

BUREAU OF VITAL STATISTICS

Affidavit to Correct or Amend An Original Certificate of Birth or Death

RECEIVED
FEB 14 1966
Bureau of Vital Statistics

State of California
County of Monterey } ss.

Certificate No. 10261

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of Birth (Birth or Death)
for Unnamed Neville (male child) (Name on Original Certificate) who was born (Was Born or Died) on Dec. 20, 1912 (Date of Event)
in Wapello, Idaho - Bingham County (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the true facts are shown by Soc. Policy & Military Records (Bible Record, Insurance Policy, Etc.) prepared on 6-1-51 & Sept 24, 1952 (Give Date) are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
Full Name of Child	Unnamed	Lee Elden Neville

Subscribed and sworn to before me this 10th day of February, 1966

Notary Public, residing at Monterey Calif
My commission expires Feb 23, 1966
(Seal)

SALVATORE J. CIRRITO
NOTARY PUBLIC - CALIFORNIA
PRINCIPAL OFFICE IN
MONTEREY COUNTY

Signed: Arthur J. Milan
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

1109 Echo Ave, Seaside, Calif
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of
County of } ss.

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this day of , 19

Notary Public, residing at
My commission expires
(Seal)

Signed
(Signature of Any Credible Person)

(Street Address, City, State)

FORM DH 60-155

CL 1-19-66. one copy pd. rec. #5038.

U.S. Army, Certificate, as a Reserve Commissioned Officer, grade of Major, dated Sept. 24, 1952 gives full name as Lee Elden Neville - viewed by V.S.

FEB 24 1966

U.S. National Service Life Insurance, effective date of policy, June 1, 1951, policy no. V 1906-11-23, gives full name of insured as Lee Elden Neville, age 37- viewed by V.S.

819 - 110 -006 - 231

PLACE OF BIRTH

Form V. S. No. 11-C—20m-2-26-12

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Bingham

City of Blackfoot

No. 439 Shilling St.

Hospital

Registration District No. 13

Primary Registration District No. 1007

File No. 10262

Registered No. 265

FULL NAME OF CHILD Fern Horton

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Male			Yes	Dec 10 1912

FATHER	MOTHER
FULL NAME Wm H Horton	FULL MAIDEN NAME Hattie Black
RESIDENCE Blackfoot, Idaho	RESIDENCE Blackfoot, Idaho
COLOR White	COLOR White
AGE AT LAST BIRTHDAY 42 (Years)	AGE AT LAST BIRTHDAY 39 (Years)
BIRTHPLACE England	BIRTHPLACE Utah
OCCUPATION Farmer	OCCUPATION Housewife

Number of child of this mother, including present birth 6

Number of children of this mother now living, including present birth 5

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 2.30 P.M. on the date above stated.

(Signature) F. W. Mitchell

(Physician or midwife)

Address

Filed Dec 26 1912 W. E. Patrie Registrar

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report

19

Registrar

8-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Form V. S. No. 11-C—20m-3-13-12

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

PLACE OF BIRTH

County of

211-109-006-245

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Form V. S. No. 11-C—20m-2-15-12

PLACE OF BIRTH

County of Brigham

City of Fort Hall

No. ..... St.

Hospital .....

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 13 File No. 10263

Primary Registration District No. 2053 Registered No. 266

FULL NAME OF CHILD Wallace Kaja

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Male			Yes	Dec. 9 1912

FATHER	MOTHER
FULL NAME Jim Kaja	FULL MAIDEN NAME Jessie Sunsuck
RESIDENCE Fort Hall Idaho	RESIDENCE Fort Hall
COLOR Indian	COLOR Indian
AGE AT LAST BIRTHDAY 27 (Years)	AGE AT LAST BIRTHDAY 22 (Years)
BIRTHPLACE Fort Hall	BIRTHPLACE Fort Hall
OCCUPATION Farmer	OCCUPATION Housework

Number of child of this mother, including present birth 1

Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 8. P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) F. W. Mitchell

(Physician or midwife)

Address .....

Given names added from a supplemental report

..... 19.....

Filed Dec 26 1912 W. E. Rutrie

..... Registrar

S-Y CO. 20174

Registrar

619-112-006-753

Form V. S. No. 11-C—20m-2-15-12

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Bingham

City of Blackfoot

No. 12 So. Fisher Ave.

Registration District No. 13 File No. 10264

Primary Registration District No. 1007 Registered No. 267

Hospital

FULL NAME OF CHILD Nurl Henry Warren

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Male			yes	Dec. 12 1912

FATHER	MOTHER
FULL NAME Jos. H Warren	FULL MAIDEN NAME Ida M. Peterson
RESIDENCE Blackfoot, Idaho	RESIDENCE Blackfoot, Idaho
COLOR White	COLOR White
AGE AT LAST BIRTHDAY 42 (Years)	AGE AT LAST BIRTHDAY 29 (Years)
BIRTHPLACE Utah	BIRTHPLACE Ind.
OCCUPATION Farmer	OCCUPATION Housework

Number of child of this mother, including present birth 3

Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 7.30 A. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. A. W. Mitchell

(Physician or midwife)

Given names added from a supplemental report

.....19.....

Address .....

Filed Dec 26 19 12 W. E. Petrie

.....
Registrar

.....
Registrar

S-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Form V. S. No. 11-C—20m-8-15-12

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

PLACE OF BIRTH

County of

154-107-006-813

PLACE OF BIRTH

Form V. S. No. 11-C—20m-2-15-12

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Bingham

City of Blackfoot

No. 3 Parsons St.

Hospital No

Registration District No. 13 File No. 10265

Primary Registration District No. 1007 Registered No. 268

FULL NAME OF CHILD George Walter Anderson

Sex of Child	Twin, Triplet or other?	Number in order of birth	Legitimate?	Date of Birth
Male	— (To be answered only in event of plural births)	—	Yes	Dec 7 (Month) (Day) 1912 (Year)

FATHER		MOTHER	
FULL NAME	Walter R. Anderson	FULL MAIDEN NAME	Annie Hatch
RESIDENCE	Blackfoot Idaho	RESIDENCE	Do
COLOR	White	COLOR	Do
AGE AT LAST BIRTHDAY	21 (Years)	AGE AT LAST BIRTHDAY	19 (Years)
BIRTHPLACE	So Dakota	BIRTHPLACE	Do Utah
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 1

Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 11 50 a.m. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) W. E. Patrie

Phys (Physician or midwife)

Address Blackfoot Idaho

Given names added from a supplemental report

.....19.....

Filed Dec 27 1912

W. E. Patrie
Registrar

.....
Registrar

S-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Form V. S. No. 11-C—20m-9-15-12

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

PLACE OF BIRTH

County of

763-216-006-645

Form V. S. No. 11-C—20m-2-15-12

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH

County of Bingham

City of Blackfoot

No. Dippel add

Hospital No

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

Registration District No. 13 File No. 10267

Primary Registration District No. 1007 Registered No. 270

FULL NAME OF CHILD Ruth alice Potter

Sex of Child: Female

Twin, Triplet or other? and Number in order of birth (To be answered only in event of plural births)

Legitimate? Yes

Date of Birth: Dec 16 1912 (Month) (Day) (Year)

FATHER

FULL NAME: Geo. F. Potter

RESIDENCE: Blackfoot Idaho

COLOR: White AGE AT LAST BIRTHDAY: 36 (Years)

BIRTHPLACE: Utah

OCCUPATION: Poter Hangerda

MOTHER

FULL MAIDEN NAME: Bessie Odekirk.

RESIDENCE: Do

COLOR: White AGE AT LAST BIRTHDAY: 34 (Years)

BIRTHPLACE: Idaho

OCCUPATION: Housewife

Number of child of this mother, including present birth: 6

Number of children of this mother now living, including present birth: 6

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 2 A. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) M. E. Petrie

Phys. (Physician or midwife)

Address Blackfoot Idaho

Given names added from a supplemental report

..... 19.....

Filed Dec 27 19 12 M. E. Petrie Registrar

..... Registrar

S-Y CO. 20174

293-218-006-699

Form V. S. No. 11-C—20m-2-15-12

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Bingham

~~City of~~ So. Blackfoot River

Registration District No. 13 File No. 10268

No. — St.

Primary Registration District No. 2053 Registered No. 271

Hospital —

FULL NAME OF CHILD Unnamed Killian

Sex of Child	Twin, Triplet or other?	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Female	— (To be answered only in event of plural births)	—	Yes	Dec 18 1912

FATHER		MOTHER	
FULL NAME	William P. Killian	FULL MAIDEN NAME	Verena Wright
RESIDENCE	Blackfoot Idaho	RESIDENCE	Do
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	28	AGE AT LAST BIRTHDAY (Years)	26
BIRTHPLACE	Utah	BIRTHPLACE	Idaho
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 3

Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 3—35 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) W. E. Patrie

Phys.
(Physician or midwife)

Address Blackfoot Idaho

Given names added from a supplemental report

....., 19.....

Filed Dec. 27 19 17 W. E. Patrie
Registrar

.....
Registrar

8-Y CO. 20174

MARGIN RESERVED FOR BINDING
WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

NOV 2 7 1974

813-121-006-813

Form V. S. No. 11-C [illegible]

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Bingham

City of Blackfoot

No. Kennedy Add

Hospital No

Registration District No. 13 File No. 10269

Primary Registration District No. 1007 Registered No. 272

FULL NAME OF CHILD Unnamed

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Male			No	Dec 21 1912

	FATHER (Name given by Mother)	MOTHER
FULL NAME	Henry Forge	MAIDEN NAME Irma Josephine Hatch
RESIDENCE	Unknown	Blackfoot Idaho
COLOR	White	White
AGE AT LAST BIRTHDAY (Years)	About 25	16
BIRTHPLACE	Utah	Utah
OCCUPATION	Farm-Laborer.	None

Number of child of this mother, including present birth 1

Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 8:50 A. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) M E Patrie

Phys. (Physician or midwife)

Address Blackfoot Idaho

Given names added from a supplemental report

.....19.....

.....
Registrar

Filed Dec 27 1912

M E Patrie
Registrar

S-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

FEB 2 6 2001

SEP 2 0 2011

95-4-224-006-434

Form V. S. No. 11-C—20m-2-15-12

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

PLACE OF BIRTH

County of Bingham

City of Blackfoot Rand 2

No. No St.

Hospital No

Registration District No. 13 — File No. 10270

Primary Registration District No. 2053 — Registered No. 273

FULL NAME OF CHILD Leona Deman

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Female		—	Yes	Dec 24 1912

FATHER

FULL NAME: John A Deman

RESIDENCE: Blackfoot Idaho

COLOR: White — AGE AT LAST BIRTHDAY: 36 (Years)

BIRTHPLACE: Switzerland

OCCUPATION: Farmer

MOTHER

FULL MAIDEN NAME: Mayme A McMurdy

RESIDENCE: Do

COLOR: White — AGE AT LAST BIRTHDAY: 27 (Years)

BIRTHPLACE: Utah

OCCUPATION: Housewife

Number of child of this mother, including present birth: 6

Number of children of this mother now living, including present birth: 6

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive. (Born alive or stillborn), at 11 P M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) M E Patrie

Phys.

(Physician or midwife)

Address Blackfoot Idaho

Given names added from a supplemental report

.....19.....

.....
Registrar

Filed Dec 27 19 12 M E Patrie
Registrar

S-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

DEC 4 1974

445-126-006-398

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

Form V. S. No. 11-C—10m-8-7-11

PLACE OF BIRTH

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

County of Bingham

City of Moreland Rural

No ____, No St.

Hospital No

Registration District No 13 — File No. 10271

Primary Registration District No. 2053 — Registered No. 274

FULL NAME OF CHILD John Gordon Munson

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Male			Yes	Dec. 26, 1912

	FATHER	MOTHER
FULL NAME	John Henry Munson	Mary Emma Crystal
RESIDENCE	Moreland	Moreland
COLOR		
AGE AT LAST BIRTHDAY (Years)	Forty Six	Twenty Eight
BIRTHPLACE	Cash Valey Utah	American Fork Utah
OCCUPATION	Farmer	

Number of child of this mother, including present birth. Two

Number of children, of this mother, now living, including present birth. Two

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 4 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Mrs. S. S. Hammond

(Physician or Midwife)

Address Blackfoot Idaho R—4

Given names added from a supplemental report

....., 19.....

Filed Dec 29 19.... W. E. Patrick

Registrar

SYMS - YORK CO., PTRS. & BDRS. 17326

Registrar

SEP 16 1974

335-224-006-259

Form V. S. No. 11-C—10m-8-7-11

PLACE OF BIRTH

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

County of Bingham

City of Blackfoot Precinct

No. Farmhouse St.

Registration District No. 13

File No. 10272

Primary Registration District No. 2053

Registered No. 275

Hospital

FULL NAME OF CHILD Mable Jane Clegg

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth
Girl			Yes	12 (Month) 24 (Day) 1912 (Year)

FATHER		MOTHER	
FULL NAME	John C. Clegg	FULL MAIDEN NAME	Flossie Streator
RESIDENCE	Blackfoot	RESIDENCE	Blackfoot
COLOR	White	AGE AT LAST BIRTHDAY	25 (Years)
COLOR	White	AGE AT LAST BIRTHDAY	22 (Years)
BIRTHPLACE	Utah	BIRTHPLACE	Kansas
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth. one

Number of children, of this mother, now living, including present birth. one

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn) at 2 M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Mrs. L. P. Batwa

Midwife (Physician or Midwife)

Given names added from a supplemental report

....., 19.....

Address .....

Filed Dec 20 19 12 W. E. Patrice

SYMS - YORK CO., PTRS. & BORS. 17328

Registrar

Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

MAR 1 4 1973

294-114-006-699

Form V. S. No. 11-C—20m-2-15-12

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Bingham

City of Blackfoot

Registration District No. 13 File No. 10273

No. 640 N. Main St.

Primary Registration District No. 1007 Registered No. 276

Hospital

FULL NAME OF CHILD Unnamed Simmons

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
M			Yes	Dec 14 1912

FATHER		MOTHER	
FULL NAME	Henry Simmons	FULL MAIDEN NAME	Inez Wright
RESIDENCE	Blackfoot Ida	RESIDENCE	Blackfoot Ida
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY	42 (Years)	AGE AT LAST BIRTHDAY	37 (Years)
BIRTHPLACE	Mo.	BIRTHPLACE	Idaho
OCCUPATION	Teamster	OCCUPATION	Housewife

Number of child of this mother, including present birth 7

Number of children of this mother now living, including present birth 6

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 10:25 a M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J B Davis

(Physician or midwife)

Address

Given names added from a supplemental report

.....19.....

.....
Registrar

Filed Dec 20 1912 W. E. Pattie
Registrar

S-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

862-119-006-862

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Form V. S. No. 11-C—20m-2-15-12

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

PLACE OF BIRTH

County of Bingham

City of Blackfoot

No. RFD 2 St.

Hospital

Registration District No. 13 File No. 10275

Primary Registration District No. 253 Registered No. 278

FULL NAME OF CHILD ~~Unnamed~~ Most Darrell H. Most

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
M		1	Yes	Dec 19 1912

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	George Most	Anna Most
RESIDENCE	Blackfoot R F 2	Blackfoot R F 2
COLOR	W	W
AGE AT LAST BIRTHDAY	24 (Years)	21 (Years)
BIRTHPLACE	Nebraska	Nebraska
OCCUPATION	Farmer	Housewife

Number of child of this mother, including present birth 1

Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born Alive (Born alive or stillborn) on the date above stated. 8:30 P. M.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) B Dawson MD

(Physician or midwife)

Given names added from a supplemental report

..... 19.....

Address .....

Filed Dec 30 1912 W. E. Patrick

Registrar

S-Y CO. 20174

Registrar

SEP 17 1941

253-125-006-764

Form V. S. No. 11-C—20m-2-15-12

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Bingham

City of Blackfoot

No. Behind Electric Light plant

Registration District No. 13

File No. 10276

Primary Registration District No. 1007

Registered No. 279

Hospital

FULL NAME OF CHILD ~~Unnamed~~ Keeley, Fay Charles

Sex of Child	Twin Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
M			Yes	Dec 25 1912

FATHER		MOTHER	
FULL NAME	John E. Keeley	FULL MAIDEN NAME	Ida Gough
RESIDENCE	Blackfoot Ida	RESIDENCE	Blackfoot Ida
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY	35 (Years)	AGE AT LAST BIRTHDAY	29 (Years)
BIRTHPLACE	Utah	BIRTHPLACE	Utah
OCCUPATION	Machinist	OCCUPATION	Housewife

Number of child of this mother, including present birth 5

Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born Alive (Born alive or stillborn) at 12 20 A. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. B. Davis M.D.

(Physician or midwife)

Given names added from a supplemental report

..... 19.....

..... Registrar

Address .....

Filed Dec 30 1912 W. E. Lohrid Registrar

S-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Beneficiary Beneficial Life Insurance Co. Policy, policy no. 187000, dated Nov. 1, 1938 gives full name of insured as Fay Charles Kelley, beneficiary is given as Orpha Kelley, wife - viewed by V.S. age of insured is given as 26 -
Kaiser Engineers Employment Slip, Idaho Falls, Idaho, slip dated April 9, 1956, Requisitio No. 162, badge no. 4-137 gives full name of employee as Fay Charles Kelley - viewed by V.S.

IDAHO DEPARTMENT OF HEALTH
BUREAU OF VITAL STATISTICS

REC

Affidavit to Correct or Amend An Original Certificate of Birth or Death

United States Atomic Energy Commission Personnel Security Questionnaire - dated Oct., 1954 gives full name as Fay Charles Kelley, born Dec. 25, 1912 at

State of Idaho
County of Blackfoot, Idaho - viewed by V.S. ss.

Certificate No. 20278

Bureau of Vital Statistics

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of Birth (Birth or Death)
for Unnamed Kelley (male child) (Name on Original Certificate) who was born (Was Born or Died) on Dec. 25, 1912 (Date of Event)
in Blackfoot, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts are shown by School records & Census (Bible Record, Insurance Policy, Etc.) prepared on Jan. 24, 1963 (Give Date) are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
Full Name of Child	Unnamed	Fay Charles Kelley

Subscribed and sworn to before me this 24th day of January, 1963.
Grace Williams
Notary Public, residing at Blackfoot, Ida.
My commission expires 1-14-67
(Seal)

Signed John Edward Kelley
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Idaho
County of Bingham } ss.

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 24 day of January, 1963.
Grace Williams
Notary Public, residing at Blackfoot, Ida.
My commission expires 1-14-67
(Seal)

Signed Fay C. Kelley
(Signature of Any Credible Person)

(Street Address, City, State)

FORM DH 60-155 CL 4-10-62. mm one copy pd. rec. #21398.

JAN 2

557-108-006-799

Form V. S. No. 1 I. C. 20m-2-15-13

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Bingham

City of Bellfoot

No. 144 Stout Ave.

Registration District No. 13

File No. 10277

Primary Registration District No. 1007

Registered No. 280

Hospital

FULL NAME OF CHILD [illegible] England, WALTER HENRY

Sex of Child	Twin Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
m	/	/	yes	Dec 8 1912

	FATHER	MOTHER
FULL NAME	James [illegible] H England	FULL MAIDEN NAME Margaret Griffiths
RESIDENCE	Bellfoot 144 Stout Av	RESIDENCE Bellfoot 144 Stout Av
COLOR	w	COLOR w
AGE AT LAST BIRTHDAY	37 (Years)	AGE AT LAST BIRTHDAY 46 (Years)
BIRTHPLACE	Utah	BIRTHPLACE Utah
OCCUPATION	R.R. Brakeman	OCCUPATION Housewife

Number of child of this mother, including present birth 7

Number of children of this mother now living, including present birth 7

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 5 P.M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) [illegible] M.D.

(Physician or midwife)

Given names added from a supplemental report

..... 19.....

.....
Registrar

Address .....

Filed Dec 30 1912 W. E. Fabrice
Registrar

S-Y CO. 20174

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

MARGIN RESERVED FOR BINDING

RECEIVED
MAY 31 1956
Division of Vital Statistics

IDAHO STATE BOARD OF HEALTH
DIVISION OF VITAL STATISTICS

Affidavit to Correct or Amend An Original Certificate of Birth or Death

State of California
County of Contra Costa } ss.

Certificate No. 10277

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of birth (Birth or Death) for "Unnamed" (Name on Original Certificate) who was born (Was Born or Died) on December 8, 1912 (Date of Event) in Blackfoot, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the true facts are shown by Certificate of Baptism (Bible Record, Insurance Policy, Etc.) prepared on 1-2-21 (Give Date) Viewed by Vital Statistics, are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
Child's name	Missing	Walter Henry England

Subscribed and sworn to before me this 26th day of May, 1956

M. C. Belknap
Notary Public, residing at Concord, California
My commission expires May 9, 1960
(Seal)

Signed James H England Margaret E England
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

3620 Allendale Ave., Oakland, Calif.
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of California
County of Contra Costa } ss.

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 26th day of May, 1956

M. C. Belknap
Notary Public, residing at Concord, California
My commission expires May 9, 1960
(Seal)

Signed LaRue G. England
(Signature of Any Credible Person)

1031 Apple Drive, Concord, Calif.
(Street Address, City, State)

JUN 1 1956

393-110-006-557

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH

Form V. S. No. 11-O—20m-2-15-12

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Bingham

City of Belfair RF#4 Registration District No. 13 File No. 10278

No. — St. Primary Registration District No. 2053 Registered No. 281

Hospital

FULL NAME OF CHILD Oscar Eugene Delguenguist, JR.

Sex of Child	Twin / Triplet or other?	and	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
M	(To be answered only in event of plural births)			Yes	Nov 10 1912

FATHER	MOTHER
FULL NAME Oscar Eugene Delguenguist	FULL MAIDEN NAME Lilly May Leslie England
RESIDENCE Belfair RF#4	RESIDENCE Belfair RF#4
COLOR W AGE AT LAST BIRTHDAY 32 (Years)	COLOR W AGE AT LAST BIRTHDAY 24 (Years)
BIRTHPLACE Utah	BIRTHPLACE Utah
OCCUPATION Farmer	OCCUPATION Housewife

Number of child of this mother, including present birth 3

Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born Alive (Born alive or stillborn), at 7:35 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) [illegible] M.D.

(Physician or midwife)

Given names added from a supplemental report

..... 19.....

Address .....

Filed Dec 30 1912 W. E. Lahee

..... Registrar

Registrar

S-Y CO. 20174

5/14/41 L. B.

FEB 10 1966

FILED

MAY 8 1941

I, Oscar Eugene Liljenquist, Sr., father of Oscar Eugene Liljenquist, Jr. do hereby certify that Oscar Eugene Liljenquist, Jr. was born on November 10, 1912, at Morland, Idaho, County of Bingham.

FATHER: OSCAR EUGENE LILJENQUIST, SR.

MOTHER: LILLY MAY ENGLAND (LILJENQUIST)

Oscar Eugene Liljenquist Sen
FATHER

May 2nd 1941
Date

Theodore N. Gathe. Jr.
NOTARY PUBLIC
Residing at Pocatello, Idaho

My-Commission Exp. Febr. 15, 1942

JUL 14 1967

719 - 210 - 006 - 256

Form V. S. No. 11-O—20m-8-15-12

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Bingham

City of Belfort

No. 584 S. Stout Ave

Registration District No. 13

File No. 10279

Primary Registration District No. 2053

Registered No. 282

Hospital —

FULL NAME OF CHILD Garner

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate	Date of Birth (Month) (Day) (Year)
F	/	/	Yes	Dec 10 1912

FATHER	MOTHER
FULL NAME Warren Garner	FULL MAIDEN NAME Jessie Dewees
RESIDENCE Belfort 584 S. Stout	RESIDENCE Belft 584 S. Stout
COLOR W	COLOR W
AGE AT LAST BIRTHDAY 31 (Years)	AGE AT LAST BIRTHDAY 24 (Years)
BIRTHPLACE Utah	BIRTHPLACE Nebraska
OCCUPATION Teamster	OCCUPATION Housewife

Number of child of this mother, including present birth 3

Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born Alive (Born alive or stillborn), at 2:25 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) G. Dawson M.D.

(Physician or midwife)

Given names added from a supplemental report

..... 19.....

Address .....

Filed Dec 30 1912 W. E. Patrie

..... Registrar

Registrar

S-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Form V. S. No. H-C-20m-3-15-12

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

PLACE OF BIRTH

County of

Address

Filed 19

Registrar

B-X 501 10/74

331-220-006-983

Form V. S. No. 11-C—20m-2-15-12

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH

County of Bingham

City of Blackfoot

tent near

No. Ed Kennedys St.

Hospital

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 13 File No. 10280

Primary Registration District No. 2053 Registered No. 983

FULL NAME OF CHILD Ruth I Clapp Changed to Ruth I Reid by order of adoption

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
F			Yes	Nov 20 1912

FATHER		MOTHER	
FULL NAME	Fred W Clapp	FULL MAIDEN NAME	Bertha Richardson
RESIDENCE	Blackfoot in tent near Ed Kennedys	RESIDENCE	Blkfoot Ida
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY	54 (Years)	AGE AT LAST BIRTHDAY	[illegible] (Years)
BIRTHPLACE	Michigan	BIRTHPLACE	Utah
OCCUPATION	Carpenter	OCCUPATION	Housework

Number of child of this mother, including present birth 4

Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive at [illegible] A. M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) [illegible]

(Physician or midwife)

Address [illegible]

Given names added from a supplemental report

**Order of adoption in Probate Court of Bingham County, State of Idaho, Jan. 9, 1915. Certified copy filed with Bureau of Vital Statistics, Boise, Idaho, Sept 29, 1942 and attached to this certificate

Filed Dec 30 1912 W. E. Patrie Registrar

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of Oregon }
County of Lane } ss.

Certificate No. 10280

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of Ruth I Clapp (Birth or Death) for (Name on Original Certificate) who Born (Was Born or Died) on Nov 20 1912 (Date of Event) in Blackfoot Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the true facts are shown by adoption Papers (Bible Record, Insurance Policy, Etc.) prepared on June 9 1915 (Give Date), are:

FACTS TO BE CORRECTED ("Name", "Birth Date", "Cause of Death", Etc.)	FROM (As on Original)	TO (The Correct Facts)
name	none given	Ruth I. Clapp
Ruth I Clapp was	adopted & named	Ruth I Reed.

Subscribed and sworn to before me this 25 day of Sept, 1942

Notary Public, residing at Eugene Ore

My commission expires Mar 17 1946

(Seal)

Signed Mrs C. W. Verbeck
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Oregon }
County of Lane } ss.

[This Affidivat **MUST** Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 22 day of Sept, 1942

Notary Public, residing at

My commission expires Mar 17 1946

(Seal)

Signed C W Verbeck
(Signature of Any Credible Person Other Than Previous Year)

1245 Polk St. Eugene Ore
(Street Address, City, State)

SEP 29 1942

DEC 4 1970

See locked, Reid, Ruth I

862-117-006-862

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Form V. S. No. 11-C—20m-2-15-12

PLACE OF BIRTH

County of Bingham

City of Groveland

No. R. D. No 1 St.

Hospital

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 13

File No. 10281

Primary Registration District No. 2053

Registered No. 284

FULL NAME OF CHILD Cecil Grant Hoskins

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
male				Dec 19 1912

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	Frank Hoskins	Jemetta Jensen Hoskins
RESIDENCE	Groveland Idaho	Groveland Idaho
COLOR	White	White
AGE AT LAST BIRTHDAY (Years)	23	20
BIRTHPLACE	West Portage Utah	Bern Idaho
OCCUPATION	farmer	farmers wife

Number of child of this mother, including present birth 2

Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at ..... M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report

..... 19.....

.....
Registrar

(Signature) Phoebe Grammersall
(Physician or midwife)

Address Blackfoot Idaho

Filed Dec 29 19 12 W. E. Patrick
Registrar

S-Y CO. 20174

OCT 2 3 1974

293-216-006-632

PLACE OF BIRTH

Amended 6-22-56

County of Bingham

City of Blackfoot

No. ..... St.

Hospital .....

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 13 File No. 10282

Primary Registration District No. 2053 Registered No. 285

FULL NAME OF CHILD EMMA ELIZABETH KILLION
(Certificate of no value without full name of child.)

Sex of Child	Twin Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Female			Yes	Dec. 16 1912

What bactericidal solution was used in eyes? .....

Number of child of this mother, including present birth 5 Number of children of this mother now living, including present birth 4

FATHER	MOTHER
FULL NAME: Lucian E. Killion	FULL MAIDEN NAME: Lizzie Olsen
RESIDENCE: Blackfoot, Idaho	RESIDENCE: Blackfoot, Idaho
COLOR: White	COLOR: White
AGE AT LAST BIRTHDAY: 34 (Years)	AGE AT LAST BIRTHDAY: 34 (Years)
BIRTHPLACE: Houston, Mo.	BIRTHPLACE: Ovid, Idaho
OCCUPATION: Farmer	OCCUPATION: Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 5 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Give names added from a supplemental report.

..... 192.....

..... Registrar.

(Signature) C. A. Hoover

Physician
(Physician or midwife)

Address Blackfoot, Idaho

Filed Dec. 30 1912 W. E. Patrie
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

Form V. S. No. 11-C—10m-8-7-11

PLACE OF BIRTH

County of Bingham

City of Blackfoot

No ____, ____ St.

Hospital ____

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

Registration District No 13 — File No. 10282

Primary Registration District No. 2053 — Registered No. 285

FULL NAME OF CHILD Unnamed Killion

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Male		X	Yes	12 22 1912

FATHER		MOTHER	
FULL NAME	Lucian E Killion	FULL MAIDEN NAME	Lizzie Olsen
RESIDENCE	Blackfoot, Idaho	RESIDENCE	Blackfoot, Idaho
COLOR	white	COLOR	white
AGE AT LAST BIRTHDAY	34 (Years)	AGE AT LAST BIRTHDAY	34 (Years)
BIRTHPLACE	Houston, Tex	BIRTHPLACE	Ovid, Idaho
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 5

Number of children, of this mother, now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn) at 5 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Dr. T. Lovin

Physician

(Physician or Midwife)

Address Blackfoot Ida

Given names added from a supplemental report

....., 19.....

Filed Dec 30 1912 M. E. Patrie

Registrar

SVMS - YORK CO., PTRS. & BDRS. 17326

Registrar

JUN 25 1956

JUL 3 1956

IDAHO STATE BOARD OF HEALTH
DIVISION OF VITAL STATISTICS

Affidavit to Correct or Amend An Original Certificate of Birth or Death

State of ..... } ss.
County of ..... }

Certificate No. 10282

Date Filed .....

The undersigned does solemnly swear that certain facts on the certificate of birth (Birth or Death)
for Unnamed Killion (Name on Original Certificate) who was born (Was Born or Died) on December 22, 1912 (Date of Event)
in Blackfoot, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts are shown by Bible Record Insurance Policy (Bible Record, Insurance Policy, Etc.) prepared on August 13, 1943 (Give Date) Viewed by V. S., are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
Child's name	Unnamed Killion	Emma Elizabeth Killion
Day of birth	Dec., 22, 1912	Dec., 16, 1912

Subscribed and sworn to before me this ..... day of ....., 19..

Notary Public, residing at .....
My commission expires .....
(Seal)

Signed Horace A Elison X
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

Blackfoot Ida., Rt 1
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Idaho
County of Bingham } ss.

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

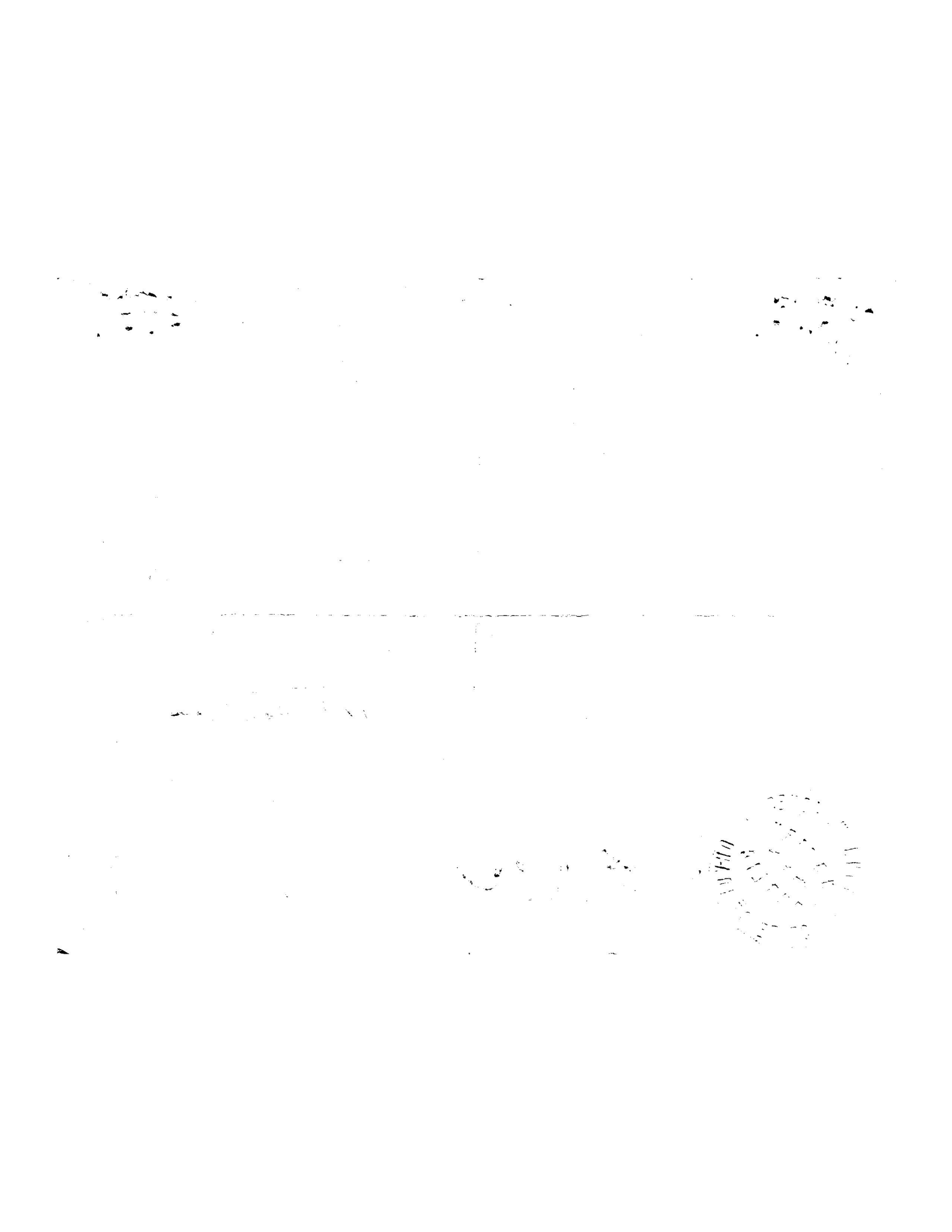
Subscribed and sworn to before me this 27th day of April, 1956

Notary Public, residing at Blackfoot, Idaho
My commission expires July 17, 1957.
(Seal)

Signed Adolph Freud X
(Signature of Any Credible Person)

Route 1, Blackfoot, Idaho.
(Street Address, City, State)

FORM DPH 55. 155



193-125-006-415

PLACE OF BIRTH

Form V. S. No. 11-C—20m-2-15-12

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Bingham

City of Aberdeen — Registration District No. 13 — File No. 10283

No. ____ St. — Primary Registration District No. 2029 — Registered No. 286

Hospital ____

FULL NAME OF CHILD Louis Earlyle Aicher

Sex of Child	Twin / Triplet or other? (To be answered only in event of plural births)	and — Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Male	—	—	yes	Dec 25 1912

FATHER	MOTHER
FULL NAME Louis Cornelius Aicher	FULL MAIDEN NAME Edith nellie Davis
RESIDENCE Aberdeen, Ida.	RESIDENCE Aberdeen Ida
COLOR White — AGE AT LAST BIRTHDAY 23 (Years)	COLOR White — AGE AT LAST BIRTHDAY 26 (Years)
BIRTHPLACE Colorado	BIRTHPLACE Kansas
OCCUPATION Superintendent Experimental Farm.	OCCUPATION Housewife

Number of child of this mother, including present birth 1st — Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) on the date above stated, at 9:45 P. M.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) M. C. MacKinnon MD

(Physician or midwife)

Address Aberdeen Ida —

Given names added from a supplemental report

....19....

Filed Dec 26 1912 M. C. MacKinnon

Registrar

S-Y CO. 20174

Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

MAR 9 1942

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

PLACE OF BIRTH

693-222-006-855

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Form V. S. No. 11-C—20m-2-15-12

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Bingham

City of Sterling

No. ..... St.

Hospital .....

Registration District No. 13 — File No. 10284

Primary Registration District No. 2039 — Registered No. 287

FULL NAME OF CHILD Hilva Willey

Sex of Child	Twin / Triplet or other?	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Female	— (To be answered only in event of plural births)	—	yes	Dec. 22 1912

FATHER		MOTHER	
FULL NAME	Parley Willey	FULL MAIDEN NAME	Louisa Heminger
RESIDENCE	Sterling Ida.	RESIDENCE	Sterling Ida
COLOR	white	COLOR	White
AGE AT LAST BIRTHDAY	27 (Years)	AGE AT LAST BIRTHDAY	24 (Years)
BIRTHPLACE	Utah	BIRTHPLACE	Virginia
OCCUPATION	farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 6th — Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was twin alive (Born alive or stillborn) at 12 20 A. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) M. C. McKinney M.D.

(Physician or midwife)

Address Aberdeen Ida

Given names added from a supplemental report

..... 19.....

..... Registrar

Filed Dec 22 1912 M. C. McKinney Registrar

S-Y CO. 20174

JUN 8 1964

955-204-006-719

Form V. S. No. 11-C—20m-2-15-12

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Bingham

City of Aberdeen

Registration District No. 13 File No. 10285

No. ..... St.

Primary Registration District No. 2029 Registered No. 288

Hospital .....

FULL NAME OF CHILD Lillian Pearl Reece

Sex of Child	Twin, Triplet or other?	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Female	—	—	Yes	Dec. 4 1912

(To be answered only in event of plural births)

FATHER	MOTHER
FULL NAME David Reece	FULL MAIDEN NAME Estella Pearl Parsons
RESIDENCE Aberdeen Idaho	RESIDENCE Aberdeen Idaho
COLOR White	AGE AT LAST BIRTHDAY 26 (Years)
COLOR White	AGE AT LAST BIRTHDAY 19 (Years)
BIRTHPLACE Montana	BIRTHPLACE Utah —
OCCUPATION Laborer	OCCUPATION Housewife

Number of child of this mother, including present birth 2nd

Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive, at 4 P. M. on the date above stated.

(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) M. C. Mortimer M.D.

(Physician or midwife)

Address Aberdeen Idaho

Given names added from a supplemental report

..... 19.....

Filed Dec 4 1912 M. C. Mortimer

..... Registrar

S-Y CO. 20[illegible]

Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

K

NOV 2 0 1974

IDAHO DEPARTMENT OF HEALTH

BUREAU OF VITAL STATISTICS

RECEIVED
BUREAU OF
VITAL STATISTICS
FEB 10 12 59 PM '76

Affidavit to Correct or Amend An Original Certificate of Birth or Death

State of ..... } ss.
County of ..... }

Certificate No. 10285

Date Filed .....

The undersigned does solemnly swear that certain facts on the certificate of birth (Birth or Death)
for Unnamed Reece (female) (Name on Original Certificate) who was born (Was Born or Died) on Dec 4, 1912 (Date of Event)
in Aberdeen, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts are shown by ..... (Bible Record, Insurance Policy, Etc.) prepared on ..... (Give Date), are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
child's name	unnamed	Lillian Pearl Reece

Subscribed and sworn to before me this 6th day of February, 1976

Notary Public, residing at Blackfoot, Idaho
My commission expires Jan. 1, 1980
(Seal)

Signed Mrs Laurel D. Reece
Lillian Pearl Reece
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

..... (Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of ..... } ss.
County of ..... }

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this ..... day of ....., 19.....

Notary Public, residing at .....
My commission expires .....
(Seal)

Signed .....
(Signature of Any Credible Person)

..... (Street Address, City, State)

CL 5/23/75 1cc pd.

FORM DH 60-155

Certificate of Blessing from the LDS Church gives name as Lillian Pearl Reece daughter of David Reece and Stella Parsons. Born Dec. 4, 1912 at Aberdeen, Idaho. ~~Blessed~~ Feb 6, 1913. viewed by V. S.

FEB 23 19

Certif of Baptism and Confirmation from the LDS Church gives name as Lillian Pearl Reece. Daughter of David Reece and Estella Pearl Parsons. Born Dec 4, 1912 at Aberdeen, Idaho. Baptized Aug 6, 1921. viewed by V. S.

943 - 130-006-231

Form V. S. No. 11-C—20m-2-16-12

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Bingham

City of Blackfoot Ward #2 Registration District No. 13 File No. 10286

No. ____ St. Primary Registration District No. 1007 Registered No. 289

Hospital ____

FULL NAME OF CHILD George Blair Rutherford

Sex of Child	Twin / Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Male			Yes	Dec. 30 1912

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	Geo C. Rutherford	Emma Blair
RESIDENCE	Blackfoot Idaho Ward #2	Blackfoot, Idaho Ward #2
COLOR	White	White
AGE AT LAST BIRTHDAY (Years)	35	32
BIRTHPLACE	Penn.	Wyo.
OCCUPATION	Clerk	Housework

Number of child of this mother, including present birth 2

Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive at # (Born alive or stillborn), at 11.46 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) F. M. Mitchell

(Physician or midwife)

Given names added from a supplemental report

....., 19.....

Registrar

Address .....

Filed Jan 4 19 13 M. E. Petrie

Registrar

S-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

6

Certified Copy issued October 30, 1940. E.W.

319-130-006-864

PLACE OF BIRTH

Form V. S. No. 11-C 20m-3-15-12

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Bingham

City of Blackfoot

No. 268 Fisher Ave.

Registration District No. 13 File No. 10287

Primary Registration District No. 1007 Registered No. 290

Hospital

FULL NAME OF CHILD Wendell Hodson Carruth

Sex of Child	Twin / Triplet or other? (To be answered only in event of plural births) and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Male		Yes	Dec 30 1912

FATHER	MOTHER
FULL NAME Joseph J. Carruth	FULL MAIDEN NAME Sarah Hodson
RESIDENCE Blackfoot, Idaho	RESIDENCE Blackfoot, Idaho
COLOR White	COLOR White
AGE AT LAST BIRTHDAY 38 (Years)	AGE AT LAST BIRTHDAY 34 (Years)
BIRTHPLACE Utah	BIRTHPLACE Utah
OCCUPATION County Clerk	OCCUPATION Housework

Number of child of this mother, including present birth 4

Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive at, at 7 P. M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. W. Titsworth

(Physician or midwife)

Given names added from a supplemental report

..... 19.....

Address .....

Filed Jan 4 19 13 W. E. Parkin

..... Registrar

Registrar

S-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

JUL 26 1944

766-129-006-154

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

PLACE OF BIRTH

Form V. S. No. 11-C—10m-8-7-11

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

County of Bingham

City of Thomas ward

Registration District No. _____ File No. 10288

No. _____, _____ St.

Primary Registration District No. _____ Registered No. 291

Hospital _____

FULL NAME OF CHILD Chestis Goodwin

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Male			yes	12 29 1912

FATHER	MOTHER
FULL NAME: William Avery Goodwin	FULL MAIDEN NAME: Carrie Anderson
RESIDENCE: Thomas	RESIDENCE: Thomas
COLOR: white	COLOR: white
AGE AT LAST BIRTHDAY: 36 (Years)	AGE AT LAST BIRTHDAY: 34 (Years)
BIRTHPLACE: Utah	BIRTHPLACE: Utah
OCCUPATION: Farmer	OCCUPATION: wife and mother

Number of child of this mother, including present birth: 6

Number of children, of this mother, now living, including present birth: 6

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Alive (Born alive or stillborn) at 9.45 P.M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Marion Crawford

Midwife (Physician or Midwife)

Given names added from a supplemental report

_____, 19____

Address Thomas

Filed Dec 19 12 By W. E. Patrie

SYMS - YORK CO., PTRS. & BDRS. 17326

Registrar

Registrar

PLACE OF BIRTH

STATE OF IDAHO

Bureau of Vital Statistics

Form V. S. No. II-C—10m 8-7-11

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

213 210 239

Form V. S. No. 11-C—20m-2-15-12

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Canyon

City of Caldwell

No. 10th Ave St.

Registration District No. 3 File No. 10289

Primary Registration District No. 9 Registered No. 380

Hospital

FULL NAME OF CHILD Marguerite Lucille Salisbury

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Female			Yes	Dec 10 1912

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	H. L. Salisbury	Anna Stites
RESIDENCE	Caldwell	Caldwell
COLOR	White	White
AGE AT LAST BIRTHDAY (Years)	39	27
BIRTHPLACE	Wis	Colo
OCCUPATION	Rancher	Housewife

Number of child of this mother, including present birth III

Number of children of this mother now living, including present birth III

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 3:45 A. M. on the date above stated.

(Signature) J M Bell

(Physician or midwife)

Address

Filed Dec 13 1912

J S Meyer Jnr. Registrar

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report

..... 19.....

..... Registrar

S-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Form V. S. No. 11-C—20m-2-15-12

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

PLACE OF BIRTH

SEP 19 1960

County of

JAN 29 1974

915-104-014-169

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

[illegible] No. 11-D—Jan. 2-15-12

CERTIFICATE OF BIRTH

County of Canyon

City of _____ Registration District No. 3 File No. 10290

No. _____ St. Primary Registration District No. 2005 Registered No. 381

Hospital _____

FULL NAME OF CHILD Arthur Clarence Randolph

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth	Legitimate?	Date of Birth
Male				yes	Dec 4 (Day) 1912 (Year)

FATHER		MOTHER	
FULL NAME	Arthur Randolph	FULL MAIDEN NAME	Elizabeth Jordan
RESIDENCE	Caldwell Idaho	RESIDENCE	Caldwell Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	25 (Years)	AGE AT LAST BIRTHDAY	26 (Years)
BIRTHPLACE	Mo.	BIRTHPLACE	Mo.
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 1st

Number of children of this mother now living, including present birth 1st

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Alive (Born alive or stillborn), at 1:30 P. M. on the date above stated.

(Signature) J M Cole

(Physician or midwife)

Address Caldwell Idaho.

Filed 12/7/12 19.....

J S Meyer M.D. Registrar

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report

.....19.....

.....Registrar

S-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

JAN 1 8 1942

NOV 19 1942

JAN 1 2 1965

133-201-014-258

PLACE OF BIRTH

Form V. S. No. 11—10m-2-15-18

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Canyon

City of Caldwell

Registration District No. 3 File No. 10291

No. ____ St.

Primary Registration District No. 1005 Registered No. 382

Hospital ____

FULL NAME OF CHILD Verna Alice Altizer

Sex of Child	Twin / Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
F			Yes	Dec 1 1912

FATHER

FULL NAME Bentley M. Altizer

RESIDENCE Caldwell

COLOR W AGE AT LAST BIRTHDAY 29 (Years)

BIRTHPLACE Virginia

OCCUPATION Motorman

MOTHER

FULL MAIDEN NAME Evalena M. Snyder

RESIDENCE Caldwell

COLOR W AGE AT LAST BIRTHDAY 22 (Years)

BIRTHPLACE Kansas

OCCUPATION Housewife

Number of child of this mother, including present birth third

Number of children of this mother now living, including present birth three

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 2 0 M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) W. P. Smith D. O.

(Physician or midwife)

Address Caldwell Idaho

Given names added from a supplemental report

..... 19.....

Filed 12/9 19 J. S. Meyer

..... Registrar

Registrar

S-Y CO. 20175

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

MARGIN RESERVED FOR BINDING

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

DCT 15 1941

266-102-014-942

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

Form V. S. No. 11-C—10m-8-7-11

PLACE OF BIRTH

County of Canyon

City of Caldwell

No ——, —— St.

Hospital USO

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

Registration District No 3 — File No. 10292

Primary Registration District No. 2005 — Registered No. 383

FULL NAME OF CHILD John Oscar

Sex of Child	Twin, Triplet or other?	Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
male	—	—	yes	Dec 2 · 1912

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	S. F. Bow	FULL MAIDEN NAME	Ellen Rush
RESIDENCE	Caldwell	RESIDENCE	Caldwell
COLOR	white	COLOR	white
AGE AT LAST BIRTHDAY	46 (Years)	AGE AT LAST BIRTHDAY	38 (Years)
BIRTHPLACE	Ky	BIRTHPLACE	Ky
OCCUPATION	Rancher	OCCUPATION	Housewife

Number of child of this mother, including present birth 8

Number of children, of this mother, now living, including present birth 7

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn) at 11 P M. on the date above stated.

(Signature) J. J. Miller (M.D.)

(Physician or Midwife)

Address

Filed 12/2 1912 J S Meyer Registrar

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report

....., 19.....

Registrar

SYMS - YORK CO., PTRS. & BDRS. 17326

JAN 28 1963

396-111-014-364

Form V. S. No. 11-C—15m-6-20-11

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

PLACE OF BIRTH

County of Canyon

City of Caldwell

No. Central Cove St.

Hospital —

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

Registration District No. 3 File No. 10293

Primary Registration District No. 2005 Registered No. 384

FULL NAME OF CHILD Thomas Jefferson Trostle

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Male	—		Yes	Dec. 11, 1912

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	Wm. Trostle	Celia Bourland
RESIDENCE	Central Cove	Central Cove
COLOR	W.	W.
AGE AT LAST BIRTHDAY (Years)	46	30
BIRTHPLACE	Penn.	Texas
OCCUPATION	Farmer	Housewife

Number of child of this mother, including present birth 4

Number of children, of this mother, now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Alive (Born alive or stillborn), at 8:00 A. M. on the date above stated.

(Signature) John S. Meyer

(Physician or Midwife)

Address Caldwell, Idaho

Filed Dec. 11 1912 John S. Meyer Registrar

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report

....., 19.....

..... Registrar

S-Y CO., 16670

Form V. S. No. II-C—1940-C-30-11

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

FEB 11 1942

PLACE OF BIRTH

County of

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

419-218-014-364

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Form V. S. No. 11-C—20m-2-15-12

PLACE OF BIRTH

County of Canyon

City of Caldwell

No. ____ St.

Hospital ____

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 3 File No. 10294

Primary Registration District No. 1005 Registered No. 365

FULL NAME OF CHILD Clara Blanche Martin

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Female			yes	12-18-1912

FATHER		MOTHER	
FULL NAME	Ira Martin	FULL MAIDEN NAME	Evelyn Compton
RESIDENCE	Caldwell	RESIDENCE	Caldwell
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	21 (Years)	AGE AT LAST BIRTHDAY	[redacted] (Years)
BIRTHPLACE	Kansas	BIRTHPLACE	Idaho
OCCUPATION	Laborer	OCCUPATION	Housewife

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn) at 4:30 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) C M Kelly

Physician

(Physician or midwife)

Given names added from a supplemental report

....., 19.....

Address .....

Filed Dec. 20 1912. John S. Meyer

S-Y CO. 20174 Registrar Registrar

SEP 15 1953

532-105-014-296

Form V. S. No. 11-C—10m-8-7-11

PLACE OF BIRTH

County of Canyon

City of Caldwell

No ——, —— St.

Hospital no

STATE OF IDAHO
Bureau of Vital Statistics
CERTIFICATE OF BIRTH

Registration District No 3

File No. 10295

Primary Registration District No. 1005

Registered No. 386

FULL NAME OF CHILD Judson Elston Palmer

Sex of Child	Twin, Triplet or other?	Number in order of birth	Legitimate?	Date of birth
male	— (To be answered only in event of plural births)	—	yes	Dec 5 — (Month) (Day) 191 2 (Year)

FATHER		MOTHER	
FULL NAME	J. H. Elston	FULL MAIDEN NAME	Lydia Brockett
RESIDENCE	Caldwell	RESIDENCE	Caldwell
COLOR	white	COLOR	white
AGE AT LAST BIRTHDAY	36 (Years)	AGE AT LAST BIRTHDAY	24 (Years)
BIRTHPLACE	New York	BIRTHPLACE	Mich
OCCUPATION	Lawyer	OCCUPATION	Housewife

Number of child of this mother, including present birth 1

Number of children, of this mother, now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn) at 8 9 M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) S. J. Miller

(Physician or Midwife)

Address Caldwell, Ida

Given names added from a supplemental report

....., 19.....

Filed Dec. 21— 1912 J. S. Myers

SYMS - YORK CO., PTRS. & BDRS. 17826

Registrar

Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY. WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

PLACE OF BIRTH

STATE OF IDAHO

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of Washington } ss.
County of King }

Certificate No. 10295

Date Filed .....

The undersigned does solemnly swear that certain facts on the certificate of Birth (BIRTH OR DEATH)
for Judson Elston (NAME ON ORIGINAL CERTIFICATE) who was born (WAS BORN OR DIED) on Dec 15, 1912 (DATE OF EVENT)
in Caldwell, Idaho (PLACE OF EVENT) are ~~erroneous or~~ were omitted; and that, to the best of his knowledge, the
true facts as shown by Bible Record (BIBLE RECORD, INSURANCE POLICY, ETC.) prepared on Dec. 7, 1942 (GIVE DATE), are:

FACTS TO BE CORRECTED ("NAME", "BIRTH DATE", ~~"CAUSE OF DEATH"~~, ETC.)	FROM (AS ON ORIGINAL)	TO (THE CORRECT FACTS)
name	Judson Elston	Judson Palmer Elston

Subscribed and sworn to before me this 27th
day of January, 1943
Arthur E Griffin
Notary Public, residing at Seattle Washington
My commission expires April 25th 1945
(SEAL)

Signed Lydia P. Elston - parent
(SIGNATURE OF PARENT OR ATTENDANT IF CORRECTING A BIRTH RECORD; OF ATTENDANT, FUNERAL DIRECTOR, INFORMANT IF CORRECTING DEATH RECORD; OR OTHER CREDIBLE PERSON.)
8601-14th Ave. So. Seattle, Wn.
(STREET ADDRESS, CITY, STATE)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Washington } ss.
County of King }

[THIS AFFIDAVIT MUST ALSO BE EXECUTED. (SEE CHAPTER 139, 1937 IDAHO SESSION LAWS.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

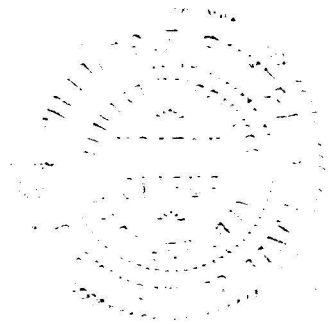
Subscribed and sworn to before me this 27th
day of January, 1943
Arthur E Griffin
Notary Public, residing at Seattle Washington
My commission expires Apr 25-1945
(SEAL)

Signed Frank E Brackett
(SIGNATURE OF ANY CREDIBLE PERSON OTHER THAN PREVIOUS AFFIANT.)
7031-8th Ave N.W. Seattle Wash
(STREET ADDRESS, CITY, STATE)

Received for filing on ..... By .....
(REGISTRAR'S SIGNATURE)

JAN 29 1942

JAN 3 1955



MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

296-1 PLACE OF BIRTH 014-133

Form V. S. No. 11-C—15m-6-20-11

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

County of Canyon

City of Middleton

Registration District No. 3

File No. 10296

No. ____, ____ St.

Primary Registration District No. 2005

Registered No. 387

Hospital ____

FULL NAME OF CHILD DANIEL MILTON Brown

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
male		4th	yes	Dec 23, 1912

FATHER		MOTHER	
FULL NAME	Daniel P. Brown	FULL MAIDEN NAME	Cora A Allen
RESIDENCE	Byram Idaho	RESIDENCE	Byram Idaho
COLOR	White	AGE AT LAST BIRTHDAY (Years)	38
BIRTHPLACE	Missouri	COLOR	White
OCCUPATION	Rancher	AGE AT LAST BIRTHDAY (Years)	38
		BIRTHPLACE	Oklahoma
		OCCUPATION	House wife

Number of child of this mother, including present birth ____

Number of children, of this mother, now living, including present birth ____

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 3 a M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Jw Hamer MD

Physician

(Physician or Midwife)

Given names added from a supplemental report

____, 19____

____ Registrar

Address ____

Filed Jan 3 1913 Jobl Meyer Registrar

S-Y CO., 16670

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH — BUREAU OF VITAL STATISTICS

Affidavit to Correct or Amend an Original Certificate of Birth or Death

State of Idaho } ss.
County of Canyon }

Certificate No. 10296

Date Filed .....

The undersigned does solemnly swear that certain facts on the certificate of Dec 23, 1912 (Birth or ~~death~~)

for ..... (Name on original certificate) who ..... (Was born or died) on Dec 23, 1912 (Date of event)

in near Middleton, Ida. (Place of event) are ~~incorrect~~ or were omitted; and that, to the best of his knowledge, the true facts as shown by ..... (Bible record, insurance policy, etc.) prepared on ..... (Give date), are:

FACTS TO BE CORRECTED ("Name", "birth date", "cause of death", etc.)	FROM (As on original)	TO (The correct facts)
Daniel MILTON Brown		
	No name given	Daniel Milton Brown

Subscribed and sworn to before me this 14 day of May, 1941

Isaac H. Stark
Notary Public, residing at Middleton

My commission expires May 18, 1943
[SEAL]

Signed Cora A Brown
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person)

Middleton, Idaho
(Street Address, City, State)

Supporting Affidavit of a Second Person

State of Idaho } ss.
County of Canyon }

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 14 day of May, 1941

Isaac H. Stark
Notary Public, residing at Middleton

My commission expires May 18, 1943
[SEAL]

Signed Mrs. Fern L. McNair
(Signature of any credible person other than the previous affiant)

Middleton Idaho.
(Street Address, City, State)

Received for filing on ..... by .....
(Registrar's signature)

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH — BUREAU OF VITA

c.c. 5/22/41. w.h.

MAY 18 1954

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

[redacted]

City of [redacted] Registration District No. 3 File No. 10297

No. [redacted], [redacted] St. Primary Registration District No. 2005 Registered No. 388

Hospital [redacted]

FULL NAME OF CHILD Jack Wm born

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
male		4th	yes	Dec 27, 1912

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	William F born	Amanda S Wilson
RESIDENCE	Middleton Idaho	Middleton Ida
COLOR / AGE AT LAST BIRTHDAY (Years)	white / 29	white / 27
BIRTHPLACE	Missouri	Missouri
OCCUPATION	Farmer	House Wife

Number of child of this mother, including present birth [redacted] Number of children, of this mother, now living, including present birth [redacted]

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 10 A M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Jno Sawyer M D Physician (Physician or Midwife)

Given names added from a supplemental report

[redacted], 19[redacted] Address [redacted]

[redacted] Registrar

Filed Jan 32 1913 Jas S. Sawyer Registrar

S-Y CO., 16670

APR 28 1968

FEB 14 1968

655-107-014-959

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

PLACE OF BIRTH

County of Canyon

City of Caldwell

No ——, —— St.

Hospital No

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

Registration District No 3 — File No. 10298

Primary Registration District No. 2005 — Registered No. 389

FULL NAME OF CHILD Edwin Weeks

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Male	—	—	Yes	Dec 7 — 1912

FATHER		MOTHER	
FULL NAME	Ralph Weeks	FULL MAIDEN NAME	Velma Geisler
RESIDENCE	Caldwell	RESIDENCE	Caldwell
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	22	AGE AT LAST BIRTHDAY (Years)	21
BIRTHPLACE	Ida	BIRTHPLACE	Kansas
OCCUPATION	Rancher	OCCUPATION	Home wife

Number of child of this mother, including present birth 1

Number of children, of this mother, now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive at 4 9 M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) S. J. Miller M.D.

(Physician or Midwife)

Address Caldwell, Ida

Given names added from a supplemental report

....., 19.....

Filed Dec. 21 1912 A.S. Mayes

SYMS - YORK CO., PTRS. & BDRS. 17826

Registrar

Registrar

STATE OF IDAHO

Form V. S. No. 11-C -10m-8-7-11

PLACE OF BIRTH

MEDICAL REPORT FOR REMOVING

(Given names added from a supplemental report)

(Physician or Midwife)

Address

Filed

Registrar

431 - 112-014-469

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

Form V. S. No. 11-C—10m-8-7-11

PLACE OF BIRTH

County of Canyon

City of Caldwell

No ....., ... St.

Hospital No

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

Registration District No 3 File No. 10299

Primary Registration District No. 1005 Registered No. 390

FULL NAME OF CHILD [redacted] WILFRED MORRIS McARTOR

Sex of Child	Twin, Triplet or other?	and	Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
male	—		—	yes	Dec 12 1912

(To be answered only in event of plural births)

FATHER	MOTHER
FULL NAME [redacted] Wilfred Ambrose McARTOR	FULL MAIDEN NAME [redacted] Katharine L. Morris
RESIDENCE Caldwell	RESIDENCE Caldwell
COLOR white	AGE AT LAST BIRTHDAY 45 (Years)
BIRTHPLACE Ohio	COLOR white
OCCUPATION Clerk	AGE AT LAST BIRTHDAY 33 (Years)
	BIRTHPLACE Ohio
	OCCUPATION Housewife

Number of child of this mother, including present birth 4

Number of children, of this mother, now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was b. (Born alive or stillborn) at 9 M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) S. J. Miller (M D)

(Physician or Midwife)

Address Caldwell Ida

Given names added from a supplemental report

....., 19.....

Filed Dec. 21 1917 J. S. Meyer Registrar

.....

Registrar

SYMS - YORK CO., PTRS. & BDRS. 17826

STATE OF IDAHO

Form V. S. No. 11-C—10m-8-7-11

PLACE OF BIRTH

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of California } ss.
County of Los Angeles }

Certificate No. 10299

FEB 3 1942

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of Birth (BIRTH OR DEATH)
for Wilford McArthur (NAME ON ORIGINAL CERTIFICATE) who was born (WAS BORN OR DIED) on December 12 - 1912 (DATE OF EVENT)
in Caldwell, Idaho (PLACE OF EVENT) are erroneous or were omitted; and that, to the best of his knowledge, the true facts as shown by Bible Record (BIBLE RECORD, INSURANCE POLICY, ETC.) prepared on at time of birth (GIVE DATE), are:

FACTS TO BE CORRECTED ("NAME", "BIRTH DATE", "CAUSE OF DEATH", ETC.)	FROM (AS ON ORIGINAL)	TO (THE CORRECT FACTS)
name	Wilford McArthur	Wilfred Morris McArtor
name of father	F. McArthur	Wilfred Ambrose McArtor
name of mother	Catherine Morris	Katharine L. Morris

Subscribed and sworn to before me this 29
day of January, 1942.

R. P. Evans
Notary Public, residing at Long Beach, Calif
My commission expires Sept 23 - 1944
(SEAL)

Signed Wilfred Ambrose McArtor
FATHER.
(SIGNATURE OF PARENT OR ATTENDANT IF CORRECTING A BIRTH RECORD; OF ATTENDANT, FUNERAL DIRECTOR, INFORMANT IF CORRECTING A DEATH RECORD; OR OTHER CREDIBLE PERSON.)
345 Artesia Ave. Bellflower Calif.
(STREET ADDRESS, CITY STATE)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of California } ss.
County of Los Angeles }

[THIS AFFIDAVIT MUST ALSO BE EXECUTED. (SEE CHAPTER 139, 1937 IDAHO SESSION LAWS.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 29
day of January, 1942.

R. P. Evans
Notary Public, residing at Long Beach Calif
My commission expires Sept 23 - 1944
(SEAL)

Signed Chester O. McArtor, Wilfred Ambrose McArtor
(SIGNATURE OF ANY CREDIBLE PERSON OTHER THAN PREVIOUS AFFIANT.)
1032 Roswell Ave. Long Beach Calif.
(STREET ADDRESS, CITY, STATE)

Received for filing on FEB 3 1942 By
(REGISTRAR'S SIGNATURE)

FEB 4 1942

294-119-014-389

Form V. S. No. 11-C—20m-2-15-12

PLACE OF BIRTH

County of Canyon

City of Caldwell

No. 6th & Frontage St.

Hospital

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 3 File No. 10300

Primary Registration District No. 1005 Registered No. 391

FULL NAME OF CHILD James Henry

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Male			Yes	Dec 19 1912

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	Jas Bedford	
RESIDENCE	Caldwell, Ida	Same Christian
COLOR	White	White
AGE AT LAST BIRTHDAY (Years)	37	31
BIRTHPLACE	Ill	Ill.
OCCUPATION	Farmer	Housewife

Number of child of this mother, including present birth VI

Number of children of this mother now living, including present birth VI

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 6 A. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report

..... 19.....

..... Registrar

(Signature) [illegible]

(Physician or midwife)

Address Caldwell Idaho

Filed Dec 23 1912 [illegible] Registrar

S-Y CO. 20174

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

MARGIN RESERVED FOR BINDING

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Form V. S. No. 11-C—20m-3-15-12

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

PLACE OF BIRTH

County of

962-120-014-415

PLACE OF BIRTH

Canyon

City of Caldwell

No. ....., ... St.

Hospital no

STATE OF IDAHO

Form V.S. No. 11-C

CERTIFICATE OF BIRTH

Registration District No 3

File No. 10301

Primary registration District No. 1015

Registered No. 392

FULL NAME OF CHILD [redacted] Emrys John Ross

Sex of Child	Twin, Triplet or other?	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
male	—	—	yes	Dec 20 — 1912

(To be answered only in event of plural births)

FATHER	MOTHER
FULL NAME L. J. Ross	FULL MAIDEN NAME Maggie Davis
RESIDENCE Caldwell	RESIDENCE Caldwell
COLOR white	AGE AT LAST BIRTHDAY 36 (Years)
COLOR white	AGE AT LAST BIRTHDAY 23 (Years)
BIRTHPLACE Penn.	BIRTHPLACE Idaho
OCCUPATION Bridge Contractor	OCCUPATION Housewife

Number of child of this mother, including present birth 3

Number of children, of this mother, now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn), at 7 9 M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) D. J. Miller M.D.

(Physician or Midwife)

Address Caldwell, Ida.

Given names added from a supplemental report

....., 19.....

Registrar

Filed Dec 21 — 1912

J. S. Myers

Registrar

SYMS - YORK CO., PTRS. & BDRS 17326

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECO

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

STATE OF IDAHO

PLACE OF BIRTH

County of

(Year)

(Year)

Given names added from a supplemental report

(Occupation of Mother)

Address

Filed

Registrar

STATE OF IDAHO

DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of California } ss.
County of Los Angeles }

Certificate No. 10301

Date Filed .....

The undersigned does solemnly swear that certain facts on the certificate of Birth (BIRTH OR DEATH)
for George Ross (NAME ON ORIGINAL CERTIFICATE) who was born (WAS BORN OR DIED) on Dec. 20, 1912 (DATE OF EVENT)
in Caldwell, Idaho (PLACE OF EVENT) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts as shown by Family album birth record (BIBLE RECORD, INSURANCE POLICY, ETC.) prepared on or about Dec. 20, 1912 (GIVE DATE) are:

FACTS TO BE CORRECTED ("NAME", "BIRTH DATE", "CAUSE OF DEATH", ETC.)	FROM (AS ON ORIGINAL)	TO (THE CORRECT FACTS)
Name	George	Emrys John Ross

Subscribed and sworn to before me this 20
day of February, 19 43

Emrys J. Ross
Notary Public, residing at Pasadena, Calif.
My commission expires Oct. 26, 1943
(SEAL)

Signed X R. J. Ross, Father
(SIGNATURE OF PARENT OR ATTENDANT IF CORRECTING A BIRTH RECORD; OF ATTENDANT, FUNERAL DIRECTOR, INFORMANT IF CORRECTING A DEATH RECORD OR OTHER CREDIBLE PERSON.)
1218 Stratford Ave, So. Pasadena, Calif.
(STREET ADDRESS, CITY, STATE)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of California } ss.
County of Los Angeles }

[THIS AFFIDAVIT MUST ALSO BE EXECUTED. (SEE CHAPTER 139, 1937 IDAHO SESSION LAWS.)]

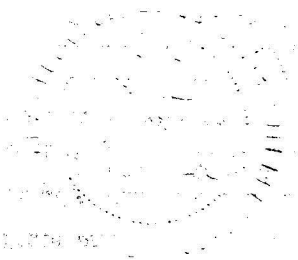
The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 20
day of February, 19 43

Emrys J. Ross
Notary Public, residing at Pasadena, Calif.
My commission expires Oct. 26, 1943
(SEAL)

Signed X Margaret Wm. Ross Mother
(SIGNATURE OF ANY CREDIBLE PERSON OTHER THAN PREVIOUS AFFIANT.)
1218 Stratford Ave, So. Pasadena, Calif.
(STREET ADDRESS, CITY, STATE)

Received for filing on ..... By .....
(REGISTRAR'S SIGNATURE)



OCT 26 1943

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

759-114-014-966

PLACE OF BIRTH

Form V. S. No. 11-C—15m-6-20-11

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

County of Canyon

City of Middleton — Registration District No. 3 — File No. 10302

No. ____, ____ St. — Primary Registration District No. 2005 — Registered No. 393

Hospital ____

FULL NAME OF CHILD James Clayton Perkins

Sex of Child: male | Twin, Triplet, or other? | and Number in order of birth: 6 | (To be answered only in event of plural births) | Legitimate? yes | Date of birth: Dec 14 (Month) 1912 (Day) 191 (Year)

FATHER		MOTHER	
FULL NAME	Norman J Perkins	FULL MAIDEN NAME	Ellen Rook
RESIDENCE	Middleton Ida	RESIDENCE	middleton Ida
COLOR	white	AGE AT LAST BIRTHDAY (Years)	37
BIRTHPLACE	Missouri	COLOR	white
OCCUPATION	Carpenter	AGE AT LAST BIRTHDAY (Years)	37
		BIRTHPLACE	Kansas
		OCCUPATION	House Wife

Number of child of this mother, including present birth ____

Number of children, of this mother, now living, including present birth ____

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 8 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. W. Lauer M.D.

Physician

(Physician or Midwife)

Given names added from a supplemental report

____, 19____

Registrar

Address ____

Filed Jan. 3rd 1913 John L. Meyer

Registrar

S-Y CO., 15670

FEB 27 1958

655-101-014-713

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Form V. S. No. 11-C—20m-2-15-12

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

PLACE OF BIRTH

County of Canyon

City of _____

No. _____ St.

Hospital _____

Registration District No. 1003 File No. 10303

Primary Registration District No. 1006 Registered No. 394

FULL NAME OF CHILD Chas Kenneth Denton

Sex of Child	Twin Triplet or other?	Number in order of birth	Legitimate?	Date of Birth
Male	No	2	Yes	Dec 1 (Month) (Day) 1912 (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	Dure Denton	FULL MAIDEN NAME	Carrie Patterson
RESIDENCE	Nampa Ida	RESIDENCE	Nampa Ida
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	21 (Years)	AGE AT LAST BIRTHDAY	24 (Years)
BIRTHPLACE	Ino	BIRTHPLACE	Ino
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth _____ Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 5:30 AM on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) S. D. Calonge

(Physician or midwife)

Given names added from a supplemental report

_____ 19____

_____ Registrar

Address _____

Filed Dec 4 1912 O. J. Bell M.D. Registrar

S-Y CO. 20174

Report 1912-252014

281-203-014-862

Form V. S. No. 11-C—20m-2-15-12

PLACE OF BIRTH

County of Canyon

City of _____

No. _____ St.

Hospital _____

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 1003 File No. 10304

Primary Registration District No. 1006 Registered No. 325

FULL NAME OF CHILD Infant Thame

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Male	No	2	Yes	Dec 3 1912

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	Jas. A. Thame	Mary E. Rose
RESIDENCE	Nampa Ida	Nampa, Ida,
COLOR	White	White
AGE AT LAST BIRTHDAY (Years)	37	26
BIRTHPLACE	Minn	Oregon
OCCUPATION	Rancher	Housewife

Number of child of this mother, including present birth _____ Number of children of this mother now living, including present birth _____

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Premature) at 6 A.M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) S. N. Calonger
(Physician or midwife)

Address _____

Given names added from a supplemental report

_____ 19____

_____ Registrar

Filed 12/4/1912 O. P. Bell M.D.
Registrar

8-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Form V. S. No. 11-C—20m-2-15-12

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

PLACE OF BIRTH

County of

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a BIRTH must be made for each and the number of each, in order of birth, added.

731-203-014-719

Form V. S. No. 11-C—20m-2-15-12

PLACE OF BIRTH

County of Canyon

City of Nampa Ida

No. ..... St.

Hospital

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 3 File No. 10305

Primary Registration District No. 1006 Registered No. 396

FULL NAME OF CHILD Virginia Lee Glass

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Fem	No	✓	Yes	Dec 3 1912

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	Saml M Glass	Maud Garvin
RESIDENCE	Nampa Ida.	Nampa Ida.
COLOR	White	White
AGE AT LAST BIRTHDAY (Years)	42	37
BIRTHPLACE	Pa.	Pa.
OCCUPATION	Electrical Engineer	Housewife

Number of child of this mother, including present birth .....

Number of children of this mother now living, including present birth .....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born Alive (Born alive or stillborn) at 10:30 P.M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) S. D. Calvert M.D.

Phys

(Physician or midwife)

Address Nampa Ida.

Given names added from a supplemental report

..... 19.....

Filed Dec. 5 1912 A D Bell M.D.

Registrar

Registrar

S-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Form V. S. No. 11-C—30m-2-15-12

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

PLACE OF BIRTH

(County of)

239-107-014-795

Form V. S. No. 11-C—15m-6-20-11

PLACE OF BIRTH

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

County of Canyon

City of Nampa

Registration District No. 1005

File No. 10306

No. 3 Mile N. E. of town St.

Primary Registration District No. 1006

Registered No. 397

Hospital X

FULL NAME OF CHILD X Raymond

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Boy	X	X	yes	Dec 7, 1912

FATHER		MOTHER	
FULL NAME	Grant Stradley	FULL MAIDEN NAME	Bessie Greenfield
RESIDENCE	Nampa Idaho	RESIDENCE	Nampa Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	27	AGE AT LAST BIRTHDAY (Years)	26
BIRTHPLACE	Kansas	BIRTHPLACE	Kansas
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 3

Number of children, of this mother, now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 6 10 A. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. H. Murray

Physician

(Physician or Midwife)

Address Nampa Idaho

Given names added from a supplemental report

....., 19.....

Registrar

Filed Dec 10 19 12 O. B. Beller M.D.

Registrar

S-Y CO., 16670

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

469-213-014-816

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Form V. S. No. 11-C—20m-2-15-12

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

PLACE OF BIRTH

County of Canyon

City of Nampa

No. _____ St.

Hospital _____

Registration District No. 1003 File No. 10307

Primary Registration District No. 1006 Registered No. 398

FULL NAME OF CHILD Lyle Morrison

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Male	—	—	yes	12-13-1912

FATHER		MOTHER	
FULL NAME	John E. Morrison	FULL MAIDEN NAME	Belle Hawkins
RESIDENCE	Nampa Ida	RESIDENCE	Nampa Ida
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	43	AGE AT LAST BIRTHDAY (Years)	33
BIRTHPLACE	Ida.	BIRTHPLACE	Mo.
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 4 Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Alive (Born alive or stillborn), at 10:30 A.M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) O. B. Beller M.D.

Physician (Physician or midwife)

Address Nampa Ida

Given names added from a supplemental report

_____ 19____

_____ Registrar

Filed 12-15-1912 O. B. Beller Registrar

S-Y CO. 20174

MAY 15 1951

469-215-014-168

Form V. S. No. 11-C—20m-2-15-12

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Canyon

City of Nampa

No. Boulevard St.

Hospital X

Registration District No. 1003 File No. 10308

Primary Registration District No. 1006 Registered No. 399

FULL NAME OF CHILD Rosalie

Sex of Child	Twin Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Girl	Twin	First	Yes	Dec 15 1912

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	H.H. Mossman	B.V. Johnson
RESIDENCE	Nampa Idaho	Nampa Ida
COLOR	White	White
AGE AT LAST BIRTHDAY (Years)	42	33
BIRTHPLACE	Iowa	Ill.
OCCUPATION	Farmer	Housewife

Number of child of this mother, including present birth 4 Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 5:30a.M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J.H. Murray

Physician (Physician or midwife)

Address Nampa Idaho

Given names added from a supplemental report

.....19.....

.....
Registrar

Filed Dec 20-19 12 O.B. Beller M.D.
Registrar

S-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

462-115-014-168

Form V. S. No. 11-C—20m-2-15-12

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Canyon

City of Nampa

No. Boulevard St.

Hospital Y

Registration District No. 1003 File No. 10309

Primary Registration District No. 1006 Registered No. 4100

FULL NAME OF CHILD. X Robert B. Mossman

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Boy	twin	second	yes	12 15 1912

FATHER		MOTHER	
FULL NAME	H. H. Mossman	FULL MAIDEN NAME	B. V. Johnson
RESIDENCE	Nampa Idaho	RESIDENCE	Nampa Ida
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	42	AGE AT LAST BIRTHDAY (Years)	33
BIRTHPLACE	Iowa	BIRTHPLACE	Ill.
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 4 Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 5-45 A. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. H. Murray

Physician

(Physician or midwife)

Address Nampa Idaho

Given names added from a supplemental report

....., 19.....

Filed Dec 20 1912 O. B. Bellew M.D.

Registrar

S-Y CO. 20174

Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

8-30-11

968-216-014-396

Form V.S. No. 11-C—20m-2-15-12

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Canyon

City of Nampa

No. Kurtz Add'n St.

Hospital X

Registration District No. 3 File No. 10310

Primary Registration District No. 1006 Registered No. 401

FULL NAME OF CHILD X

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
girl	—	—	yes	12 16 1912

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	Chas W Robins	Lucy Horbridge
RESIDENCE	Nampa Idaho	Nampa Idaho
COLOR	White	White
AGE AT LAST BIRTHDAY (Years)	25	27
BIRTHPLACE	Wisconsin	Wisconsin
OCCUPATION	Groceryman	Housewife

Number of child of this mother, including present birth 2

Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 7:30 a. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. T. Murray

Physician (Physician or midwife)

Address Nampa Ida

Given names added from a supplemental report

..... 19.....

..... Registrar

Filed 12/20/19 12 C. B. Beller M.D. Registrar

5-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

215-126-014-259

MARGIN RESERVED FOR BINDING

WRITE PLAINLY. WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH

County of Canyon

City of Nampa

No. Section 20 St.

Hospital

Form V. S. No. 11-C—20m-2-15-12

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 1003 File No. 10311

Primary Registration District No. 1006 Registered No. 402

FULL NAME OF CHILD Premature Lived 1 hour Unnamed.

Sex of Child	Twin Triplet or other?	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Male	Twin # 1 and	1	Yes	Dec 26 1912

(To be answered only in event of plural births)

FATHER	MOTHER
FULL NAME Frank Lockwood	FULL MAIDEN NAME Mrs. Mattie Seibert
RESIDENCE Nampa Idaho R.F.D.	RESIDENCE Nampa Idaho R.F.D.
COLOR White	COLOR White
AGE AT LAST BIRTHDAY 43 (Years)	AGE AT LAST BIRTHDAY 38 (Years)
BIRTHPLACE Wisconsin	BIRTHPLACE Ill.
OCCUPATION Farmer	OCCUPATION Farmer's Wife

Number of child of this mother, including present birth 8th.

Number of children of this mother now living, including present birth 8th.

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 11:50 M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) O. R. Meredith D.O.

Nampa, Idaho (Physician or midwife)

Address Nampa Ida

Given names added from a supplemental report

.....19.....

.....
Registrar

Filed Dec 27 19 12 B Beller
Registrar

S-Y CO. 20174

Her First Born were twin boys. (No twins in the Ancestory)

PLACE OF BIRTH

Form V. S. No. 11-C—20m-3-15-12

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

691-127-014-255

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH

County of Canyon

City of Nampa (Near)

No. Section 20 St.

Hospital

Form V. S. No. 11-C—20m-2-15-12

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 1003 File No. 10312

Primary Registration District No. 1006 Registered No. 403

FULL NAME OF CHILD Unnamed Child of Mr & Mrs Frank Sanford.

Sex of Child	Twin Triplet or other?	Number in order of birth	Legitimate?	Date of Birth
Male	Twin # 2	2	Yes	Dec 27 (Month) (Day) 1912 (Year)

(To be answered only in event of plural births)

FATHER	MOTHER
FULL NAME Sanford, Frank	FULL MAIDEN NAME Mable Seibert
RESIDENCE R.F.D. Nampa	RESIDENCE Mable Nampa
COLOR White	COLOR White
AGE AT LAST BIRTHDAY 43 (Years)	AGE AT LAST BIRTHDAY 36 (Years)
BIRTHPLACE Missouri	BIRTHPLACE Ill.
OCCUPATION Farmer	OCCUPATION Wife of Farmer

Number of child of this mother, including present birth 9th

Number of children of this mother now living, including present birth 9th

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) on the date above stated., at 12:10 A. M.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) O. R. Meredith

Osteopathic Physician

(Physician or midwife)

Address Nampa Ida

Given names added from a supplemental report

.....19.....

.....
Registrar

Filed Dec 28 1912 O. B. Beller M.D.
Registrar

S-Y CO. 20174

Form V. S. No. 11-C—20m-2-10-12

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

PLACE OF BIRTH

County of

419-122-014-153

PLACE OF BIRTH

Form V. S. No. 11-C—20m-2-15-12

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Canyon

City of Nampa

No. 1 mile North St.

Hospital —

Registration District No. 1003 File No. 10313

Primary Registration District No. 1196 Registered No. 404

FULL NAME OF CHILD James Leon

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Boy	x	x	yes	Dec 22 1912

FATHER		MOTHER	
FULL NAME	Herbert L Marks	FULL MAIDEN NAME	Orlta Jett
RESIDENCE	Nampa Idaho	RESIDENCE	Nampa Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	27 (Years)	AGE AT LAST BIRTHDAY	26 (Years)
BIRTHPLACE	Kansas	BIRTHPLACE	South Dakota
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 2

Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 8:15 A. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) O. H. Murray

Physician

(Physician or midwife)

Address Nampa Ida

Given names added from a supplemental report

..... 19.....

Filed 12/27/19 12. O. B. Bell M.D.

Registrar

Registrar

S-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

SEP 1 8 1953

433-225-014-799

PLACE OF BIRTH

Form V. S. No. 11-C—20m-2-15-12

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Canyon

City of Nampa

No. 325 N. Bet 11th & 12th St. Nampa

Registration District No. 3

Primary Registration District No. 1006

File No. 10314

Registered No. 405

Hospital ×

FULL NAME OF CHILD × Leona Christy

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth
girl	×	×	yes	Dec 25 (Month) (Day) 1912 (Year)

FATHER		MOTHER	
FULL NAME	E. H. McClellan	FULL MAIDEN NAME	Hannah Gregg
RESIDENCE	Nampa Idaho	RESIDENCE	Nampa Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	28 (Years)	AGE AT LAST BIRTHDAY	23 (Years)
BIRTHPLACE	Utah	BIRTHPLACE	Utah
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 3

Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at a. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) O. H. Murray

Physician

(Physician or midwife)

Address Nampa Ida

Given names added from a supplemental report

..... 19.....

Filed Dec 30 19 10 O. B. Belden M.D.

Registrar

S-Y CO. 20174

Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

NOV 13 1963

713-129-014-652

Form V. S. No. 11-C—20m-2-15-12

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Canyon

City of Near Nampa

No. ..... St.

Hospital

Registration District No. 1005 File No. 10315

Primary Registration District No. 1006 Registered No. 406

FULL NAME OF CHILD George Benjamin Palmer

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Male	—	—	Yes	12 29 1912

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	Clarence L. Palmer	Lena M Westlake
RESIDENCE	Nampa Ida	Nampa Ida
COLOR	White	White
AGE AT LAST BIRTHDAY (Years)	35	26
BIRTHPLACE	Ohio	Ill
OCCUPATION	Farmer	Housewife

Number of child of this mother, including present birth 2

Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive at 6 A. M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) O. B. Beller M.D.

Physician
(Physician or midwife)

Address Nampa Ida

Given names added from a supplemental report

..... 19.....

..... Registrar

Filed Dec 31 19 12 O. B. Beller M.D.
Registrar

S-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

JUN 12 1951

235-230-014-533

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Form V. S. No. 11-C—20m-2-15-12

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

PLACE OF BIRTH

County of Canyon

City of Nampa

No. ..... St.

Hospital

Registration District No. 3 File No. 10316

Primary Registration District No. 1006 Registered No. 407

FULL NAME OF CHILD Celia Emma Sterling

Sex of Child	Twin / Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Fem	—	—	yes	12 30 1912

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	Henry A. Sterling	Nancy Ellison
RESIDENCE	Nampa Ida	Nampa Ida.
COLOR	White	White
AGE AT LAST BIRTHDAY (Years)	28	26
BIRTHPLACE	Iowa.	Ill.
OCCUPATION	Draygman	Housewife

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Alive (Born alive or stillborn), at 10 a. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) O B Beller M.D.

Physician

(Physician or midwife)

Address Nampa Ida

Given names added from a supplemental report

..... 19.....

..... Registrar

Filed Dec 30 1912 O B Beller M.D.

Registrar

S-Y CO. 20174

Form V. S. No. 11-C—20m-2-15-12

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

PLACE OF BIRTH

219-131-014-155

PLACE OF BIRTH

County of Canyon

City of Nampa

No. ..... St.

Hospital .....

Form V. S. No. 11-C—20m-2-15-12

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 23 File No. 10317

Primary Registration District No. 1006 Registered No. 408

FULL NAME OF CHILD Oscar C. Barton

Sex of Child	Twin / Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Male	—	—	Yes	12 31 1912

FATHER		MOTHER	
FULL NAME	James Barton	FULL MAIDEN NAME	Amy Jennings
RESIDENCE	Nampa Ida	RESIDENCE	Nampa Ida
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	24	AGE AT LAST BIRTHDAY (Years)	24
BIRTHPLACE	New York	BIRTHPLACE	Vermont
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Alive (Born alive or stillborn), at 4 a. M. on the date above stated.

(Signature) O B Beller M.D.

Physician (Physician or midwife)

Address Nampa Ida

Filed Dec 31 1912 O B Beller M.D. Registrar

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report

..... 19.....

..... Registrar

8-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF IOWA
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

PLACE OF BIRTH

252-227-014-793

PLACE OF BIRTH

Form V. S. No. 11-C—20m-2-15-12

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Canyon

City of Roswell Prec.

Registration District No. 3 File No. 10318

No. St.

Primary Registration District No. 2007 Registered No. 408

Hospital

FULL NAME OF CHILD Katherine Sessions

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
fem.		—	yes	Dec 27 1912

FATHER		MOTHER	
FULL NAME	Alfred A. Sessions	FULL MAIDEN NAME	Ida. Pickard
RESIDENCE	Roswell, Ida.	RESIDENCE	Roswell
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	45 (Years)	AGE AT LAST BIRTHDAY	38 (Years)
BIRTHPLACE	Ohio	BIRTHPLACE	Michigan
OCCUPATION	Farmer-Lawyer	OCCUPATION	Housewife

Number of child of this mother, including present birth 4

Number of children of this mother now living, including present birth 8

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 7:30 P.M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Chas. C. Allen, M.D.

(Physician or midwife)

Given names added from a supplemental report

....., 19.....

Registrar

Address .....

Filed 1/3/13 1912 O. J. Lamm

Registrar

S-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Form V. S. No. 11-C—20m-2-15-12

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

PLACE OF BIRTH

County of

451-110-014-798

PLACE OF BIRTH

Form V. S. No. 11-C—20m-2-15-12

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Canyon

City of Roswell

No. ..... St.

Registration District No. 3 File No. 10319

Primary Registration District No. 2007 Registered No. 410

Hospital

FULL NAME OF CHILD Donald Russel Meadows

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
male	—	—	yes	Dec. 10 1917

FATHER	MOTHER
FULL NAME Lenard W. Meadows	FULL MAIDEN NAME Lucy Ary
RESIDENCE Roswell Ida.	RESIDENCE Roswell Ida.
COLOR White	COLOR White
AGE AT LAST BIRTHDAY 21 (Years)	AGE AT LAST BIRTHDAY 18 (Years)
BIRTHPLACE Mo.	BIRTHPLACE Colorado
OCCUPATION farmer-foreman	OCCUPATION housewife

Number of child of this mother, including present birth 1

Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 6:45 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Chas. B. Allen, M. D.

(Physician or midwife)

Address Parma, Ida.

Given names added from a supplemental report

..... 19.....

..... Registrar

Filed 12/17 1917 R. Glenn Registrar

8-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

JAN 12 1942

DEC 20 1974

863-115-014-753

Form V. S. No. 11-C—20m-2-15-12

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Canyon

City of Parma Precinct

Registration District No. 3

File No. 10320

No. ____ St.

Primary Registration District No. 2007

Registered No. 411

Hospital ____

FULL NAME OF CHILD Clifford Loren Holloway

Sex of Child	Twin / Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
male	—	—	yes	Dec. 15 1913

FATHER	MOTHER
FULL NAME Benj. L. Holloway	FULL MAIDEN NAME Mary Peck
RESIDENCE Parma, R. I.	RESIDENCE Parma R. I.
COLOR White	COLOR White
AGE AT LAST BIRTHDAY 29 (Years)	AGE AT LAST BIRTHDAY 34 (Years)
BIRTHPLACE Mo.	BIRTHPLACE Ohio
OCCUPATION Farmer	OCCUPATION housewife

Number of child of this mother, including present birth 6

Number of children of this mother now living, including present birth 6

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 1:30 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Chas. B. Allen, M. D.

(Physician or midwife)

Address Parma, Ida.

Given names added from a supplemental report

..... 19.....

Filed 12/17 19 2 R. J. Lemen

Registrar

..... Registrar

8-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

NOV 24 1970

JUN 15 1943

271-124-014-351

PLACE OF BIRTH

Form V. S. No. 11-C—20m-9-15-12

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Canyon

City of Roswell Precinct

Registration District No. 3 File No. 10321

No. ..... St.

Primary Registration District No. 2007 Registered No. 462

Hospital .....

FULL NAME OF CHILD Thomas Elzy Sparks

Sex of Child	Twin / Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
male	—	—	yes	Dec. 24 1912

FATHER		MOTHER	
FULL NAME	Washington L. Sparks	FULL MAIDEN NAME	Nancy J. Cearly
RESIDENCE	Roswell	RESIDENCE	Roswell
COLOR	white	COLOR	white
AGE AT LAST BIRTHDAY	27 (Years)	AGE AT LAST BIRTHDAY	26 (Years)
BIRTHPLACE	Georgia	BIRTHPLACE	Georgia
OCCUPATION	farm laborer	OCCUPATION	housewife

Number of child of this mother, including present birth 3

Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born Alive, at 4 A. M. on the date above stated.
(Born alive or stillborn)

(Signature) Chas. B. Allen M.D.

(Physician or midwife)

Address .....

Filed 1/8/1 1913 R. J. Allen
Registrar

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report

..... 19.....

..... Registrar

S-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Form V. S. No. II-C—30m-2-15-12

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK. THIS IS A PERMANENT RECORD

613-110-014-433

PLACE OF BIRTH

Form V. S. No. 11—10m-6-20-11

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

County of Canyon

City of Parma

Registration District No. 3

File No. 10322

No. ____, ____ St.

Primary Registration District No. 2007

Registered No. 413

Hospital

FULL NAME OF CHILD Reed Lawrence

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
M.	—	—	Yes	12 10 1912

	FATHER	MOTHER
FULL NAME	Joseph Watkins	FULL MAIDEN NAME Emma McConnell
RESIDENCE	Parma	Parma
COLOR	W.	W
AGE AT LAST BIRTHDAY (Years)	42	35
BIRTHPLACE	Del	Idaho
OCCUPATION	Rancher	Housewife

Number of child of this mother, including present birth 5

Number of children, of this mother, now living, including present birth 5

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 2:20 P.M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) A. J. Glenn M.D.

(Physician or Midwife)

Address Parma Idaho

Given name added from a supplemental report

....., 19.....

Filed 12/10 19 12 A. J. Glenn

Registrar

.....

Registrar

S-Y CO., 16669

MARGIN RESERVED FOR BINDING

WRITE PLAINLY. WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at a birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

819-121-014-319

PLACE OF BIRTH

County of Canyon

City of Parma

No. ____, ____ St.

Hospital ____

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

Form V. S. No. 11—10m-6-20-11

Registration District No. 3

File No. 10323

Primary Registration District No. 2007

Registered No. 414

FULL NAME OF CHILD Martin Elmer Wells

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate	Date of birth (Month) (Day) (Year)
M.			Yes	12 21 1912

FATHER		MOTHER	
FULL NAME	Wells Harold	FULL MAIDEN NAME	Elizabeth Harold Carlyle
RESIDENCE	Parma	RESIDENCE	Parma
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY (Years)	32	AGE AT LAST BIRTHDAY (Years)	26
BIRTHPLACE	Kansas	BIRTHPLACE	Idaho
OCCUPATION	Rancher	OCCUPATION	Housewife

Number of child of this mother, including present birth 3

Number of children, of this mother, now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 3 a M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) A. J. Lewis

M. D. (Physician or Midwife)

Address Parma, Idaho

Given name added from a supplemental report

..... 19.....

..... Registrar

Filed 12/21 1912

A. J. Lewis Registrar

S-Y CO., 16669

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at a birth, a SEPARATE RETURN must be made for each and the number of such, in order of birth stated

753-213-014-794

PLACE OF BIRTH

County of Canyon

City of Parma

No. ..... St.

Hospital .....

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

Form V. S. No. 11—10m-6-20-11

Registration District No. 3

File No. 10324

Primary Registration District No. 2007

Registered No. 415

FULL NAME OF CHILD Anna Grundy

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
F			Yes	12 13 1912

FATHER		MOTHER	
FULL NAME	Ivg. Peterson	FULL MAIDEN NAME	Anna Grundy
RESIDENCE	Parma	RESIDENCE	Parma
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY (Years)	38	AGE AT LAST BIRTHDAY (Years)	27
BIRTHPLACE	Sweden	BIRTHPLACE	Minn.
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 3

Number of children, of this mother, now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive on the date above stated. at 10.30 P. M.

(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) R. J. Owen

M. D.

(Physician or Midwife)

Address Parma Idaho

Given name added from a supplemental report

....., 19.....

Filed 12/14 19 2 R. J. Owen

Registrar

S-Y CO., 16669

Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY. WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at a birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

JUL 1 0 1974

45-9-110-014-25-9

PLACE OF BIRTH

County of Canyon

City of Parma

No. ..... St.

Hospital .....

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

Form V. S. No. 11—10m-6-20-11

Registration District No. 3 File No. 10325

Primary Registration District No. 2007 Registered No. 116

FULL NAME OF CHILD Alfred Raymond

Sex of Child	Twin, Triplet, or other?	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
M	✓	✓	Yes	12 10 1912

(To be answered only in event of plural births)

FATHER	MOTHER
FULL NAME A. J. Girden	FULL MAIDEN NAME Mary Jane Carter
RESIDENCE Parma	RESIDENCE Parma
COLOR W. AGE AT LAST BIRTHDAY 32 (Years)	COLOR W AGE AT LAST BIRTHDAY 20 (Years)
BIRTHPLACE Ark.	BIRTHPLACE Ark.
OCCUPATION Rancher	OCCUPATION Housewife

Number of child of this mother, including present birth 3

Number of children of this mother, now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Premature (Born alive or stillborn) at 11.30 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) T. J. Green

M.D. (Physician or Midwife)

Address Parma Ida.

Given name added from a supplemental report

..... 19.....

Filed 12/11 1912 T. J. Green Registrar

..... Registrar

S-Y CO., 16669

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at a birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

Dup of DE50-322 1912

249-224-014-854

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

Form V. S. No. 11-C—10m-8-7-11

PLACE OF BIRTH

County of Canyon

City of Caldwell

No ——, ——— St.

Hospital no

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

Registration District No 3 File No. 10326

Primary Registration District No 1002 Registered No. 417

FULL NAME OF CHILD Fern Lucile Burns

Sex of Child	Twin, Triplet or other?	and	Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
female	—		—	yes	Dec 24 1912

(To be answered only in event of plural births)

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	J. G. Burns	Ethel Hodges
RESIDENCE	Caldwell	Caldwell
COLOR	white	white
AGE AT LAST BIRTHDAY (Years)	26	23
BIRTHPLACE	Idaho	Neb
OCCUPATION	Photographer	Housewife

Number of child of this mother, including present birth 1

Number of children, of this mother, now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive, at 5 9 M. on the date above stated.

(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) S. J. Miller (M.D.)

(Physician or Midwife)

Address Caldwell, Ida.

Given names added from a supplemental report

....., 19.....

Filed Jan. 7 1913 John L. Meyer

Registrar

Registrar

SYMS - YORK CO., PTRS. & BDRS. 17326

K

SEP 6 1966

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth, noted

749-125-014-5-69

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

Form V. S. No. 11-C—10m-8-7-11

PLACE OF BIRTH

County of Canyon

City of Caldwell

No ——, —— St.

Hospital no

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

Registration District No 3 File No. 10327

Primary Registration District No 1905 Registered No. 418

FULL NAME OF CHILD Herman Loren Burkhiser

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Male	—	—	yes	Dec 25 1912

FATHER		MOTHER	
FULL NAME	C. Burkhiser	FULL MAIDEN NAME	Anna Voight
RESIDENCE	Caldwell	RESIDENCE	Caldwell
COLOR	White	AGE AT LAST BIRTHDAY (Years)	30
COLOR	white	AGE AT LAST BIRTHDAY (Years)	25
BIRTHPLACE	Ill	BIRTHPLACE	Ill
OCCUPATION	Electrician	OCCUPATION	Housewife

Number of child of this mother, including present birth 1

Number of children, of this mother, now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn), at 6 P M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report

....., 19.....

.....
Registrar

(Signature) S. J. Miller M.D.

(Physician or Midwife)

Address Caldwell Ida

Filed 1-1-13 19.....

.....
Registrar

SYMS - YORK CO., PTRS. & BDRS. 17328

APR 3 1959

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

M. B. In case of more than one child at birth, a SEP. CERT. FOR must be made for each and the number of sec., in order of birth stated

342-128-014-165

[redacted]

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

Form V. S. No. 11-C—10m-8-7-11

PLACE OF BIRTH

County of Canyon

City of Caldwell

No _____, _____ St.

Hospital No

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

Registration District No 3 File No. 10328

Primary Registration District No. 1005 Registered No. 419

FULL NAME OF CHILD _____

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
male	—	—	yes	Dec 28, 1912

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	Frank Luse	Edith Jones
RESIDENCE	Caldwell	Caldwell
COLOR	White	White
AGE AT LAST BIRTHDAY (Years)	24	20
BIRTHPLACE	Neb	Wash
OCCUPATION	R. R. man	Housework

Number of child of this mother, including present birth 1

Number of children, of this mother, now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was _____ (Born alive or stillborn) at 3 P M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) S. J. Miller (for W)

(Physician or Midwife)

Address Caldwell, Ida

Given names added from a supplemental report

_____, 19____

_____ Registrar

Filed 1-7-1913

_____ Registrar

SYMS - YORK CO., PTRS. & BDRS 17326

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each in order of birth stated

(Given names added from a supplemental report)

(Physician or Midwife)

Address

Filed 1-7 1913

Registrar

Registrar

693-231-014-294

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

Form V. S. No. 11-C—10m-8-7-11

PLACE OF BIRTH

County of Canyon

City of Caldwell

No ——, —— St.

Hospital no

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

Registration District No 3 File No. 10329

Primary Registration District No. 1005 Registered No. 420

FULL NAME OF CHILD Doris Mildred Wilkerson

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
female	—	—	Yes	Dec 31 — 191 2

FATHER		MOTHER	
FULL NAME	W. R. Wilkerson	FULL MAIDEN NAME	Annie Kimbrough
RESIDENCE	Caldwell	RESIDENCE	Caldwell
COLOR	white	COLOR	White
AGE AT LAST BIRTHDAY	39 (Years)	AGE AT LAST BIRTHDAY	34 (Years)
BIRTHPLACE	Tenn	BIRTHPLACE	Tenn
OCCUPATION	Lawyer	OCCUPATION	House wife

Number of child of this mother, including present birth 2

Number of children, of this mother, now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was a live (Born alive or stillborn) on the date above stated, at 5 P M.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) D. J. Miller M.W.

(Physician or Midwife)

Address Caldwell Ida

Given names added from a supplemental report

....., 19....

Filed 1-7-1913 John S. Meyer

Registrar

Registrar

SYMS - YORK CO., PTRS. & BDRS. 17326

Certified Copy Issued Feb. 21, 1941. E.W.

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

101-007-852

[redacted]

C—20m-8-15-12

CE OF BIRTH

County of Blaine

City of Fish creek

Registration District No. 21 File No. 10330

No. St.

Primary Registration District No. 2025 Registered No. 206

Hospital

FULL NAME OF CHILD Kenneth Ray Farnsworth

Sex of Child	Twin / Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Male				yes	Dec. 1 1912

FATHER		MOTHER	
FULL NAME	Wilford Bird Farnsworth	FULL MAIDEN NAME	Eliza Ann Hess
RESIDENCE	Fish creek Ida.	RESIDENCE	Fishcreek Ida.
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	32 (Years)	AGE AT LAST BIRTHDAY	29 (Years)
BIRTHPLACE	Sevier Co Utah	BIRTHPLACE	Farmington Utah
OCCUPATION	Farmer	OCCUPATION	House Wife

Number of child of this mother, including present birth 7

Number of children of this mother now living, including present birth 7

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born Alive (Born alive or stillborn) at 2:50 A.M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Mrs L. B. Howard

Midwife (Physician or midwife)

Address Harry Idaho

Given names added from a supplemental report

.....19.....

Filed Dec 10 19 12 Robert Leigh Registrar

.....Registrar

8-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

MAR 19 1942

DEC 11 1946

366-102-007-318

Form V. S. No. 11-C—15m-6-20-11

PLACE OF BIRTH

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

County of Blaine

City of Carey

No. ____, ____ St.

Registration District No. 21 File No. 10331

Primary Registration District No. 7075 Registered No. 207

Hospital ____

FULL NAME OF CHILD Earl Lowry

Sex of Child	Twin, Triplet, or other?	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Male	Other (To be answered only in event of plural births)	5	yes	Dec 2, 1912

FATHER		MOTHER	
FULL NAME	John Hiram Lowry	FULL MAIDEN NAME	Minnie L. Taylor
RESIDENCE	Carey, Idaho	RESIDENCE	Carey Ida
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	39	AGE AT LAST BIRTHDAY (Years)	34
BIRTHPLACE	Junk Pete Co, Wash	BIRTHPLACE	Juet Co, Utah
OCCUPATION	Laborer	OCCUPATION	House wife & milliner

Number of child of this mother, including present birth 5

Number of children, of this mother, now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive, at 12 noon on the date above stated.

(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) [signature] M.D.

(Physician or Midwife)

Address Carey Idaho

Given names added from a supplemental report

....., 19.....

Filed Dec 20, 1912 [signature] Registrar

.....
Registrar

S-Y CO., 16670

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

PLACE OF BIRTH

County of

493-120-007-366

PLACE OF BIRTH

Form V. S. No. 11-C—15m-6-20-11

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

County of Blaine

City of Ramey — Registration District No. 21 — File No. 10332

No. ____, ____ St. — Primary Registration District No. 7015 — Registered No. 708

Hospital ____

FULL NAME OF CHILD Farley Cooper Silsworth

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Male	Other	1	yes	July 20, 1912

	FATHER	MOTHER
FULL NAME	Milton Perry Silsworth	Ada Cooper
RESIDENCE	Ramey - Idaho	Ramey, Idaho
COLOR	W	W
AGE AT LAST BIRTHDAY (Years)	22	24
BIRTHPLACE	Salt Lake City, Utah	Wash Co - Utah
OCCUPATION	Farmer	Housewife

Number of child of this mother, including present birth 1 — Number of children, of this mother, now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born Alive (Born alive or stillborn), at ____ M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) [signature]

(Physician or Midwife)

Address [illegible]

Given names added from a supplemental report

____, 19____

Filed Dec 20 1912 — [signature] Registrar

____ Registrar

S-Y CO., 16670

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

MARGIN RESERVED FOR BINDING

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

FEB 14 1964

334-209-007-243

PLACE OF BIRTH

Form V. S. No. 11—10m-6-20-11

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

County of Blaine

City of Moore, Ida Registration District No. 21 File No. 10333

No. ____, ____ St. Primary Registration District No. 2024 Registered No. 205

Hospital ____

FULL NAME OF CHILD Lillian Belle Clucas

Sex of Child	Twin, Triplet, or other?	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
F	X (To be answered only in event of plural births)	X	yes	Dec. 9, 1912

FATHER		MOTHER	
FULL NAME	Robert Cleave Clucas	FULL MAIDEN NAME	Alice Sutton
RESIDENCE	Moore, Ida.	RESIDENCE	Moore, Ida.
COLOR	W.	COLOR	W.
AGE AT LAST BIRTHDAY (Years)	29.	AGE AT LAST BIRTHDAY (Years)	21.
BIRTHPLACE	Ill.	BIRTHPLACE	Oregon.
OCCUPATION	Farmer	OCCUPATION	Housewife.

Number of child of this mother, including present birth: first.

Number of children, of this mother, now living, including present birth: Alive

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 3.30 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) D. W. Matthaei M. D.

Physician (Physician or Midwife)

Address Moore Ida

Given name added from a supplemental report

....., 19.....

Filed Dec 15 1912 Robert Lucas Registrar

.....
Registrar

S-Y CO., 16669

WRITE PLAINLY. WITH UNFADING INK—THIS IS A PERMANENT RECORD

MARGIN RESERVED FOR BINDING

N. B. In case of more than one child at a birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

FEB 9 1949

FEB 13 1973

141-230-007-916

MARGIN RESERVED FOR BINDING

WRITE PLAINLY. WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH.

County of Blaine

City of Carey

No. ..... St.

Hospital .....

Form V. S. No. 11-C—20m-2-15-12

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 21 File No. 10334

Primary Registration District No. 2075 Registered No. 204

FULL NAME OF CHILD No name Isa Mary Adamson

Sex of Child	Twin / Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
female			yes	Nov 30 1912

FATHER	MOTHER
FULL NAME W. L. Adamson	FULL MAIDEN NAME Miss Dawson
RESIDENCE Carey	RESIDENCE Carey Idaho
COLOR White AGE AT LAST BIRTHDAY 30 (Years)	COLOR White AGE AT LAST BIRTHDAY 22 (Years)
BIRTHPLACE Utah	BIRTHPLACE Idaho
OCCUPATION Banker	OCCUPATION —

Number of child of this mother, including present birth 1

Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Alive (Born alive or stillborn) at 6 A.M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. J. Nash M.D.

(Physician or midwife)

Address Hailey Idaho

Given names added from a supplemental report

..... 19.....

Filed Dec 11 19 12 Robert H. Leigh Registrar

..... Registrar

S-Y CO. 20174

APR 3 0 1969

386 - 203 - 007 - 789

PLACE OF BIRTH

STATE OF IDAHO

Form V. S. No. 11-C...

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

County of Blaine

City of Carral

No. ..... St.

Hospital .....

Registration District No. 21 File No. 10335

Primary Registration District No. 2023 Registered No. 703

FULL NAME OF CHILD Grace May Thornton

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Female			yes	12 3 1912

FATHER		MOTHER	
FULL NAME	Charles Thornton	FULL MAIDEN NAME	May Griswold
RESIDENCE	Carral Ida	RESIDENCE	Carral Ida
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	22 (Years)	AGE AT LAST BIRTHDAY	26 (Years)
BIRTHPLACE	Texas	BIRTHPLACE	Wash,
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 1

Number of children, of this mother, now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) 12 3 1912, at 3 a. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Robert A Wiggs

Physician

(Physician or Midwife)

Address Carral Ida

Given names added from a supplemental report

....., 19.....

Filed 12-10 19 12 Robert A Wiggs

Registrar

S-Y CO., 16670

Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

FEB 16 1942

FEB 2 1953

239-113-007-253

Form V. S. No. 11-C—15m-6-20-11

PLACE OF BIRTH

STATE OF IDAHO
Bureau of Vital Statistics
CERTIFICATE OF BIRTH

County of Blaine

City of Soldier

Registration District No. 21 File No. 10336

No. ____, ____ St.

Primary Registration District No. 2028 Registered No. 709

Hospital ____

FULL NAME OF CHILD Edwin Clair Stratton

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births) and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Male		Yes	12 13 1912

FATHER		MOTHER	
FULL NAME	Charles Stratton	FULL MAIDEN NAME	Maud Peck
RESIDENCE	Soldier, Ida	RESIDENCE	Soldier, Ida
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	29	AGE AT LAST BIRTHDAY (Years)	23
BIRTHPLACE	Wash.	BIRTHPLACE	Calif.
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 2

Number of children, of this mother, now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive 12-13-1912, at 6 P. M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Dewitt B. Higgs
Physician
(Physician or Midwife)

Address Soldier Ida

Given names added from a supplemental report

....., 19.....

Filed 12-20 19 12 Robert H. Wright
Registrar

.....
Registrar

S-Y CO., 16670

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

NOV 1 5 1974

458-117-007-766

PLACE OF BIRTH

Form V. S. No. 11-C—15m-6-20-11

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

County of Blaine

City of Hill City — Registration District No. 21 — File No. 10337

No. ____, ____ St. — Primary Registration District No. 1023 — Registered No. 201

Hospital ____

FULL NAME OF CHILD LeRoy Meyers

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month, Day, Year)
Male			yes	12, 17, 1912

FATHER		MOTHER	
FULL NAME	Bert Meyers	FULL MAIDEN NAME	Celia Goff
RESIDENCE	Hill City Ida	RESIDENCE	Hill City Ida
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	28 (Years)	AGE AT LAST BIRTHDAY	20 (Years)
BIRTHPLACE	Mo,	BIRTHPLACE	Nebr,
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 2

Number of children, of this mother, now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive 12-17-1912, at 9 a. M. on the date above stated.

(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Dr. Wm. P. Huggo

Physician

(Physician or Midwife)

Address Soldier, Ida

Given names added from a supplemental report

....., 19.....

Filed Jan 1 19 13 Robert H. Hughes

Registrar

S-Y CO., 16670

Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

APR 15 1942

249-221-007-298

PLACE OF BIRTH

Form V. S. No. 11-C—15m-6-20-11

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

County of Blaine

City of Hailey

No. ____, ____ St.

Registration District No. 21 File No. 10338

Primary Registration District No. 2023 Registered No. 200

Hospital ____

FULL NAME OF CHILD Hazel Smith

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
F			yes	12, 21, 1912

FATHER		MOTHER	
FULL NAME	W J Smith	FULL MAIDEN NAME	Belle Bryan
RESIDENCE	Soldier Ida	RESIDENCE	Soldier Ida
COLOR	W	AGE AT LAST BIRTHDAY (Years)	30
COLOR	W	AGE AT LAST BIRTHDAY (Years)	30
BIRTHPLACE	Ill	BIRTHPLACE	Iowa
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 3

Number of children, of this mother, now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) on the date above stated, at 11 A. M.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) DeWitt Heggs

Physician

(Physician or Midwife)

Address Soldier Ida

Filed Jan 1 19 13 Robert H Smith Registrar

Given names added from a supplemental report

....., 19.....

....., Registrar

S-Y CO., 16670

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

657-226-007-34

PLACE OF BIRTH

Form V. S. No. 11-C—15m-6-20-11

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

County of Blaine

City of Manard

No. ____, ____ St.

Hospital ____

Registration District No. 21

Primary Registration District No. 2023

File No. 10339

Registered No. 199

FULL NAME OF CHILD ____

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Female			yes	12 26 1912

FATHER		MOTHER	
FULL NAME	Jas Ong	FULL MAIDEN NAME	Iva Campbell
RESIDENCE	Manard Ida	RESIDENCE	Manard Ida
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	46	AGE AT LAST BIRTHDAY (Years)	25
BIRTHPLACE	Ky	BIRTHPLACE	Ida
OCCUPATION	Laborer	OCCUPATION	Housewife

Number of child of this mother, including present birth 5

Number of children, of this mother, now living, including present birth 5

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) on the date above stated. 12-26-1912, at 11 30 P. M.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Del Watt Driggs

Physician

(Physician or Midwife)

Address Soldier Ida

Given names added from a supplemental report

....., 19.....

Registrar

Filed Jan 1 19 13 Lew H Wright

Registrar

S-Y CO., 16670

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

NOV 2 6 1974

622-22-007-145

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Form V. S. No. 11-C—20m-2-15-12

PLACE OF BIRTH

County of Blaine

City of Hailey

No. ..... St.

Hospital .....

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 21 File No. 10340

Primary Registration District No. 2022 Registered No. 198

FULL NAME OF CHILD Margaret Ellen Osborn

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
F			Yes	Dec 25 1912

FATHER		MOTHER	
FULL NAME	Allan T. Osborn	FULL MAIDEN NAME	Jessie Muddle
RESIDENCE	Hailey	RESIDENCE	Hailey
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY	27 (Years)	AGE AT LAST BIRTHDAY	26 (Years)
BIRTHPLACE	Ida	BIRTHPLACE	Neb.
OCCUPATION	Rancher	OCCUPATION	HW

Number of child of this mother, including present birth 2

Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 8 A. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) E W Kennaman M.D.

(Physician or midwife)

Address Hailey Idaho

Given names added from a supplemental report

..... 19.....

Filed June 1 1913 J. Stewart Hawkins Registrar

..... Registrar

S-Y CO. 20174

JAN 7 1969

Form V. S. No. 11-C—15m-6-20-11

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

Registration District No. 2022 File No. 10341

No. ____, ____ St.

Primary Registration District No. 3 2015 Registered No. 169

Hospital ____

FULL NAME OF CHILD Richard James Hopkins

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Male	***	***	yes	11 — 9 — 191 2

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	Albert F. Hopkins	Lucrecia Eighmey
RESIDENCE	Emmett Ida	Same
COLOR	W.	White
AGE AT LAST BIRTHDAY (Years)	41	31
BIRTHPLACE	Ill	Iowa
OCCUPATION	Rancher	Housewife

Number of child of this mother, including present birth 3

Number of children, of this mother, now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn) at 7. A. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) B. O. Clark M.D.

(Physician or Midwife)

Address Emmett Ida.

Given names added from a supplemental report

....., 19.....

Filed 12. 2 — 1912 J. L. Reynolds

Registrar

Registrar

Jan 5 1913 R W Swaffy

S-Y CO., 16670

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of Minnesota } ss.
County of St Louis }

Certificate No. 10341

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of Birth (Birth or Death)
for Richard James Hopkins (Name on Original Certificate) who was Born (Was Born or Died) on Nov. 9 - 1917 (Date of Event)
in Emmett Idaho (Place of Event) ~~are erroneous or~~ were omitted; and that, to the best of his knowledge, the
true facts are shown by Insurance Policy (Bible Record, Insurance Policy, Etc.) prepared on Feb. 18 - 1936 (Give Date), are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
Name	unnamed	Richard James Hopkins
Richard James Hopkins		

Subscribed and sworn to before me this 1st day of February, 1936.

Notary Public, residing at Duluth Minn

My commission expires

(Seal)

Signed Lucretia Garfield Hopkins
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

820-87th Ave W. Duluth Minn
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Minnesota } ss.
County of St Louis }

[This Affidavit **MUST** Also be Executed. (See Chapter 139, 1937 Idaho Session Laws,)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 1st day of February, 1936.

Notary Public, residing at Duluth Minn

My commission expires

(Seal)

W. H. MORSON
NOTARY PUBLIC, St. Louis County, Minn.
My Commission Expires June 1, 1938

Signed Albert F. Hopkins
(Signature of Any Credible Person)

820-87th Ave W.
(Street Address, City, State)

Duluth Minn.

SEP 1 1 1948

213-112-0 Amended 2-26-73
4-418

PLACE OF BIRTH

Form V. S. No. 11—10m-6-20-11

STATE OF IDAHO
Bureau of Vital Statistics
CERTIFICATE OF BIRTH

County of Canyon

City of Emmett

Registration District No. 22 File No. 10342

No. ____, ____ St.

Primary Registration District No. 2010 Registered No. 165

Hospital ____ James Franklin Salskov

FULL NAME OF CHILD ~~Not known to me~~

Sex of Child	Twin, Triplet, or other? *** and Number in order of birth *** (To be answered only in event of plural births)	Legitimate?	Date of birth (Month) (Day) (Year)
male		yes	Nov. 12 191 2

FATHER		MOTHER	
FULL NAME	John Salskov	FULL MAIDEN NAME	Grace Day
RESIDENCE	Emmett	RESIDENCE	same
COLOR	W.	COLOR	W
AGE AT LAST BIRTHDAY (Years)	~~55~~ 41	AGE AT LAST BIRTHDAY (Years)	31
BIRTHPLACE	Denmark	BIRTHPLACE	Ohio
OCCUPATION	Rancher	OCCUPATION	Housewife

Number of child of this mother, including present birth 2

Number of children, of this mother, now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive at 8 A. M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) B O Clark MD
(Physician or Midwife)

Address Emmett Ida

Given name added from a supplemental report

....., 19.....

Registrar

Filed 1-2-13 J. A. Rymer
Registrar

Jan 5 1913 J R Deputy Reg.

S-Y CO., 16669

MARGIN RESERVED FOR BINDING

WRITE PLAINLY. WITH UNFADING INK. THIS IS A PERMANENT RECORD

N. B. In case of more than one child at a birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

2 15 73

IDAHO DEPARTMENT OF HEALTH

BUREAU OF VITAL STATISTICS

Affidavit to Correct or Amend An Original Certificate of Birth or Death

RECEIVED
BUREAU OF
VITAL STATISTICS
FEB 26 2 21 PM '73

State of Idaho } ss.
County of ..... }

Certificate No. 10342

Date Filed .....

The undersigned does solemnly swear that certain facts on the certificate of birth (Birth or Death)
for James Franklin Solskov (Name on Original Certificate) who was born (Was Born or Died) on Nov. 11, 1912 (Date of Event)
in Emmett, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts are shown by ..... (Bible Record, Insurance Policy, Etc.) prepared on ..... (Give Date), are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
Name	James Franklin Solskov	James Franklin Salskov
Fathers name	John Solskov	John Salskov
Date of birth	Nov. 11, 1912	Nov. 12, 1912

Subscribed and sworn to before me this 15th day of
February, 1973
Florence Cartright
Notary Public, residing at Boise
My commission expires 4-20-75
(Seal)

Signed Florence Salskov
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)
412 N. 1st Emmett, Idaho
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of ..... } ss.
County of ..... }

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this ..... day of
....., 19.....

Notary Public, residing at .....
My commission expires .....
(Seal)

Signed .....
(Signature of Any Credible Person)

.....
(Street Address, City, State)

FORM DH 60-155

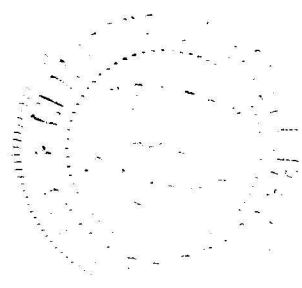
Own sisters birth certificate Margaret Salskov born Feb. 3, 1920 , Emmett, Idaho - State file No. 187292 gives fathers name as John Salskov.
Viewed by VS

Death certificate Idaho State file No. 57-621 date of death Feb. 4, 1957
Emmett, Idaho, John Salskov. (Father)
Viewed by VS

FEB 28 1973

Own Childs birth certificate issued by St. Alphonsus Hospital, Boise, Idaho gives name of father as James F. Salskov born November 12, 1912 to
Viewed by V.S.

Insurance Police gives date of birth for James Franklin Salskov as November 12, 1912. Policy issued April 1937 by Beneficial Life Ins. Co.
Viewed by V.S.



435-222-014-21.7

PLACE OF BIRTH

Form V. S. No. 11-C—15m-6-20-11

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

County of Canyon

City of Emmett Registration District No. 22 File No. 10343

No. ____, ____ St.

Primary Registration District No. 2010 Registered No. 167

Hospital ____

FULL NAME OF CHILD EULA PEARL McELFRESH

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Girl			yes	Sept 22, 1912

FATHER		MOTHER	
FULL NAME	Robert Lee McElfresh	FULL MAIDEN NAME	Annie Malicie Baxter
RESIDENCE	Emmett	RESIDENCE	Emmett
COLOR	W	COLOR	W.
AGE AT LAST BIRTHDAY	30 (Years)	AGE AT LAST BIRTHDAY	24 (Years)
BIRTHPLACE	Mo.	BIRTHPLACE	Kansas
OCCUPATION	Ranches	OCCUPATION	Wife

Number of child of this mother, including present birth 4

Number of children, of this mother, now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) 9-22-12, at 8:30 A.M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. L. Reynolds M.D.

(Physician or Midwife)

Address Emmett Idaho

Given names added from a supplemental report

....., 19.....

Filed 10-12 — 19.12 J. L. Reynolds Registrar

Registrar

Jan 3rd 1913 J Rivwood Bird Asst Reg Local

S-Y CO., 16670

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of Washington }
County of Kittitas } ss.

Certificate No. 10343

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of birth (Birth or Death)
for (Name on Original Certificate) who was born (Was Born or Died) on September 22, 1912 (Date of Event)
in Emmett, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts are shown by (Bible Record, Insurance Policy, Etc.) prepared on (Give Date), are:

FACTS TO BE CORRECTED ("Name", "Birth Date", "Cause of Death", Etc.)	FROM (As on Original)	TO (The Correct Facts)
Name	Unnamed	Eula Pearl McElfresh

Subscribed and sworn to before me this 4 day of February, 1943

Notary Public, residing at Ellensburg

My commission expires Jan 5, 1944.
(Seal)

Signed Mrs Mary Hill
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of }
County of } ss.

[This Affidivat **MUST** Also be Executed.
(See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this
day of , 19 .

Notary Public, residing at

My commission expires
(Seal)

Signed
(Signature of Any Credible Person Other Than Previous Year)

(Street Address, City, State)

FEB 15 1943

993-118-014-445

PLACE OF BIRTH

STATE OF IDAHO

Form V. S. No. 11-C—15

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

County of Canyon

City of Emmett Registration District No. 22 File No. 10344

No. ....., ... St. Primary Registration District No. 2011 Registered No. 166

Hospital .....

FULL NAME OF CHILD Daniel Allen Richards

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	and Number in order of birth 3	Legitimate? yes	Date of birth (Month) 12 (Day) 18 (Year) 12
Boy				

FATHER		MOTHER	
FULL NAME	Arthur Allen Richards	FULL MAIDEN NAME	Sedenia Dunford
RESIDENCE	Emmett Ida	RESIDENCE	Emmett Ida
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY	33 (Years)	AGE AT LAST BIRTHDAY	32 (Years)
BIRTHPLACE	Ohio	BIRTHPLACE	Utah
OCCUPATION	Farmer	OCCUPATION	Wife

Number of child of this mother, including present birth 3

Number of children, of this mother, now living, including present birth 3

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 9-30 A. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. L. Reynolds

(Physician or Midwife)

Address Emmett Ida

Given names added from a supplemental report

....., 19.....

Registrar

Filed 12-24 19 12 J. L. Reynolds Registrar

Jan 5 1913 T R Woodbridge

S-Y CO., 16670

K

FEB 5 1963

689-210-014-365

PLACE OF BIRTH

Form V. S. No. 11—10m-6-20-11

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

County of Canyon

City of Falk

Registration District No. 2 2

File No. 10345

No. ____, ____ St.

Primary Registration District No. 2 1

Registered No. 163

Hospital ____

FULL NAME OF CHILD Sarah Junita Whipple

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Female			yes	Dec 10, 1912

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	John L Whipple	Sarah Amanda Conrad
RESIDENCE	Falk	Falk
COLOR	white	white
AGE AT LAST BIRTHDAY (Years)	49	40
BIRTHPLACE	Provo Utah	Provo Utah
OCCUPATION	Farmer	Housewife

Number of child of this mother, including present birth 11

Number of children, of this mother, now living, including present birth 11

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 8 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Mrs Sarah E Hoagland

Midwife (Physician or Midwife)

Address Falk Idaho

Given name added from a supplemental report

....., 19.....

Registrar

Filed Dec 26 19 12

Registrar

S-Y CO., 16669

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at a birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

JAN 27 1969

APR 2 1985

365-123-014-249

Form V. S. No. 11-C—20m-2-15-12

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

PLACE OF BIRTH

County of Canyon

City of Fruitland

No. ..... *St.*

Hospital .....

Registration District No. 22 **File No.** 10346

Primary Registration District No. 2009 **Registered No.** 163

FULL NAME OF CHILD Forest Allyn Sowers

Sex of Child	Twin / Triplet or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Male	—	—	yes	Dec. 23 1912

FATHER		MOTHER	
FULL NAME	Ed Conyers	FULL MAIDEN NAME	Delia Burs
RESIDENCE	Fruitland, Ida	RESIDENCE	Fruitland, Ida
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	32	AGE AT LAST BIRTHDAY (Years)	30
BIRTHPLACE	Little Sioux, Iowa	BIRTHPLACE	Park City, Utah
OCCUPATION	Shoe Cobbler	OCCUPATION	Housework

Number of child of this mother, including present birth 5

Number of children of this mother now living, including present birth 5

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 6:00 P. M. on the date above stated.

(Signature) Crispin Wright, M.D.

(Physician or midwife)

Address Fruitland, Ida.

Filed Dec 23 19 12 J. R. Woodward Registrar

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report

..... 19.....

..... Registrar

S-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

NOV 17 1941

Return this letter with 50c for each certified copy. No personal check or stamps accepted Bureau of Vital Statistics Boise, Idaho

MAR 9 1942

AFFIDAVIT OF BIRTH

State of Idaho)
)ss
County of Valley)

Mrs. V.M. Conyers, being duly sworn, does depose and say: that he/she is the Mother (relationship) of _____, that he/she is an American citizen, and that the following information is correct to the best of his/her knowledge:

FULL NAME OF CHILD Forrest Allyn Conyers 10346

DATE OF BIRTH Dec. 23rd 1941 SEX OF CHILD Boy

PLACE OF BIRTH Fruitland (City) Payette (County) Idaho (State)

NAME OF ATTENDING PHYSICIAN, IF KNOWN Dr Wright

FULL NAME OF FATHER Vet M. Conyers

BIRTH PLACE Sioux Iowa CITIZEN OF _____

FULL MAIDEN NAME OF MOTHER Delia Emily Beers

BIRTH PLACE Park City Utah CITIZEN OF _____

The purpose of this affidavit is to correct a discrepancy in the birth certificate of the above named child. This is to certify that Forrest Allyn as shown on the birth certificate, and Forres Allyn Conyers are one and the same person. The reason for this change in name being: Certificate does not show last name of Conyers

I further add that this change was made honestly and with no intent to defraud.

Signature Mrs V. M Conyers

Address Cascade Idaho

Subscribed and sworn before me this 7th day of March, 1942

Notary public

My commission expires 4-2[illegible]-45

Return this letter with 50c for each certified copy. No personal check or stamps accepted Bureau of Vital Statistics Boise, Idaho

MAR 28 1942

Ref. to
Express Relations counter

469-115-014-295

PLACE OF BIRTH

Form V. S. No. 11-C—15m-6-20-11

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

File No. 10347

County of Canyon

City of Payette

Registration District No. 22

No. ____, ____ St.

Primary Registration District No. 2005

Registered No. 162

Hospital ____

FULL NAME OF CHILD Elmer Richard Mordhorst

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Male			Yes	Dec 15 1912

FATHER		MOTHER	
FULL NAME	George Mordhorst	FULL MAIDEN NAME	Anna Sievers
RESIDENCE	Payette Ida.	RESIDENCE	With husband
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	47	AGE AT LAST BIRTHDAY (Years)	41
BIRTHPLACE	Germany	BIRTHPLACE	Iowa
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 11

Number of children, of this mother, now living, including present birth 11

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive, at 10 45 P. M. on the date above stated.

(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J R Woodward

Phys —

(Physician or Midwife)

Address Payette, Idaho —

Given names added from a supplemental report

....., 19.....

Filed Dec 16 19 12 J R Woodward Dep.

Registrar

Registrar

S-Y CO., 16670

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

MAR 28 1942

NOV 6 1974

855-10.9-014-238

PLACE OF BIRTH

Form V. S. No. 11-C—15m-6-20-11

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

County of Canyon

City of Payette

No. R 7 A D #1 St.

Registration District No. 22

Primary Registration District No. 2005

File No. 10348

Registered No. 161

Hospital

FULL NAME OF CHILD John Alfred Hungerford

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Male			yes	Dec 9, 1912

FATHER		MOTHER	
FULL NAME	Chas. B Hungerford	FULL MAIDEN NAME	Agatha Schieber
RESIDENCE	Payette Ida R 7 A D #1	RESIDENCE	with husband
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	33	AGE AT LAST BIRTHDAY (Years)	28
BIRTHPLACE	Mo.	BIRTHPLACE	Mo.
OCCUPATION	farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 3

Number of children, of this mother, now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive at 3 30 P. M. on the date above stated.

(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J R Woodward

Phys —

(Physician or Midwife)

Address Payette, Ida —

Given names added from a supplemental report

....., 19.....

.....

Registrar

Filed Dec 11 19 12 J R Woodward

Registrar

wfp —

S-Y CO., 16670

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

FEB 3 1975

249-117-014-575

PLACE OF BIRTH

STATE OF IDAHO

Form V. S. No. 11-C—15m-6-20-11

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

County of Canyon

City of Payette

Registration District No. 22

File No. 10349

No. ____, ____ St.

Primary Registration District No. 2008

Registered No. 164

Hospital ____

FULL NAME OF CHILD Ferrin Eugene Burgess

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Male				Dec 17, 1912

FATHER		MOTHER	
FULL NAME	Eugene L Burgess	FULL MAIDEN NAME	Jessie Van Etten
RESIDENCE	Shoshone Ida	RESIDENCE	With husband
COLOR	White	AGE AT LAST BIRTHDAY (Years)	19
COLOR	White	AGE AT LAST BIRTHDAY (Years)	21
BIRTHPLACE	Iowa	BIRTHPLACE	Colorado
OCCUPATION	Laborer	OCCUPATION	Housewife

Number of child of this mother, including present birth 2

Number of children, of this mother, now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 10 30a. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J R Woodward

Phys (Physician or Midwife)

Address Payette, Ida —

Given names added from a supplemental report

____, 19____

Filed Dec 18 1912 J R Woodward Registrar

____ Registrar

S-Y CO., 16670

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

JAN 29 1942

451-126-014-75-4

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

Form V. S. No. 11-C—15m-6-20-11

PLACE OF BIRTH

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

County of Canyon

City of Payette

No. ....., ... St.

Hospital .....

Registration District No. 22 File No. 10350

Primary Registration District No. 2008 Registered No. 170

FULL NAME OF CHILD Frank Emil Dean

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Male	—	2	Yes	Dec 26, 1912

FATHER

FULL NAME: Emil O. Dean

RESIDENCE: Payette Idaho

COLOR: White AGE AT LAST BIRTHDAY: 29 (Years)

BIRTHPLACE: Iowa

OCCUPATION: Farmer

MOTHER

FULL MAIDEN NAME: Mattie Marie Pedersen

RESIDENCE: Payette Idaho

COLOR: White AGE AT LAST BIRTHDAY: 26 (Years)

BIRTHPLACE: Neb.

OCCUPATION: Housewife

Number of child of this mother, including present birth 2

Number of children, of this mother, now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born Alive (Born alive or stillborn) at 4 A. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. E. Crouch

Physician (Physician or Midwife)

Address Payette Idaho

Given names added from a supplemental report

....., 19.....

Filed Jan 3 19 13 J. R. Hawthorne Registrar

.....

Registrar

S-Y CO., 16670

769-121-014-993

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

PLACE OF BIRTH

Form V. S. No. 11-C 10m-9-7-11

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

County of Canyon

City of Payette

No 233, South 8th St.

Registration District No ____ File No. 10351

Primary Registration District No. ____ Registered No. 171

Hospital ____

FULL NAME OF CHILD Frederick A. Gorham III

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Male			Yes	Dec. 21 1912

FATHER		MOTHER	
FULL NAME	Frederick A. Gorham Jr.	FULL MAIDEN NAME	Phoebe Ricker
RESIDENCE	233 South 8th Street	RESIDENCE	with husband.
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	35 (Years)	AGE AT LAST BIRTHDAY	33 (Years)
BIRTHPLACE	Michigan	BIRTHPLACE	Wisconsin
OCCUPATION	Miller	OCCUPATION	Housewife

Number of child of this mother, including present birth 2

Number of children, of this mother, now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 6 A. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report

....., 19....

(Signature) O. F. Avery

Physician (Physician or Midwife)

Address Payette Idaho

Filed Jan 5 1913 J. R. Woodward Registrar

.....

Registrar

Deputy Registrar

SYMS - YORK CO., PTRS. & BDRS. 17326

MAR 26 1962

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a CERTIFICATE RETURN must be made for each and the number of each stated

236 - 13[redacted] 512

PLACE O[redacted]

Form V. S. No. 11-C—10m-8-7-11

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

County of Cassia

City of Burley

No ....., ... St.

Registration District No. 31 File No. 10352

Primary Registration District No. 212 Registered No. 238

Hospital .....

FULL NAME OF CHILD No Name - Kenneth S. Scoville

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Male			Yes	Oct 25" 1912

FATHER	MOTHER
FULL NAME: Ralph C Scoville	FULL MAIDEN NAME: Margaret Kasinsky
RESIDENCE: Burley R F D No 1 Ida	RESIDENCE: Burley Ida R F D No 1
COLOR: White	COLOR: W
AGE AT LAST BIRTHDAY: 35 (Years)	AGE AT LAST BIRTHDAY: 21 (Years)
BIRTHPLACE: Hamilton Penn.	BIRTHPLACE: Vienna Austria
OCCUPATION: Electrician	OCCUPATION: Housewife

Number of child of this mother, including present birth: 2

Number of children, of this mother, now living, including present birth: 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born Alive, at 1 A. M. on the date above stated.

(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) R. J. Storry M.D.

(Physician or Midwife)

Address Burley Idaho.

Given names added from a supplemental report

....., 19.....

Filed Dec 8 1912 R B Stockdale

Registrar

SYMS - YORK CO., PTRS. & BDRS. 17326

Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

STATE OF IDAHO

MARGIN RESERVED FOR BINDING

WRITE PLAINLY. WITH UNFADING INK—THIS IS A PERMANENT RECORD

PLACE OF BIRTH

County of

City or

No. St.

Hospital

FULL NAME OF CHILD

Sex of

Twin, Triplet

FULL NAME

RESIDENCE

COLOR

BIRTHPLACE

OCCUPATION

Number of child of

I hereby certify

on the date above

When the

midwife, then

make this report

neither breathe

after birth.

Given name added from a supplemental report

(Physician or Midwife)

Address

Filed

Registrar

231-231-016-218

PLACE OF BIRTH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Cassia

City of Burley

No. R.F.D. No. 3 St.

Registration District No. 31 File No. 10353 A

Hospital Primary Registration District No. 2124 Registered No. 239

FULL NAME OF CHILD Beatrice Stallings
(Certificate of no value without full name of child.)

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Female	Twin	1st	Yes	10 - 29 - 1912

What bactericidal solution was used in eyes?

Number of child of this mother, including present birth 3 Number of children of this mother now living, including present birth 3

FATHER		MOTHER	
FULL NAME	Charles Stallings	FULL MAIDEN NAME	Hazel Bayley
RESIDENCE	Burley, Ida. R.F.D. 3	RESIDENCE	Burley, Ida.
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY (Years)	24	AGE AT LAST BIRTHDAY (Years)	24
BIRTHPLACE	Utah	BIRTHPLACE	Utah
OCCUPATION	Farmer	OCCUPATION	Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 3 am M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) R. T. Story, M.D.

(Physician or midwife)

Address Burley, Idaho

Give names added from a supplemental report.

....., 192.....

..... Registrar.

Filed Dec 8, 192 1912 L. B. Stockseager Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

231-239
016-215
Amended 9/26/72

(Be sure the information is complete and accurate)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 10353 B
Local Reg. No. 239
Reg. Dist. No. 31

Record typewriter ribbon in completing this certificate. This certificate MUST be filed with the district where the birth occurred WITHIN 10 days after the date of birth of the child. Address VITAL STATISTICS, BOISE, IDAHO.

1. PLACE OF BIRTH
a. COUNTY: Cassia
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN: Burley
c. FULL NAME OF (If NOT in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION: Route #3

2. USUAL RESIDENCE OF MOTHER (Where does mother live?)
a. STATE: Idaho
b. COUNTY: Cassia
c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN: Burley
d. STREET ADDRESS (If rural, give location): Route #3

3. CHILD'S NAME (Type or print)
a. (First): Blanche
b. (Middle):
c. (Last): Stallings

4. SEX: Female

5a. THIS BIRTH: SINGLE ____ TWIN X TRIPLET ____

5b. IF TWIN OR TRIPLET (This child born): 1st ____ 2nd X 3rd ____

6. DATE OF BIRTH: (Month) Oct. (Day) 29 (Year) 1912

FATHER OF CHILD

7. FULL NAME
a. (First): Charles
b. (Middle):
c. (Last): Stallings

8. AGE (At time of this birth): 24 YEARS

9. BIRTHPLACE (State or foreign country) (City or Town): Utah

10. USUAL OCCUPATION: Farmer

11. KIND OF BUSINESS OR INDUSTRY: Farming

MOTHER OF CHILD

12. FULL MAIDEN NAME
a. (First): Hazel
b. (Middle):
c. (Last): Bailey

13. AGE (At time of this birth): 24 YEARS

14. BIRTHPLACE (State or foreign country) (City or Town): Utah

16. INFORMANT'S SIGNATURE OR NAME (Relationship):

15. CHILDREN PREVIOUSLY BORN TO THIS MOTHER (Do NOT include this child)
a. How many OTHER children are now living? 2
b. How many OTHER children were born alive but are now dead? 0
c. How many children were stillborn (born dead after 20 wks. pregnancy?) 0

I hereby certify that this child was born alive on the date stated above.

17. SIGNATURE: R. T. Story

18. ATTENDANT AT BIRTH: M.D. X MIDWIFE ____ OTHER (Specify) ____

19. ADDRESS: Burley, Idaho

20. DATE SIGNED: Dec. 8, 1912

21. DATE REC'D BY LOCAL REG.: Dec. 8, 1912

22. REGISTRAR'S SIGNATURE: L. B. Stockslager

23. DATE ON WHICH GIVEN NAME ADDED BY ____ Registrar

Amended 9-11-69

(Be sure the information is complete and accurate)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 10353
Local Reg. No. 239
Reg. Dist. No. 31

Use only BLACK INK or BLACK Record typewriter ribbon in completing this certificate. This certificate MUST be filed with the LOCAL REGISTRAR in the district where the birth occurred WITHIN 10 days after the date of birth of the child. Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO.

1. PLACE OF BIRTH
a. COUNTY: Cassia
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN: Burley
c. FULL NAME OF (If NOT in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION: Route # 3

2. USUAL RESIDENCE OF MOTHER (Where does mother live?)
a. STATE: Idaho
b. COUNTY: Cassia
c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN: Burley
d. STREET ADDRESS (If rural, give location): Route 3

3. CHILD'S NAME (Type or print)
a. (First): Blanche
b. (Middle):
c. (Last): Stallings

4. SEX: female

5a. THIS BIRTH: SINGLE ____ TWIN X TRIPLET ____

5b. IF TWIN OR TRIPLET (This child born) 1st ____ 2nd X 3rd ____

6. DATE OF BIRTH: October 29 1912 (Month) (Day) (Year)

FATHER OF CHILD

7. FULL NAME
a. (First): Charles
b. (Middle):
c. (Last): Stallings

8. AGE (At time of this birth): 24 YEARS

9. BIRTHPLACE (State or foreign country) (City or Town): Utah

10. USUAL OCCUPATION: Farmer

11. KIND OF BUSINESS OR INDUSTRY: Farming

MOTHER OF CHILD

12. FULL MAIDEN NAME
a. (First): Hazel
b. (Middle):
c. (Last): Barley

13. AGE (At time of this birth): 24 YEARS

14. BIRTHPLACE (State or foreign country) (City or Town): Utah

15. CHILDREN PREVIOUSLY BORN TO THIS MOTHER (Do NOT include this child)
a. How many OTHER children are now living? 2
b. How many OTHER children were born alive but are now dead? 0
c. How many children were stillborn (born dead after 20 wks. pregnancy?) 0

16. INFORMANT'S SIGNATURE OR NAME (Relationship):

I hereby certify that this child was born alive on the date stated above.

17. SIGNATURE: R. T. Story

18. ATTENDANT AT BIRTH: M.D. X MIDWIFE ____ OTHER (Specify) ____

19. ADDRESS: Burley, Idaho

20. DATE SIGNED: Dec. 8, 1912

21. DATE REC'D BY LOCAL REG.: Dec. 8, 1912

22. REGISTRAR'S SIGNATURE: L. B. Stockslager

23. DATE ON WHICH GIVEN NAME ADDED BY ____ Registrar

FOR MEDICAL AND HEALTH USE ONLY

Was a test for phenylketonuria performed? YES ____ NO ____ DATE ____

Was a standard serological test for syphilis performed? YES ____ NO ____ APPROXIMATE DATE ____

LENGTH OF PREGNANCY ____ WEEKS

WEIGHT AT BIRTH ____ LBS. ____ OZS.

RACE OR COLOR OF FATHER: White

RACE OR COLOR OF MOTHER: White

Was 1% Silver Nitrate Used to prevent blindness? YES ____ NO ____

METHOD OF DELIVERY:

BIRTH INJURY TO INFANT
____ YES IF YES, DESCRIBE
____ NO

CONGENITAL MALFORMATIONS OF INFANT
____ YES IF YES, DESCRIBE
____ NO

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

PLACE OF BIRTH

Form V. S. No. II-C—10m-8-7-11

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

County of Cassia

City of Burley

No. R.F.D. No 3 St.

Registration District No. 31 File No. 10353

Primary Registration District No. 21 1/2 Registered No. 234

Hospital

FULL NAME OF CHILD BLANCHE STALLINGS

Sex of Child	Twin, Triplet—or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Female			Yes	10 31 1912

FATHER		MOTHER	
FULL NAME	Charles Stallings	FULL MAIDEN NAME	Hazel Barney
RESIDENCE	Burley Ida. R.F.D. 3	RESIDENCE	Burley Ida
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY (Years)	24	AGE AT LAST BIRTHDAY (Years)	24
BIRTHPLACE	Utah	BIRTHPLACE	Utah
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 3

Number of children, of this mother, now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was both born alive (Born alive or stillborn) at 3 + 30 a M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) R. T. Story M.D.

(Physician or Midwife)

Address Burley Ida R.D.

Given names added from a supplemental report

....., 19.....

Filed Dec 8 1912 L. B. Stockseyer

Registrar

SYMS - YORK CO., PTRS. & BDRS. 17326

Registrar

IDAHO DEPARTMENT OF HEALTH 6-30-69

BUREAU OF VITAL STATISTICS

RECEIVED SEP 10 1969 Bureau of Vital Statistics

Affidavit to Correct or Amend An Original Certificate of Birth or Death

State of ..... } ss.
County of ..... }

Certificate No. 10353

Date Filed .....

The undersigned does solemnly swear that certain facts on the certificate of Birth (Birth or Death) for Blanche Stallings (Name on Original Certificate) who was born (Was Born or Died) on Oct. 31, 1912 (Date of Event) in Burley, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the true facts are shown by ..... (Bible Record, Insurance Policy, Etc.) prepared on ..... (Give Date), are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
Birth Date	Oct. 31, 1912	Oct. 29, 1912

Subscribed and sworn to before me this 10 day of September, 1969

Mabel L. Hurlbert

Notary Public, residing at Eagle Idaho

My commission expires Sept 28 1972

(Seal)

X Signed Wilford W Stallings

(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

423 W Washington Nampa Idaho

(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of ..... } ss.
County of ..... }

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this ..... day of ....., 19.....

Notary Public, residing at .....

My commission expires .....

(Seal)

Signed .....

(Signature of Any Credible Person)

.....

(Street Address, City, State)

FORM DH 60-155

1 cpe pd

Insurance Policy issued by United Benefit Life Ins. gives name as

Blanche Stallings Oct. 29, 1912 in Burley, Idaho. Policy issued Feb. 4, 1944. Viewed by V.S.

Family Record gives name as Blanche Stallings born Oct. 29, 1912 in Burley, Idaho. Viewed by V.S. Obviously old.

IDAHO DEPARTMENT OF HEALTH

BUREAU OF VITAL STATISTICS

9 18 72

RECEIVED
VITAL STATISTICS
SEP 26 1 34 PM '72

Affidavit to Correct or Amend An Original Certificate of Birth or Death

State of ..... } ss.
County of ..... }

Certificate No. 10353

Date Filed .....

The undersigned does solemnly swear that certain facts on the certificate of birth (Birth or Death)

for Blanche Stallings (Name on Original Certificate) who was born (Was Born or Died) on Oct. 29, 1912 (Date of Event)

in Burley, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the true facts are shown by ..... (Bible Record, Insurance Policy, Etc.) prepared on ..... (Give Date), are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
Mothers Name	Hazel Barley	Hazel Bailey

Subscribed and sworn to before me this 18th day of September, 1972.

Notary Public, residing at Burley

My commission expires Sept. 15, 1976

(Seal)

Signed Mildred W Shannon
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

558 N Main St Yreka California
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of ..... } ss.
County of ..... }

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this ..... day of ....., 19.....

Notary Public, residing at .....

My commission expires .....
(Seal)

Signed .....
(Signature of Any Credible Person)

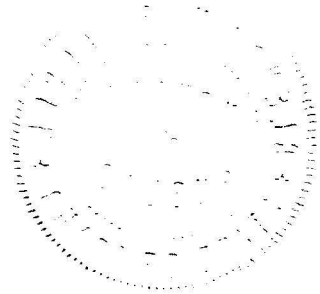
.....
(Street Address, City, State)

FORM DH 60-155

Own sisters birth certificate Fay Stallings born May 25, 1917 in Burley, Idaho, Idaho State File No. 49657 gives mothers name as Hazel Bailey.
Viewed by VS

Certificate of birth LDS Church Blanch Stallings born Oct. 29, 1912 Burley, Idaho gives mothers name as Hazel Bailey.

Viewed by VS



STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of Idaho } ss.
County of Twin Falls }

Certificate No. 10353
Date Filed MAR 2 1942

The undersigned does solemnly swear that certain facts on the certificate of Birth (Birth or Death)
for Blanche Stallings (Name on Original Certificate) who was born (Was Born or Died) on Oct. 29th 1912 (Date of Event)
in Burley Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the true facts are shown by (Bible Record, Insurance Policy, Etc.) prepared on (Give Date), are:

FACTS TO BE CORRECTED ("Name", "Birth Date", "Cause of Death", Etc.)	FROM (As on Original)	TO (The Correct Facts)
name	no name	Blanche Stallings
		(SECOND TWIN)

Subscribed and sworn to before me this 10 day of April, 1942

Notary Public, residing at Buhl, Idaho

My commission expires 10/8/42
(Seal)

Signed Bertha J Stallings
(Signature of parent or ~~attendant~~ if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

R+#2 Buhl, Idaho
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of } ss.
County of }

[This Affidivat **MUST** Also be Executed.
(See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this
day of , 19

Notary Public, residing at

My commission expires
(Seal)

Signed
(Signature of Any Credible Person Other Than Previous Year)

(Street Address, City, State)

MAR 2 1942

APR 3 1942

APR 15 1942

SEP 11 1969
SEP 19 1972
SEP 27 1972

399-116-016-813

Form V. S. No. 11-C—20m-2-15-12

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

PLACE OF BIRTH

County of Cassia

City of Oakley

No. ____ St.

Hospital ____

Registration District No. 31 File No. 10354

Primary Registration District No. 2126 Registered No. 240

FULL NAME OF CHILD ELLIS EUGENE Critchfield

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Male	X	X	Yes	Dec. 16 1912

FATHER	MOTHER
FULL NAME Wm E. Critchfield	FULL MAIDEN NAME Vera Hall
RESIDENCE Oakley Idaho	RESIDENCE Oakley Idaho
COLOR White	COLOR White
AGE AT LAST BIRTHDAY 34 (Years)	AGE AT LAST BIRTHDAY [redacted]
BIRTHPLACE Idaho	BIRTHPLACE Utah
OCCUPATION Farmer	OCCUPATION Housewife

Number of child of this mother, including present birth 3

Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Normal alive, at 11 9 M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) E. P. Richardson
(Physician or midwife)

Address Oakley Idaho

Given names added from a supplemental report

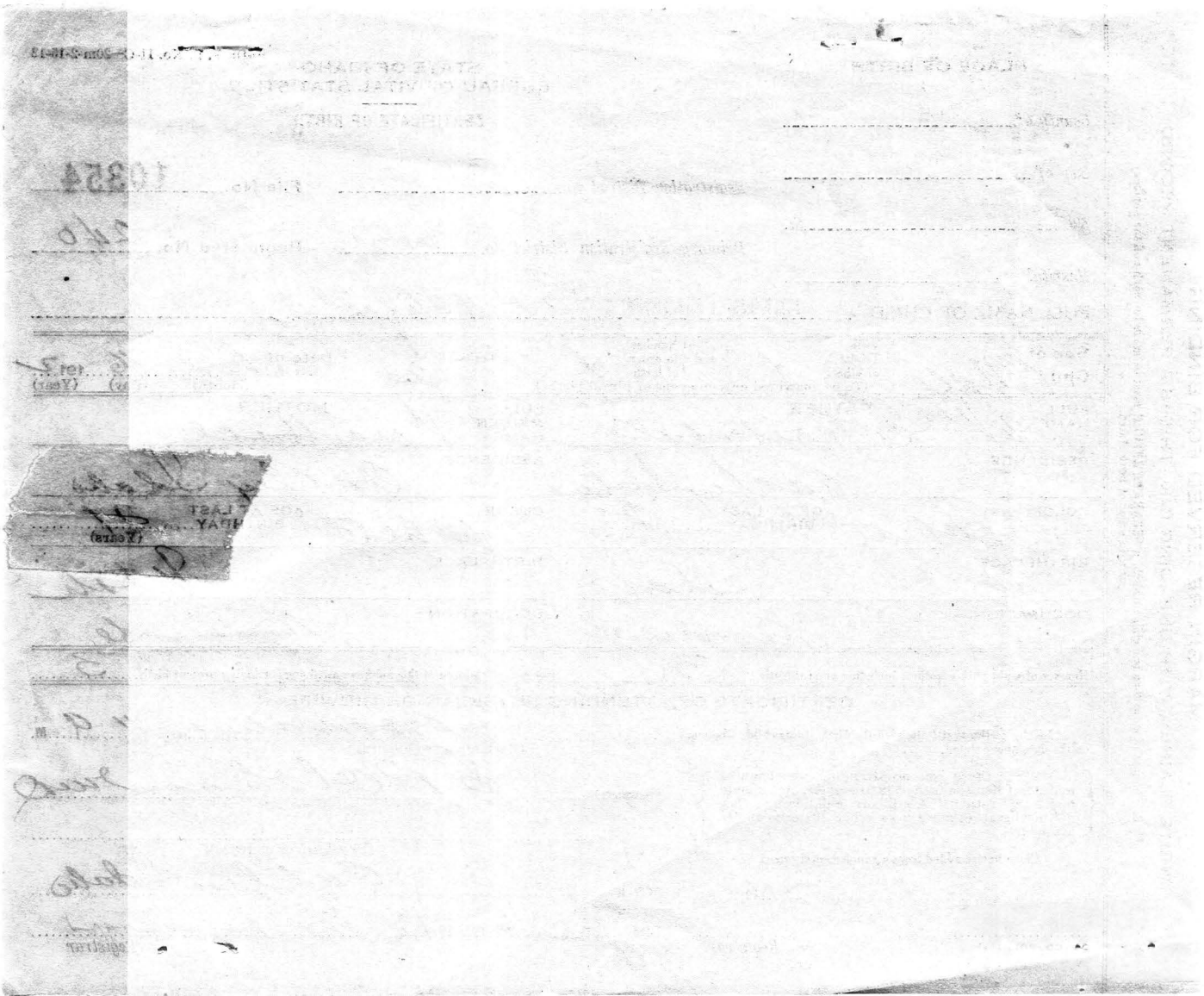
....., 19.....

Registrar

Filed Jan. 6 19 13 D. B. Stuckenberg
Registrar

5-Y CO. 20174

MARGIN RESERVED FOR BINDING
WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.



STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of California } ss.
County of Los Angeles }

Certificate No. 10354

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of birth (BIRTH OR DEATH) for unnamed (NAME ON ORIGINAL CERTIFICATE) who was (WAS BORN OR DIED) on December 16, 1912 (DATE OF EVENT) in (PLACE OF EVENT) are erroneous or were omitted; and that, to the best of his knowledge, the true facts as shown by (BIBLE RECORD, INSURANCE POLICY, ETC.) prepared on (GIVE DATE), are:

FACTS TO BE CORRECTED ("NAME", "BIRTH DATE", "CAUSE OF DEATH", ETC.)	FROM (AS ON ORIGINAL)	TO (THE CORRECT FACTS)
NAME	NO NAME	ELLIS EUGENE CRITCHFIELD

Subscribed and sworn to before me this 16th day of October, 1942

Edward E Roysdon

Notary Public, residing at Los Angeles, Calif.

My commission expires My Commission Expires Nov. 24, 1943

(SEAL)

Signed x Vera J Critchfield

(SIGNATURE OF PARENT OR ATTENDANT IF CORRECTING A BIRTH RECORD; OF ATTENDANT, FUNERAL DIRECTOR, INFORMANT IF CORRECTING A DEATH RECORD; OR OTHER CREDIBLE PERSON.)

1310 E. 60th St., Los Angeles, Calif.

(STREET ADDRESS, CITY, STATE)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of California } ss.
County of Los Angeles }

[THIS AFFIDAVIT MUST ALSO BE EXECUTED. (SEE CHAPTER 139, 1937 IDAHO SESSION LAWS.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 16th day of October, 1942

Edward E Roysdon

Notary Public, residing at Los Angeles, Calif. 1310 E. 60th St., Los Angeles, Calif.

My commission expires My Commission Expires Nov. 24, 1943

(SEAL)

Signed William E Critchfield

(SIGNATURE OF ANY CREDIBLE PERSON OTHER THAN PREVIOUS AFFIANT.)

(STREET ADDRESS, CITY, STATE)

Received for filing on By

(REGISTRAR'S SIGNATURE)

Certificate No. 74774

OCT 2 2 1942

State of California

County of Los Angeles

The undersigned does solemnly swear that certain facts in the above case are incorrect. I believe that to the best of this knowledge the true facts as shown by

Witness

who lives on

(PLACE OF EVENT)

are erroneous or were

Prepared on

(GIVE DATE)

are:

FACTS TO BE CORRECTED

("NAME," "BIRTH DATE," "PLACE OF BIRTH," ETC.)

FROM

TO

Signed

Sworn and subscribed before me this 13th

day of October 19 42

(CITY OR COUNTY)

(STATE)

MARGIN RESERVED FOR BINDING

WRITE PLAINLY. WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

219-116-866-479

PLACE OF BIRTH

County of Cassia

City of Oakley

No. ____ St.

Hospital ____

Form V. S. No. 11-C—20m-2-15-12

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 21 File No. 10355

Primary Registration District No. 2136 Registered No. 241

FULL NAME OF CHILD RAYMOND C. Karlson

Sex of Child	Twin Triplet or other?	and	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Male	X		X	yes	Dec. 16 1912

(To be answered only in event of plural births)

	FATHER	MOTHER
FULL NAME	Ray Karlson	Nellie Martindale
RESIDENCE	Oakley Idaho	Oakley Idaho
COLOR	White	White
AGE AT LAST BIRTHDAY (Years)	28	21
BIRTHPLACE	Idaho	Idaho
OCCUPATION	Farmer	Housewife

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 1-10 a. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) E. P. Oldham M.D.

(Physician or midwife)

Address Oakley Idaho

Given names added from a supplemental report

....19....

....Registrar

Filed Jan 6 1913 C. B. Buchanan Registrar

S-Y CO. 20174

Form V.S. No. 11-C—20m-2-15-43

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

PLACE OF BIRTH

County of

City or

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of ..... } ss.
County of ..... }

Certificate No. 10355
Date Filed .....

The undersigned does solemnly swear that certain facts on the certificate of ..... (Birth or death)
for ..... (Name on original certificate) who ..... (Was born or died) on ..... (Date of event)
in ..... (Place of event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts as shown by ..... (Bible record, insurance policy, etc.) prepared on ..... (Give date), are:

FACTS TO BE CORRECTED ("Name", "birth date", "cause of death", etc.)	FROM (As on original)	TO (The correct facts)
Name	Unnamed Carlson	Raymond C. Karlson
Surname of father and child	Carlson	Karlson

Subscribed and sworn to before me this 14
day of Oct., 1941
C. G. Larsen
Notary Public, residing at Notary Public in and for the State of Idaho
Residing in Oakley, Cassia County, Idaho
My commission expires My Commission expires Jan. 6, 1945
[SEAL]

Signed Ray Karlson
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)
..... (Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of ..... } ss.
County of ..... }

[This affidavit MUST also be executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this .....
day of ....., 19.....
Notary Public, residing at .....
My commission expires .....
[SEAL]

Signed .....
(Signature of any credible person other than the previous affiant.)
..... (Street Address, City, State)

Received for filing on ..... By .....
(Registrar's signature)

793-118-016-412

Form V. S. No. 11-C—20m-4-15-12

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

PLACE OF BIRTH

County of Ossaa

City of Marion

No. ..... *St.*

Hospital .....

Registration District No. 31 **File No.** 10356

Primary Registration District No. 2176 **Registered No.** 242

FULL NAME OF CHILD Pickett

Sex of Child	Twin, Triplet or other?	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Male	X	X	Yes	Jan. 18 1912

(To be answered only in event of plural births)

FATHER	MOTHER
FULL NAME: Eugene Pickett	FULL MAIDEN NAME: Emma Mabey
RESIDENCE: Marion Idaho	RESIDENCE: Marion Idaho
COLOR: White	COLOR: White
AGE AT LAST BIRTHDAY (Years): 37	AGE AT LAST BIRTHDAY (Years): 24
BIRTHPLACE: Idaho	BIRTHPLACE: Idaho
OCCUPATION: Farmer	OCCUPATION: Housewife

Number of child of this mother, including present birth: X

Number of children of this mother now living, including present birth: X

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 9 a M. on the date above stated.

(Signature) E P Oliphant M.D.

(Physician or midwife)

Address Oakley Idaho

Filed Jan 6 1913 P B Starkey Registrar

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report

..... 19.....

..... Registrar

MARGIN RESERVED FOR BINDING

ONLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

762-126-016-815

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Form V. S. No. 11-C—2000-9-15-12.

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

PLACE OF BIRTH

County of Cassia

City of Oakley

No. ..... St.

Hospital .....

Registration District No. 31 File No. 10357

Primary Registration District No. 2132 Registered No. 243

FULL NAME OF CHILD Dale Posey

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Male	X	X	yes	12-26-1912

FATHER

FULL NAME	Mathew A. Posey
RESIDENCE	Oakley Ida.
COLOR	White
AGE AT LAST BIRTHDAY (Years)	46
BIRTHPLACE	Texas
OCCUPATION	Laborer

MOTHER

FULL MAIDEN NAME	Rebecca Hanna
RESIDENCE	Oakley Ida.
COLOR	White
AGE AT LAST BIRTHDAY (Years)	36
BIRTHPLACE	Texas
OCCUPATION	Housewife

Number of child of this mother, including present birth 2

Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 11:25 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) G. P. Lohaus M.D.

(Physician or midwife)

Address Oakley Idaho

Given names added from a supplemental report

..... 19.....

Filed Jan 6 1913 L. B. Stockton

Registrar

..... Registrar

8-Y CO. 20174

APR 27 1966

APR 28 1972

243-129-016-815

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Form V. S. No. 11-C—20m-3-15-12

PLACE OF BIRTH

County of Cassia

City of Oakley

No. ____ St.

Hospital ____

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 31 File No. 10358

Primary Registration District No. 2126 Registered No. 24d

FULL NAME OF CHILD Duane Hanson Butler

Sex of Child	Twin, Triplet or other?	and	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Male	X (To be answered only in event of plural births)		X	yes	2-29-1912

FATHER		MOTHER	
FULL NAME	John R. Butler	FULL MAIDEN NAME	Charlotte Hanson
RESIDENCE	Oakley Ida.	RESIDENCE	Oakley Ida.
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	32	AGE AT LAST BIRTHDAY (Years)	27
BIRTHPLACE	Utah	BIRTHPLACE	Utah
OCCUPATION	Construction Foreman	OCCUPATION	Housewife

Number of child of this mother, including present birth 6

Number of children of this mother now living, including present birth 6

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 5 40 a. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) E P Johanson

(Physician or midwife)

Address Oakley Idaho

Given names added from a supplemental report

....., 19.....

Registrar

Filed Jan 6 19 13 L P Stoddard

Registrar

S-Y CO. 20174

APR 20 1955

144-211-016-251

Form V. S. No. 11-C—20m-2-15-12

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Cassia

City of Burley

No. ..... St.

Hospital .....

Registration District No. 31 File No. 10360

Primary Registration District No. 2132 Registered No. 246

FULL NAME OF CHILD Anna Judd

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Female			yes	12 - 11 - 1912

FATHER		MOTHER	
FULL NAME	G. R. Judd	FULL MAIDEN NAME	Vivian Thornton
RESIDENCE	Burley, Idaho	RESIDENCE	Burley, Idaho.
COLOR	white	COLOR	white
AGE AT LAST BIRTHDAY	34 (Years)	AGE AT LAST BIRTHDAY	34 (Years)
BIRTHPLACE	Utah	BIRTHPLACE	Utah
OCCUPATION	Farmer	OCCUPATION	

Number of child of this mother, including present birth 5

Number of children of this mother now living, including present birth 5

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born Alive (Born alive or stillborn), at 5.30 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Dr. J. C. Patterson. M. D.

(Physician or midwife)

Address Burley, Idaho.

Given names added from a supplemental report

..... 19.....

..... Registrar

Filed Jan 6 1913 L B Stockdale Registrar

8-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

APR 30 1965

DEC 17 1974

437-118-016-693

Form V. S. No. 11-C—20m-2-15-12

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Cassia

City of Burley

No. ..... St.

Hospital .....

Registration District No. 31

Primary Registration District No. 3131

File No. 10361

Registered No. 247

FULL NAME OF CHILD IVAN Raymond McGee

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Male			Yes	Dec. 18th 1912

FATHER		MOTHER	
FULL NAME	W. Henry McGee	FULL MAIDEN NAME	SARAH Loretta Wilson
RESIDENCE	Burley, Idaho	RESIDENCE	Burley, Idaho.
COLOR	white	COLOR	white
AGE AT LAST BIRTHDAY (Years)	32	AGE AT LAST BIRTHDAY (Years)	24
BIRTHPLACE	Mo.	BIRTHPLACE	Idaho.
OCCUPATION	Farmer	OCCUPATION	

Number of child of this mother, including present birth 2

Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born Alive (Born alive or stillborn), at 7.45 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Dr. J. C. Patterson M.D.
(Physician or midwife)

Address Burley, Idaho.

Given names added from a supplemental report

..... 19.....

Filed Jan 6 1913 P. B. Stockdale
Registrar

..... Registrar

S-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Form U. S. H. No. 11-C—20m-2-10-18

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

PLACE OF BIRTH

RECEIVED

APR 23 19

10 341

622 Iverson St.
Salt Lake City, Utah
April 22, 1941

State Bureau of Vital Statistics
Boise
Idaho

Gentlemen:

It is necessary for me to secure a certified copy of my birth certificate in order to enter the National Defense work.

I understand I can obtain this information from you by paying a fifty cent fee.

I was born December ~~12~~ 18 (typographical error) 1912, in Burley, Idaho. My fathers name is Wm. Henry McGee and my mothers maiden name was Sarah LaRatta Wilson.

It is necessary that I receive this information immediately, therefore, I am enclosing a self-addressed envelope and a fifty-cent money order.

May I thank you in advance for this service?

1941

Ivan R. McGee

Ivan Raymond McGee

Encl.

We have this record, but you were named Raymond and your birthdate is given as Dec. 18, 1912 instead of the 12th as above indicated. We cannot make any changes on your record unless you have either parent send us a notarized statement authorizing us to make the necessary corrections on your record. Return this letter with aff. and remittance which is being returned.

Bureau of Vital Statistics

Boise, Idaho

521 East 3rd So
April 28, 1941

Bureau of Vital Statistics
Boise, Idaho.

RECEIVED
APR 29 19

Gentlemen:

This is to certify that Ivan Raymond McGee was born in Burley, Idaho, December 18, 1912, the son of Sarah LaRetta Wilson McGee and Wm. Henry McGee.

I hereby authorize You to change your records from Raymond McGee to read "Ivan Raymond McGee".

Yours truly

LaRetta McGee

c.c. 5/2/41. w.h.

Subscribed & Sworn before me this 28th day of April 1941

E. I. Teasdale
Notary Public

Encl. 20¢

Form S. B. No. 35-C—20m-2-15-12

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH

County of Cassia

City of Burley

No. ..... St.

Hospital .....

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 31 — File No. 10362

Primary Registration District No. 2621 — Registered No. 248

FULL NAME OF CHILD Lowe

Sex of Child	Twin / Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Female			yes	Dec. 23rd 1912

FATHER		MOTHER	
FULL NAME	S. T. Lowe	FULL MAIDEN NAME	Etta Petesch
RESIDENCE	Burley, Idaho	RESIDENCE	Burley, Idaho
COLOR	white	COLOR	white
AGE AT LAST BIRTHDAY (Years)	31	AGE AT LAST BIRTHDAY (Years)	25
BIRTHPLACE	Idaho.	BIRTHPLACE	Ill
OCCUPATION	Lawyer	OCCUPATION	

Number of child of this mother, including present birth 2

Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 8.30 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Dr. J. C. Patterson M. D.

(Physician or midwife)

Address Burley, Idaho.

Given names added from a supplemental report

..... 19.....

..... Registrar

Filed Jan 6 1913 L. B. Stocheley Registrar

S-Y CO. 20174

Dep of 1912 - 425973

867-230-016-653

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Form V. S. No. 11-C—20m-2-15-12

PLACE OF BIRTH

County of Cassia

City of Burley

No. ..... St.

Hospital .....

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 31 File No. 10363

Primary Registration District No. 21 nd Registered No. 249

FULL NAME OF CHILD Hogg

Sex of Child	Twin Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth
Female			Yes	Dec. 30th 1912 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Robert Hogg	FULL MAIDEN NAME	Lida Ann Wells
RESIDENCE	Burley, Idaho.	RESIDENCE	Burley, Idaho.
COLOR	White	AGE AT LAST BIRTHDAY (Years)	38
COLOR	White	AGE AT LAST BIRTHDAY (Years)	38
BIRTHPLACE	Scotland	BIRTHPLACE	Utah
OCCUPATION	Plasterer	OCCUPATION	

Number of child of this mother, including present birth 3

Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 5.30 a. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Dr. J. C. Patterson

~~Doctor~~ M. D.

(Physician or midwife)

Address Burley, Idaho.

Given names added from a supplemental report

..... 19.....

..... Registrar

Filed Jan 6 1913 L. B. Stonebraker Registrar

S-Y CO. 20174

251-130-016-268

Form V. S. No. 11-C—20m-2-15-13

PLACE OF BIRTH

County of Cassia

City of Burley

No. ..... St.

Hospital .....

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 31 File No. 10364

Primary Registration District No. 2126 Registered No. 250

FULL NAME OF CHILD Theodore Bean

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Male			yes	Dec. 30th 191 2

FATHER		MOTHER	
FULL NAME	Geo. B. Bean	FULL MAIDEN NAME	Julia Boyd
RESIDENCE	Burley, Idaho.	RESIDENCE	Burley, Idaho.
COLOR	White	AGE AT LAST BIRTHDAY (Years)	28
COLOR	White	AGE AT LAST BIRTHDAY (Years)	34
BIRTHPLACE	Utah	BIRTHPLACE	Nova Scotia
OCCUPATION	Farmer	OCCUPATION	

Number of child of this mother, including present birth 2

Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 9.45 a. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Dr. J. C. Patterson M.D.

(Physician or midwife)

Address Burley, Idaho

Given names added from a supplemental report

..... 19.....

..... Registrar

Filed Jan 6 19 13 L. B. Stockton Registrar

S-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

256-212
016-618

Amended Sept 18, 1970

PLACE OF BIRTH

Form V. S. No. 11-C—10m-8-7-11

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

County of Cassia

City of Marshfield

No ....., ... St.

Registration District No 30

File No. 10365

Primary Registration District No. 2154

Registered No. 241

Hospital

FULL NAME OF CHILD Esther EVA Snow

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Girl			Yes	12 12 1912

FATHER	MOTHER
FULL NAME [redacted] Snow	FULL MAIDEN NAME Esther Harrington
RESIDENCE Burley R.F.D. No 1 Idaho	RESIDENCE Burley R.F.D. No 1 Idaho
COLOR W	COLOR W
AGE AT LAST BIRTHDAY 29 (Years)	AGE AT LAST BIRTHDAY 29 (Years)
BIRTHPLACE Utah	BIRTHPLACE Utah
OCCUPATION Ranch & Farmer	OCCUPATION Housewife

Number of child of this mother, including present birth 1

Number of children of this mother, now living, including present birth

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 11:06 A.M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Dr. J. Stoney MD

(Physician or Midwife)

Given names added from a supplemental report

....., 19.....

Address .....

Filed Jan 6 19 13 L. B. Stoker

Registrar

Registrar

SYMS - YORK CO., PTRS. & BDRS. 17826

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

[redacted]

STATE OF CALIFORNIA
COUNTY OF San Diego } ss.

Attached to Affidavit to Correct an Original Certificate of Birth for Ethel Eva Snow.

On August 5, 1970, before me, the undersigned, a Notary Public in and for said State, personally appeared Ethel F. Snow,

known to me to be the person whose name is subscribed to the within Instrument and acknowledged that she executed the same.

WITNESS my hand and official seal.

(Seal)

OFFICIAL SEAL
SHIRLEY D. FOWLER
NOTARY PUBLIC-CALIFORNIA
PRINCIPAL OFFICE IN
SAN DIEGO COUNTY
My Commission Expires Jan. 27, 1974

Shirley D. Fowler
(Notary Public's Signature)

(Name - *Typed or Printed*)
Notary Public in and for said State

2320
MIS 3514 10-63* 25 Individual Notarial Acknowledgment

IDAHO DEPARTMENT OF HEALTH

BUREAU OF VITAL STATISTICS

Affidavit to Correct or Amend An Original Certificate of Birth or Death

RECEIVED

AUG 10 1970

Bureau of Vital Statistics

State of CALIFORNIA
County of SAN DIEGO } ss.

Certificate No. 10365

Date Filed

The undersigned does solemnly swear that certain facts on the Birth certificate of
(Birth or Death)
for Ethel Snow (Name on Original Certificate) who was born (Was Born or Died) on Dec. 12, 1912 (Date of Event)
in Marshfield, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the true facts are shown by (Bible Record, Insurance Policy, Etc.) prepared on (Give Date), are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
Child's name	Ethel Snow	EVA/ETHEL/SNOW 9 Ru 5 70
		Ethel Eva Snow

Subscribed and sworn to before me this 5th day of August 19 70

Shirley D. Fowler

Notary Public, residing at Escondido, California

My commission expires January 27, 1971

(Seal)

Signed Ethel L. Snow

(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

9 Paramount, Escondido, Calif

(Street Address, City, State)

OFFICIAL SEAL SHIRLEY D. FOWLER NOTARY PUBLIC-CALIFORNIA PRINCIPAL OFFICE IN SAN DIEGO COUNTY My Commission Expires Jan. 27, 1971

SUPPORTING AFFIDAVIT OF A SECOND PERSON

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

State of CALIFORNIA
County of SAN DIEGO } ss.

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 5th day of August, 19 70

Notary Public, residing at Escondido, California

My commission expires January 27, 1971

(Seal)

Signed

(Signature of Any Credible Person)

(Street Address, City, State)

FORM DH 60-155 CL 6/25/70 nm

copy of Church Membership Record, L.D.S. Church gives name as Ethel Eva Snow, blessed April 13, 1913, captized Dec 24, 1921. viewed by V.S.

SEP 18 1970

SHIRLEY D. FOWLER
NOTARY PUBLIC-CALIFORNIA
PRINCIPAL OFFICE IN
SAN DIEGO COUNTY
My Commission Expires Jan. 27, 1974

363-114-03

PLACE OF BIRTH

STATE OF IDAHO

Form V. S. No. 11-C—15m-6-20-11

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

County of Bear Lake

City of Weston

Registration District No. 18 File No. 10367

No. ____, ____ St.

Primary Registration District No. 219 Registered No. 1

Hospital ____

FULL NAME OF CHILD Dean Colburn

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Male			Yes	10 14 1912

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	George Colburn	Lottie Phillips
RESIDENCE	Weston Ida	Weston
COLOR / AGE AT LAST BIRTHDAY (Years)	White / 33	White / 29
BIRTHPLACE	Idaho	Utah
OCCUPATION	Rancher	Housewife

Number of child of this mother, including present birth 4

Number of children, of this mother, now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 12.15 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) R. W. Quick

Physician

(Physician or Midwife)

Address Weston Idaho

Given names added from a supplemental report

....., 19.....

Registrar

Filed 1/4 1913 D. C. Ray Registrar

S-Y CO., 16670

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

STATE OF IDAHO
Bureau of Vital Statistics
CERTIFICATE OF BIRTH

553 - 120 - 036 - 445

PLACE OF BIRTH

County of Oneida

City of Weston

No. ____, ____ St.

Hospital ____

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

Form V. S. No. 11-C—15m-6-20-11

Registration District No. 18

File No. 10368

Primary Registration District No. 2119

Registered No. 2

FULL NAME OF CHILD Clinton John Nelson

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Male			Yes	10 20 1912

FATHER		MOTHER	
FULL NAME	Hans C. Nelson	FULL MAIDEN NAME	Sarah Mugghan
RESIDENCE	Weston Ida	RESIDENCE	Weston, Ida
COLOR	White	AGE AT LAST BIRTHDAY (Years)	42
COLOR	White	AGE AT LAST BIRTHDAY (Years)	28
BIRTHPLACE	Idaho	BIRTHPLACE	Idaho
OCCUPATION	Rancher	OCCUPATION	Housewife

Number of child of this mother, including present birth 4th

Number of children, of this mother, now living, including present birth 4th

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 12.15 A. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) P. W. Leuch

Physician (Physician or Midwife)

Address Weston Ida

Given names added from a supplemental report

....., 19.....

Registrar

Filed Jany 4th 1913 D C Kay Registrar

S-Y CO., 16670

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

SEP 18 1944

154-120-036-695

PLACE OF BIRTH

Form V. S. No. 11-C—15m-6-20-11

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

File No. 10369

County of Oneida

City of Weston Ida

Registration District No. 18

No. ____, ____ St.

Primary Registration District No. 2119

Registered No. 3

Hospital ____

FULL NAME OF CHILD Adolf Anderson

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Male			Yes	10 20 1912

FATHER		MOTHER	
FULL NAME	Adolf A. Anderson	FULL MAIDEN NAME	Clara Fredrickson
RESIDENCE	Weston, Ida	RESIDENCE	Weston, Ida
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	31 (Years)	AGE AT LAST BIRTHDAY	28 (Years)
BIRTHPLACE	Utah	BIRTHPLACE	Idaho
OCCUPATION	Rancher	OCCUPATION	Housewife

Number of child of this mother, including present birth 1st

Number of children, of this mother, now living, including present birth 1st

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive at 5 P. M. on the date above stated.

(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) [illegible]

Physician

(Physician or Midwife)

Address Weston Idaho

Given names added from a supplemental report

..... 19.....

Filed Jany 18 1913 D. C. Ray Registrar

..... Registrar

S-Y CO., 16670

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

FEB 17 1975

632-222-076-296

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

Form V. S. No. 11-C—15m-6-20-11

PLACE OF BIRTH

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

County of Oneida

City of Weston

Registration District No. 18 File No. 10370

No. ____, ____ St.

Primary Registration District No. 2119 Registered No. 4

Hospital ____

FULL NAME OF CHILD Rosemarine Olson

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Female			Yes	10, 22, 1912

FATHER		MOTHER	
FULL NAME	Martin Olson	FULL MAIDEN NAME	Camella Broglince
RESIDENCE	Weston, Ida	RESIDENCE	Weston, Ida
COLOR	White	AGE AT LAST BIRTHDAY (Years)	42
COLOR	White	AGE AT LAST BIRTHDAY (Years)	39
BIRTHPLACE	Norway	BIRTHPLACE	Norway
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 7

Number of children, of this mother, now living, including present birth 7

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 7.15 A. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) R. W. Zuick

Physician (Physician or Midwife)

Address Weston Idaho

Given names added from a supplemental report

....., 19.....

Filed Jan 4 1913 D Clay Registrar

.....

S-Y CO., 16670 Registrar

Form V. S. No. 11 C—15m-6-29-11

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

PLACE OF BIRTH

County of

370

Registrar

Address

Filed

19

Registrar

766-128-036-868

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

Form V. S. No. 11-C—15m-6-20-11

PLACE OF BIRTH

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

County of Oneida

City of Weston

Registration District No. 14

File No. 10371

No. ____, ____ St.

Primary Registration District No. 2119

Registered No. 5

Hospital ____

FULL NAME OF CHILD Lynn Goodsell

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Male			Yes	10 28 1912

FATHER		MOTHER	
FULL NAME	Albert Goodsell	FULL MAIDEN NAME	Anna Hoffer
RESIDENCE	Weston	RESIDENCE	Weston, Idaho
COLOR	White	AGE AT LAST BIRTHDAY (Years)	29
COLOR	White	AGE AT LAST BIRTHDAY (Years)	19
BIRTHPLACE	Utah	BIRTHPLACE	Weston, Idaho
OCCUPATION	Rancher	OCCUPATION	Housewife

Number of child of this mother, including present birth 5

Number of children, of this mother, now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 3 a. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) R. W. Luick

Physician

(Physician or Midwife)

Address Weston Idaho

Given names added from a supplemental report

....., 19.....

Filed Jan 4 1913 D Kay

S-Y CO., 16670 Registrar

Registrar

DEC 3 1 1941

552-21-036-434

Form V. S. No. 11-C—15m-6-20-11

PLACE OF BIRTH

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

County of Oneida

City of Weston

Registration District No. 18

File No. 10372

No. ____, ____ St.

Primary Registration District No. 2119

Registered No. 6

Hospital ____

FULL NAME OF CHILD Lillian Nessen

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Female			Yes	11 11 1912

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	Thomas Nessen	Maria McDonald
RESIDENCE	Weston Ida	Weston
COLOR	White	White
AGE AT LAST BIRTHDAY (Years)	35	23
BIRTHPLACE	Utah	Idaho
OCCUPATION	Rancher	Housewife

Number of child of this mother, including present birth 2nd

Number of children, of this mother, now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn) at 11.50 A.M. on the date above stated.

(Signature) P. W. Zuick

Physician (Physician or Midwife)

Address Weston Ida.

Filed Jan 4 19 13 D. C. Kay Registrar

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report

..... 19.....

..... Registrar

S-Y CO., 16670

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

MAY 14 1974

266 - 204-036-219

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

PLACE OF BIRTH

County of Oneida

City of Weston

No. ____, ____ St.

Hospital ____

Form V. S. No. 11-C—15m-6-20-11

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

Registration District No. 18

File No. 10373

Primary Registration District No. 2119

Registered No. 7

FULL NAME OF CHILD Valate BK Ofoed

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
~~Female~~ Male			Yes	12 4 1912

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	Clarence H Ofoed	Grace Baird
RESIDENCE	Weston Idaho	Weston Ida
COLOR / AGE AT LAST BIRTHDAY (Years)	White / 33	White / 24
BIRTHPLACE	Idaho	Utah
OCCUPATION	Farmer	housewife

Number of child of this mother, including present birth 4th

Number of children, of this mother, now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn) at 9 a. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) T. W. Tuck

Physician

(Physician or Midwife)

Address Weston Ida

Given names added from a supplemental report

....., 19.....

Registrar

Filed Jan 13 1913 D Clay Registrar

S-Y CO., 16670

MAY 10 1944

155-116-036-867

PLACE OF BIRTH

Form V. S. No. 11-C—15m-6-20-11

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

County of Oneida

City of Weston

Registration District No. 18

File No. 10374

No. ____, ____ St.

Primary Registration District No. 2119

Registered No. 8

Hospital ____

FULL NAME OF CHILD Shirley Jenson

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Male			Yes	12 16, 1912

FATHER		MOTHER	
FULL NAME	Lorenzo Jenson	FULL MAIDEN NAME	Elvira Hoffs
RESIDENCE	Weston Ida	RESIDENCE	Weston Ida
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	40 (Years)	AGE AT LAST BIRTHDAY	33 (Years)
BIRTHPLACE	Idaho	BIRTHPLACE	Idaho
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 6

Number of children, of this mother, now living, including present birth 6

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn) at 2.50 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report

....., 19....

..... Registrar

S-Y CO., 16670

(Signature) R. W. Linck

Physician (Physician or Midwife)

Address Weston Ida.

Filed Jan 11 1913 W. Ray Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

PLACE OF BIRTH

County of

391-205-036-253

PLACE OF BIRTH

STATE OF IDAHO

Form V. S. No. 11-C—15m-6-20-11

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

County of Oneida Co

City of Mink Creek

Registration District No. 15

File No. 10375

No. ____, ____ St.

Primary Registration District No. 2119

Registered No. 9

Hospital ____

FULL NAME OF CHILD Golda Crane

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Female			Yes	Dec 5, 1912

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	William Crane	Carrie Jemmima Keller
RESIDENCE	Mink Creek	Mink Creek
COLOR	White	White
AGE AT LAST BIRTHDAY (Years)	26	24
BIRTHPLACE	Utah	Mink Creek Ida.
OCCUPATION	Sheepmen	Housewife

Number of child of this mother, including present birth 2

Number of children, of this mother, now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 8.50 a.M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Serena Christensen

Midwife (Physician or Midwife)

Address Mink Creek Idaho

Given names added from a supplemental report

....., 19.....

Registrar

Filed Jan 1 19 13 D. T. Ray Registrar

S-Y CO., 16670

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

APR 20 1964

MAR 2 1976

753-114-036-842

PLACE OF BIRTH

Form V. S. No. 11-C—15m-6-20-11

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

County of Oneida

City of Mink Creek

No. ____, ____ St.

Hospital ____

Registration District No. 18 File No. 10376

Primary Registration District No. 119 Registered No. 10

FULL NAME OF CHILD ____

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Male			yes	Dec 14, 1912

FATHER

FULL NAME: Nejahi Petersen

RESIDENCE: Mink Creek

COLOR: White

AGE AT LAST BIRTHDAY: 25 (Years)

BIRTHPLACE: Idaho

OCCUPATION: Farming

MOTHER

FULL MAIDEN NAME: Ida Hubbard

RESIDENCE: Mink Creek

COLOR: White

AGE AT LAST BIRTHDAY: 22 (Years)

BIRTHPLACE: Idaho

OCCUPATION: Housewife

Number of child of this mother, including present birth: 2

Number of children, of this mother, now living, including present birth: 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 8 a. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report

..... 19.....

..... Registrar

(Signature) Serena Christensen

Midwife (Physician or Midwife)

Address Mink Creek Idaho

Filed Jan 13 1913 D C Kay Registrar

S-Y CO., 16670

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

MARGIN RESERVED FOR BINDING

WRITE PLAINLY. WITH UNFADING INK. THIS IS A PERMANENT RECORD

1. Name of home (hospital, etc.) if born in one. (Print in ink and for each item use the proper letter)

PLACE OF BIRTH

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

912-127-026-693

PLACE OF BIRTH

STATE OF IDAHO

Form V. S. No. 11-C—15m-6-20-11

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

County of Oneida

City of Mink Creek

Registration District No. 18

File No. 10377

No. ____, ____ St.

Primary Registration District No. 7119

Registered No. 11

Hospital ____

FULL NAME OF CHILD Woodrow Ivan

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Male			Yes	Dec 27, 1912

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	Ivan Jacob Rasmusen	Martha Elmina Wilde
RESIDENCE	Mink Creek	Mink Creek
COLOR	White	White
AGE AT LAST BIRTHDAY (Years)	22	23
BIRTHPLACE	Mink Creek	Mink Creek
OCCUPATION	Farming	Housewife

Number of child of this mother, including present birth 1

Number of children, of this mother, now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 1 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Laura Christensen

Midwife (Physician or Midwife)

Address Mink Creek Idaho

Filed Jan 1 1913 D. C. Rae Registrar

Given names added from a supplemental report

____, 19____

____ Registrar

S-Y CO., 16670

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

JUN 7 1967

933-203-036-562

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH

County of Oneida

City of Malad

No. ..... St.

Hospital .....

FULL NAME OF CHILD ~~Grace~~ Illum, Irene Margrete

Form V. S. No. 11-C—20m-2-15-12

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 18 File No. 10978

Primary Registration District No. 7069 Registered No. 12

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
female			yes	Dec 2 1912

FATHER		MOTHER	
FULL NAME	Peter H Illum	FULL MAIDEN NAME	Jane Gray Noble
RESIDENCE	Malad R F D	RESIDENCE	Same
COLOR	white	COLOR	white
AGE AT LAST BIRTHDAY	61 (Years)	AGE AT LAST BIRTHDAY	40 (Years)
BIRTHPLACE	Denmark	BIRTHPLACE	Scotland
OCCUPATION	rancher	OCCUPATION	Housewife

Number of child of this mother, including present birth 9

Number of children of this mother now living, including present birth 8

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 3.30 A.M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) D C Ray M D

(Physician or midwife)

Address Malad City. Idaho

Given names added from a supplemental report

..... 19.....

Filed 12-10 19 12 D C Ray

Registrar

..... Registrar

8-Y CO. 20174

Form V. S. No. U-C—20m-2-16-12

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

PLACE OF BIRTH

(County of) Bonner

855 - 209-036-386

Form V. S. No. 11-C—20m-2-15-12

PLACE OF BIRTH

County of Ineda

City of Malad

No. ..... St.

Hospital .....

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 18 File No. 10379

Primary Registration District No. 2069 Registered No. 13

FULL NAME OF CHILD Mary Lavon Henderson

Sex of Child	Twin / Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
female			yes	Dec 9th 1912

FATHER		MOTHER	
FULL NAME	William Henderson	FULL MAIDEN NAME	Mary L Thomas
RESIDENCE	Malad City Idaho	RESIDENCE	same
COLOR	white	COLOR	white
AGE AT LAST BIRTHDAY (Years)	44	AGE AT LAST BIRTHDAY (Years)	32
BIRTHPLACE	Utah	BIRTHPLACE	Idaho
OCCUPATION	ranchey	OCCUPATION	Housewife

Number of child of this mother, including present birth 4 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was woman alive, at 4 9 P. M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) D Clay md
(Physician or midwife)

Address Malad City Idaho

Given names added from a supplemental report

..... 19.....

Filed 12-10 19 12 D Clay
Registrar

..... Registrar

S-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

9

Corrections made from Certificate of Blessing 1-12-44

819-210-036-165

Form V. S. No. 11-C—20m-2-15-12

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH

County of Oneida

City of Malad

No. ..... St.

Hospital .....

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 18 File No. 10380

Primary Registration District No. 2069 Registered No. 14

FULL NAME OF CHILD Suzzan Harrison

Sex of Child female | Twin, Triplet or other? ..... and Number in order of birth ..... (To be answered only in event of plural births) | Legitimate? yes | Date of Birth 12 (Month) 10 (Day) 1912 (Year)

FATHER		MOTHER	
FULL NAME	Alfred Harrison	FULL MAIDEN NAME	Maggie Jones
RESIDENCE	Malad City Idaho	RESIDENCE	same
COLOR	white	AGE AT LAST BIRTHDAY (Years)	23
COLOR	white	AGE AT LAST BIRTHDAY (Years)	22
BIRTHPLACE	Idaho	BIRTHPLACE	Idaho
OCCUPATION	rancher	OCCUPATION	housewife

Number of child of this mother, including present birth 3

Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was twin alive (Born alive or stillborn), at 6:18 P.M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) D C Ray M D

(Physician or midwife)

Address Malad City Idaho

Given names added from a supplemental report

..... 19.....

Filed 12-11 1912 D C Ray

S-Y CO. 20174

Registrar

Registrar

Form V. S. No. II-C—20m-9-15-12

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

PLACE OF BIRTH

County of

718-211-036-719

Form V. S. No. 11-C—20m-2-15-12

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Oneida

City of Malad

Registration District No. 18

File No. 10381

No. ____ St.

Primary Registration District No. 2069

Registered No. 15

Hospital ____

FULL NAME OF CHILD Ruth Maurine

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
female			yes	12-11 1912

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	Chauncey Payne	Esther May Gardner
RESIDENCE	Arbon Idaho	same
COLOR	white	white
AGE AT LAST BIRTHDAY (Years)	21	23
BIRTHPLACE	Utah	Utah
OCCUPATION	rancher	housewife

Number of child of this mother, including present birth 1

Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 6 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) D C Ray M D

(Physician or midwife)

Address Malad City Idaho

Given names added from a supplemental report

..... 19....

Filed 12-11 19 12 D C Ray Registrar

..... Registrar

S-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

AUG 20 19

NOV 4 1974

897-119-036-816

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE [redacted].

County of Oneida

City of Malad

No. ..... St.

Hospital .....

Form V. S. No. 11-C—20m-2-15-12

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 14 File No. 10382

Primary Registration District No. 2069 Registered No. 16

FULL NAME OF CHILD Lester LaVon Higginson

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
male			Yes	12-19-1912

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	James Higginson	Mary A Haws
RESIDENCE	Malbook Idaho	same
COLOR	white	white
AGE AT LAST BIRTHDAY (Years)	48	40
BIRTHPLACE	Utah	Utah
OCCUPATION	rancher	housewife

Number of child of this mother, including present birth 12

Number of children of this mother now living, including present birth 12

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) on the date above stated, at 11.40 A.M.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) D Ray M D

(Physician or midwife)

Address Malad City Idaho

Given names added from a supplemental report

..... 19.....

Filed 12-20 1912 D Ray

Registrar

S-Y CO. 20174

Registrar

Form V. S. No. 11-C—20m-5-15-12

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

PLACE OF BIRTH

County of

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH--BUREAU OF VITAL STATISTICS
AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL
CERTIFICATE OF BIRTH ~~OR DEATH~~

Certificate No. 10382

STATE OF UTAH)
: SS
COUNTY OF BOX ELDER)

Date Filed _____

The undersigned does solemnly swear that certain facts on the Certificate of Birth for Lavon James Higginson who was born on December 19, 1912 in the City of Malad, County of Oneida, State of Idaho, are ~~erroneous~~ and that to the best of his knowledge, thetrue facts are shown by a photostatic copy of the application made for life insurance policy No. 2556688 issued by the Northwestern Life Insurance Company on the life of Lester Lavon Higginson under date of June 7, 1934, said photostatic copy of the application being attached hereto marked Exhibit "A", being incorporated by reference and made a part of this affidavit as though fully set forth herein; said application having been prepared on the 31 day of May, A. D. 1934.

The facts to be corrected are the name from Lavon James Higginson to Lester Lavon Higginson.

Signed Chas. Dean Higginson
Older brother of Lester Lavon Higginson
of more than one year.

Subscribed and sworn to before me this 21 day of March, A. D. 1942.

George M Mason
Notary Public residing at Brigham City Utah

My Commission Expires
1/11/43

SUPPORTING AFFIDAVIT OF A SECOND PERSON

STATE OF UTAH)
: SS
COUNTY OF BOX ELDER)

The undersigned does solemnly swear that she has knowledge of the corrected facts as set forth above, and that they are true to the best of her knowledge.

Signed Lulla K. Jensen
Older sister of Lester Lavon Higginson
of more than one year.

Subscribed and sworn to before me this 21 day of March, A. D. 1942.

George M Mason
Notary Public residing at Brigham City Utah

My Commission Expires
1/11/43

249-16-036-494

[redacted]

V. S. No. 11-C—15m-6-20-11

PLACE OF BIRTH

Amended 10/30/78

STATE OF IDAHO
Bureau of Vital Statistics
CERTIFICATE OF BIRTH

County of Oneida

City of Cherrycreek

Registration District No. 18 File No. 10383

No. ____, ____ St.

Primary Registration District No. 2069 Registered No. 17

Hospital ____

FULL NAME OF CHILD Marion Ellery Smith

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
male		7	yes	Dec 16, 1912

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	Thomas A Smith	Eliza Middleton
RESIDENCE	Cherrycreek Ida	Cherrycreek
COLOR	white	white
AGE AT LAST BIRTHDAY (Years)	37	37
BIRTHPLACE	Willard Utah	American Fork Utah
OCCUPATION	Farming	

Number of child of this mother, including present birth 7

Number of children, of this mother, now living, including present birth 7

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 9:30 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Mary A Reese

Midwife (Physician or Midwife)

Address Samaria Idaho

Given names added from a supplemental report

....., 19.....

Filed Jan 1 1913 D C Ray Registrar

....., Registrar

S-Y CO., 16670

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

JUN 8 1972

6-7-72

IDAHO DEPARTMENT OF HEALTH

BUREAU OF VITAL STATISTICS

RECEIVED
VITAL STATISTICS
AUG 4 3 18 AM '78

Affidavit to Correct or Amend An Original Certificate of Birth or Death

State of ..... } ss.
County of ..... }

Certificate No. 10383

Date Filed .....

The undersigned does solemnly swear that certain facts on the certificate of Birth (Birth or Death)

for Royal Smith (Name on Original Certificate) who was born (Was Born or Died) on December 16, 1912 (Date of Event)

in Cherrycreek (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the true facts are shown by ..... (Bible Record, Insurance Policy, Etc.) prepared on ..... (Give Date), are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
childs name	Royal Smith	Marion Ellery Smith

Subscribed and sworn to before me this 18th day of September, 19 78

Notary Public, residing at San Lorenzo, Calif.

My commission expires .....

(Seal)

FAUNA LA CRONE
NOTARY PUBLIC
Alameda County, California
My commission expires Jun. 18, 1979

Signed Marion Ellery Smith
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

955 Beckman Rd, Apt
(Street Address, City, State) San Lorenzo 94580

SUPPORTING AFFIDAVIT OF A SECOND PERSON

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

State of ..... } ss.
County of .....

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this ..... day of ....., 19.....

Notary Public, residing at .....

My commission expires .....

(Seal)

Signed .....
(Signature of Any Credible Person)

.....
(Street Address, City, State)

FORM DH 60-155

Certif of Birth from the LDS Church gives name as Marion Ellery Smith born Dec 16, 1912 at Cherry Creek, Idaho. Father's name as Thomas A. Smith and motehr's nameas Eliza Middleton. entered on record Feb 2, 1913 ~~at~~ viewed by V. S.

OCT 31 1978

Application to the Beneficial Life Insurance Co. gives name as Marion Ellery Smith born Dec 16, 1912 in Malad, Idaho. date signed May 19, 1944. viewed by V. S.

MARGIN RESERVED FOR BINDING
WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

432 — 44-036-432

PLACE OF BIRTH

Form V. S. No. [illegible] Revised 2-15-12

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Idaho

City of Malad

Registration District No. 18

File No. 10384

No. ____ St.

Primary Registration District No. 2069

Registered No. 18

Hospital ____

FULL NAME OF CHILD no ?

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
female			no	12 14 1912

FATHER		MOTHER	
FULL NAME		FULL MAIDEN NAME	Mary McKay
RESIDENCE		RESIDENCE	Malad City Idaho
COLOR	AGE AT LAST BIRTHDAY ____ (Years)	COLOR	white AGE AT LAST BIRTHDAY 20 (Years)
BIRTHPLACE		BIRTHPLACE	Idaho
OCCUPATION		OCCUPATION	working girl.

Number of child of this mother, including present birth 1

Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 1:30 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) D C Ray M D

(Physician or midwife)

Address Malad City Idaho

Given names added from a supplemental report

....., 19.....

Filed 2-20 19 17 D C Ray Registrar

.....
Registrar

S-Y CO. 20174

Form V. S. No. 11-C—20m-2-15-12

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

PLACE OF BIRTH

County of

JUN 14 1960

386 - 203-036-469

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

Form V. S. No. 11-C—10m-8-7-11

PLACE OF BIRTH

County of Oneida

City of Samaria

No. ____, ____ St.

Hospital ____

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

Registration District No. 18 File No. 10385

Primary Registration District No. 209 Registered No. 19

FULL NAME OF CHILD MARY ESTHER THOMAS

Sex of Child	Twin, Triplet or other?	Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
F	(To be answered only in event of plural births)		Yes	Dec 22 1912

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	Wm R Thomas	Jane Morse
RESIDENCE	Samaria	Samaria
COLOR	White	White
AGE AT LAST BIRTHDAY (Years)	29	27
BIRTHPLACE	Samaria Ida	Samaria Ida
OCCUPATION	Farmer	Housewife

[Number of child of this mother, including present birth 4

Number of children, of this mother, now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Alive (Born alive or stillborn), at 4:0 M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. F. Gilton

Physician

(Physician or Midwife)

Address Malad

Given names added from a supplemental report

....., 19.....

Filed 12-20 1912 W. E. Ray

Registrar

Registrar

SYMS - YORK CO., PTRS. & BDRS. 17326

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS
AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of Utah
County of Salt Lake } ss.

Certificate No. 10385

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of Birth (Birth or Death)
for Mary Esther Thomas (Name on Original Certificate) who was born (Was Born or Died) on Dec. 3, 1912 (Date of Event)
in Samaria, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts are shown by Church blessing cert. (Bible Record, Insurance Policy, Etc.) prepared on ✓ (Give Date), are:

FACTS TO BE CORRECTED ("Name", "Birth Date", "Cause of Death", Etc.)	FROM (As on Original)	TO (The Correct Facts)
name	none given	Mary Esther Thomas

Subscribed and sworn to before me this 4th
day of May, 19 42.
Dan B. Bagley
Notary Public, residing at Midvale, Utah
My commission expires July 27, 1942
(Seal)

Signed Jane Morse Thomas
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)
560 East Center St. Midvale Utah
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Utah
County of Salt Lake } ss.

[This Affidivat **MUST** Also be Executed.
(See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 4th
day of May, 1942 19
Dan B. Bagley
Notary Public, residing at Midvale, Utah
My commission expires July 27, 1942
(Seal)

Signed Agnes C Morse
(Signature of Any Credible Person Other Than Previous Year)
1951 Eccles Ave., Ogden, Utah
(Street Address, City, State)

MAY 20 1992

249-206-036-693

Form V. S. No. 11-C—20m-2-15-12

PLACE OF BIRTH

County of Ouida

City of Halbrook

No. ____ St. ____

Hospital ____

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 18 File No. 10386

Primary Registration District No. 2071 Registered No. 20

FULL NAME OF CHILD Ila Smith

Sex of Child	Twin / Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
female			yes	Nov 6 1912

	FATHER	MOTHER
FULL NAME	Geo Albert Smith	FULL MAIDEN NAME Armenta Willis
RESIDENCE	Halbrook Idaho	RESIDENCE same
COLOR	white	COLOR white
AGE AT LAST BIRTHDAY	23 (Years)	AGE AT LAST BIRTHDAY 23 (Years)
BIRTHPLACE	Arizona	BIRTHPLACE Utah
OCCUPATION	rancher	OCCUPATION housewife

Number of child of this mother, including present birth 1

Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 2324 M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) D. T. Ray M. D.

(Physician or midwife)

Address Malad City

Given names added from a supplemental report

..... 19.....

Filed Nov 12 1912 D. T. Ray

Registrar

S-Y CO. 20174

Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

FEB 14 1944

155-231-036-815

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

Form V. S. No. 11-C—10m-8-7-11

PLACE OF BIRTH

County of Oneida

City of Preston

No. ____, ____ St.

Hospital ____

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

Registration District No. 18 File No. 10387

Primary Registration District No. 2119 Registered No. 21

FULL NAME OF CHILD Iona Jenson

Sex of Child	Twin, Triplet or other?	Number in order of birth	Legitimate?	Date of birth
Female	one (To be answered only in event of plural births)	—	yes	Oct (Month) 31 (Day) 1912 (Year)

FATHER	MOTHER
FULL NAME Oscar B. Jenson	FULL MAIDEN NAME Martenna Hansen
RESIDENCE Preston Ida.	RESIDENCE Preston Ida.
COLOR White	AGE AT LAST BIRTHDAY 41 (Years)
COLOR White	AGE AT LAST BIRTHDAY 39 (Years)
BIRTHPLACE Franklin Ida.	BIRTHPLACE Main City Ida.
OCCUPATION Butcher	OCCUPATION Housewife

Number of child of this mother, including present birth 7

Number of children, of this mother, now living, including present birth 7

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 5:30 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) G. T. Parkinson M. D.

Preston Ida. (Physician or Midwife)

Given names added from a supplemental report

....., 19.....

Address .....

Filed Jan 8 1913 J C Ray

SYMS - YORK CO., PTRS. & BDRS. 17326

Registrar

Registrar

PLACE OF BIRTH

STATE OF IDAHO

Bureau of Vital Statistics

Form V. S. No. U-3—10m-8-7-11

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

381 - 118-036-699

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

PLACE OF BIRTH

County of Oneida

City of Preston

No ....., ... St.

Hospital .....

Form V. S. No. 11-C—10m-8-7-11

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

Registration District No. 18 File No. 10388

Primary Registration District No. 7119 Registered No. 22

FULL NAME OF CHILD Mildren W. Chapman

Sex of Child	Twin, Triplet or other?	and	Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Male	Twin		—	Yes	Nov 18, 1912

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	William A. Chapman	FULL MAIDEN NAME	Marina Wright
RESIDENCE	Preston Ida.	RESIDENCE	Preston Ida.
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	30 (Years)	AGE AT LAST BIRTHDAY	32 (Years)
BIRTHPLACE	Preston Ida.	BIRTHPLACE	Franklin Ida.
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 5

Number of children, of this mother, now living, including present birth 5

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 4 a. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) G. T. Parkinson M.D.

Preston Ida (Physician or Midwife)

Given names added from a supplemental report

....., 19.....

Address .....

Registrar

Filed 1/8 1913 D Ray Registrar

SYMS - YORK CO., PTRS. & BDRS. 17826

FEB 16 1970

753- 219-036-365

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

Form V. S. No. 11-C—10m-8-7-11

PLACE OF BIRTH

County of Oneida

City of Preston

No. ____, ____ St.

Hospital ____

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

Registration District No. 18 File No. 10389

Primary Registration District No. 2119 Registered No. 23

FULL NAME OF CHILD Leona Peterburg

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Female	One	—	yes	12 19 1912

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	Theo Peterburg	Alice Longetooth
RESIDENCE	Preston, Ida.	Preston Ida.
COLOR	White	White
AGE AT LAST BIRTHDAY (Years)	34	28
BIRTHPLACE	Preston Ida.	Mendon Utah
OCCUPATION	Butcher	Housewife

Number of child of this mother, including present birth. Two.

Number of children, of this mother, now living, including present birth. Two

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive at 3 P. M. on the date above stated.

(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) G. T. Parkinson M. D.

Preston Ida.

(Physician or Midwife)

Given names added from a supplemental report

....., 19.....

Address .....

Filed 1-8 1913 D. C. Ray Registrar

SYMS - YORK CO., PTRS. & BDRS. 17326 Registrar

STATE OF IDAHO

Bureau of Vital Statistics

Form V. S. No. 11-C—10m-8-7-11

PLACE OF BIRTH

695 - 223-036-449

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

Form V. S. No. 11-C—10m-8-7-11

PLACE OF BIRTH

County of Oneida

City of Preston

No. ..... St.

Hospital Erma

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

Registration District No. 18 File No. 10390

Primary Registration District No. 2119 Registered No. 24

FULL NAME OF CHILD Grace Drew

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Female	One	—	Yes	12 23 1912

FATHER		MOTHER	
FULL NAME	Clarance Drew	FULL MAIDEN NAME	Abbie Murdock
RESIDENCE	Preston Ida	RESIDENCE	Preston Ida.
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	25 (Years)	AGE AT LAST BIRTHDAY	20 (Years)
BIRTHPLACE	Franklin Ida.	BIRTHPLACE	Battle Creek Ida.
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth One

Number of children, of this mother, now living, including present birth One

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born Alive (Born alive or stillborn), at 12 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) G. I. Parkinson M.D.

Preston Ida

(Physician or Midwife)

Given names added from a supplemental report

....., 19.....

Address .....

Filed 1-8 1913 D. C. Kay Registrar

SYMS - YORK CO., PTRS. & BDRS. 17326 Registrar

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of ..... } ss.
County of ..... }

Certificate No. 10 390

Date Filed .....

The undersigned does solemnly swear that certain facts on the certificate of ..... (Birth or Death)
for ..... (Name on Original Certificate) who ..... (Was Born or Died) on ..... (Date of Event)
in ..... (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts are shown by ..... (Bible Record, Insurance Policy, Etc.) prepared on ..... (Give Date), are:

FACTS TO BE CORRECTED ("Name", "Birth Date", "Cause of Death", Etc.)	FROM (As on Original)	TO (The Correct Facts)
Name	Grace	Erma Grace Frew

Subscribed and sworn to before me this 23
day of April, 1943

Pauline Gendrose
Notary Public, residing at Boise

My commission expires 11/4/47
(Seal)

Signed x Abbie Frew.
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of ..... } ss.
County of ..... }

[This Affidivat **MUST** Also be Executed.
(See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this .....
day of ....., 19.....

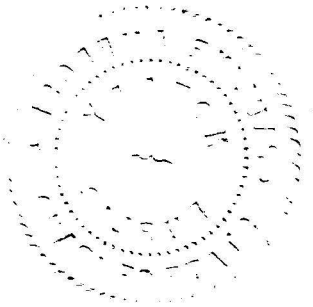
Notary Public, residing at .....

My commission expires .....
(Seal)

Signed .....
(Signature of Any Credible Person Other Than Previous Year)

(Street Address, City, State)

APR 23 1943



219-207-036-249

Form V. S. No. 11-C—20m-2-15-12

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH

County of Oneida

City of Preston

No. ____ St.

Hospital ____

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 18 File No. 10391

Primary Registration District No. 2119 Registered No. 25

FULL NAME OF CHILD Louisa Barton

Sex of Child	Twin, Triplet or other?	Number in order of birth	Legitimate?	Date of Birth
Female	one	~	yes	July 7 1912 (Month) (Day) (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	Walter K. Barton	FULL MAIDEN NAME	Jennetta Maria Smith
RESIDENCE	Preston Ida	RESIDENCE	Preston Ida.
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	34 (Years)	AGE AT LAST BIRTHDAY	24 (Years)
BIRTHPLACE	Sterling Utah	BIRTHPLACE	Brigham City Utah
OCCUPATION	School Teacher	OCCUPATION	Housewife

Number of child of this mother, including present birth 3

Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 3:30 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Albert Ryalls M. D.

Physician (Physician or midwife)

Address Preston Idaho

Filed 1-9 1913 D. C. Ray Registrar

Given names added from a supplemental report

..... 19.....

..... Registrar

8-Y CO. 20174

APR 17 1974

319-116-036-268

PLACE OF BIRTH Amended August 31,1959

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Oneida

City of Preston

No. ..... St.

Hospital .....

Registration District No. 18 File No. 10392

Primary Registration District No. 2119 Registered No. 26

FULL NAME OF CHILD Earl Wilford Carlsen
(Certificate of no value without full name of child.)

Sex of Child	Twin / Triplet / or other? (To be answered only in event of plural births)	and	Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Male				Yes	Sept. 16, 1912

What bactericidal solution was used in eyes? .....

Number of child of this mother, including present birth 11 Number of children of this mother now living, including present birth 9

FATHER		MOTHER	
FULL NAME	Niels C. Carlsen	FULL MAIDEN NAME	Marie Sorensen
RESIDENCE	Preston	RESIDENCE	Preston
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	50 (Years)	AGE AT LAST BIRTHDAY	39 (Years)
BIRTHPLACE	Denmark	BIRTHPLACE	Denmark
OCCUPATION	Blacksmith	OCCUPATION	Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 12:30 P.M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Allen R. Cutler, M.D.

Physician
(Physician or midwife)

Address Preston, Idaho

Give names added from a supplemental report.

....., 192.....

..... Registrar.

Filed 1-9-1913 192 D. C. Ray Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

DUP OF 1912-9099

Form V. S. No. 11-C—20m-2-15-12

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH

County of Oneida

City of Preston

No. ..... St.

Hospital .....

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 18 File No. 10392

Primary Registration District No. 219 Registered No. 26

FULL NAME OF CHILD Earl Wilford Carlson

Sex of Child	Twin Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Male	one			yes	Sept 15 1912

FATHER		MOTHER	
FULL NAME	Niels C. Carlson	FULL MAIDEN NAME	Mariah Jensen
RESIDENCE	Preston	RESIDENCE	Preston
COLOR	White	AGE AT LAST BIRTHDAY (Years)	50
BIRTHPLACE	Denmark	BIRTHPLACE	Denmark
OCCUPATION	Blacksmith	OCCUPATION	Housewife

Number of child of this mother, including present birth 11

Number of children of this mother now living, including present birth 9

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive, at 12 30 P. M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Allen R. Allen M.D.
Physician
(Physician or midwife)

Address Preston Idaho

Given names added from a supplemental report

..... 19.....

Filed 1-9 1913 W. L. Ray
Registrar

..... Registrar

S-Y CO. 20174

AUG 31 1959

DUP OF 1912-9099

L.D.S. Certificate of Ordination to the office of Priest, states that Earl Wilford Carlsen, born Sept. 16, 1912 to Niels C. Carlsen and Marie Sorensen - viewed by V.S.

Other Documents listed on back.

IDAHO STATE BOARD OF HEALTH
DIVISION OF VITAL STATISTICS

Affidavit to Correct or Amend An Original Certificate of Birth or Death

State of Idaho
County of Bannock } ss.

Certificate No. 10392

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of Birth (Birth or Death)
for Earl Wilford Carlson (Name on Original Certificate) who born (Was Born or Died) on Sept. 15, 1912 (Date of Event)
in Preston, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts are shown by Church Record (Bible Record, Insurance Policy, Etc.) prepared on November 3, 1912 (Give Date), are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
Full Name of Child	Earl Wilford Carlson	Earl Wilford Carlsen
Date of Birth	Sept. 15, 1912	September 16, 1912
Full Name of Father	Niels C. Carlson	Niels C. Carlsen
Full Maiden Name of Mother	Mariah Jensen	Marie C. Sorensen

Subscribed and sworn to before me this ____ day of July, 19 59
E. H. Carlson
Notary Public, residing at Pocatello Idaho
My commission expires June 1, 1960
(Seal)

Signed Earl Wilford Carlsen
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)
19 Warren Road Yakima, Washington
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Idaho
County of Bannock } ss.

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 1st day of July, 19 59
E. H. Carlson
Notary Public, residing at Pocatello Idaho
My commission expires June 1, 1960
(Seal)

Signed Olga Carlsen Hansen
(Signature of Any Credible Person)
35 Crescent Drive Pocatello Idaho
(Street Address, City, State)

FORM DPH 55.155

CL 6-29-59. one copy pd. receipt #11507.

L.D.S. Certificate of Ordination to the office of Deacon, January 5, 1925 gives name of child as Earl Carlsen, born September 16, 1912 to Niels C. Carlsen and Marie Sorensen - viewed by V.S. born in Preston, Idaho.

Mother's name entered as Marie Sorensen since the necessary documents were not furnished showing the name as Marie C. Sorensen.

8-31-59

DUP OF 1912 - 9099

38S - 101-003-16

[redacted]

PLACE OF BIRTH

County of Bannock Co.

City of Minkcreek

No. ..... St.

Hospital .....

Form V. S. No. 11-C—20m-2-15-12

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 18 File No. 10393

Primary Registration District No. 2119 Registered No. 27

FULL NAME OF CHILD .....

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Male	one	and	yes	Oct 1st 1912

FATHER		MOTHER	
FULL NAME	Lars Henry Christensen	FULL MAIDEN NAME	Serena Johnson
RESIDENCE	Minkcreek Ida	RESIDENCE	Minkcreek Ida
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	22 (Years)	AGE AT LAST BIRTHDAY	25 (Years)
BIRTHPLACE	Minkcreek	BIRTHPLACE	Norway
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 1

Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive, at 7 P. M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Allen R. Curtis M.D.
Physician.
(Physician or midwife)

Address Preston Idaho

Given names added from a supplemental report

..... 19.....

Filed 1-9 1913 W. C. Ray Registrar

..... Registrar

8-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

PLACE OF BIRTH

County of

Registration District No. File No.

Primary Registration District No. Registered

OF CHILD

Twin or Triplet | Number of child (if not in order)

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

545-111-036-242

[redacted] STATE OF UTAH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

PLACE OF BIRTH

County of Oneida

City of Preston

No. ..... St.

Hospital .....

Registration District No. 18 File No. 10394

Primary Registration District No. 2119 Registered No. 28

FULL NAME OF CHILD Leonard Baker Lund

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Male	No		Yes	Oct 11 1912

FATHER		MOTHER	
FULL NAME	Chas. Lund	FULL MAIDEN NAME	Maggie Baker
RESIDENCE	Preston Ida	RESIDENCE	Preston Ida.
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	36	AGE AT LAST BIRTHDAY (Years)	25
BIRTHPLACE	Richmond Utah	BIRTHPLACE	Franklin Ida
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 5

Number of children of this mother now living, including present birth 5

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born Alive (Born alive or stillborn), at 5:50 a.m. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Alvin Butler M.D.

Physician (Physician or midwife)

Address Preston Ida

Given names added from a supplemental report

..... 19.....

Filed 1-9 1913 D. C. Ray Registrar

..... Registrar

S-Y CO. 20174

DEC 30 1952

JAN 31 1975

855-117-036-319

Form V. S. No. 11-C—20m-6-15-13

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH

County of Oneida

City of Preston

No. ——— St.

Hospital ———

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 18 File No. 10395

Primary Registration District No. 2119 Registered No. 29

FULL NAME OF CHILD Samuel Earl Henderson

Sex of Child	Twin Triplet or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
male	one	and	yes	Oct 17 1912

FATHER		MOTHER	
FULL NAME	Jarvis M Henderson	FULL MAIDEN NAME	Clara May Carter
RESIDENCE	Preston	RESIDENCE	Preston
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	26 (Years)	AGE AT LAST BIRTHDAY	25 (Years)
BIRTHPLACE	Teton City Ida	BIRTHPLACE	Preston Ida
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 1

Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born Alive (Born alive or stillborn), at 7:30 A. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Alvin R Rulle M.D.

Physician

(Physician or midwife)

Address Preston Idaho

Given names added from a supplemental report

.....19.....

Filed 1-9 1913 D C Ray Registrar

.....

Registrar

S-Y CO. 20174

JAN 18 1945

862-222-036-512

Form V. S. No. 11-C—20m-2-15-12

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Oneida

City of Preston

No. ____ St.

Hospital ____

Registration District No. 18 File No. 10396

Primary Registration District No. 2119 Registered No. 30

FULL NAME OF CHILD Rosa May Hobbs

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Female	me		yes	Oct 22 1912

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	Samuel D. Hobbs	Maud Eakin
RESIDENCE	Preston Ida	Preston
COLOR	White	White
AGE AT LAST BIRTHDAY (Years)	21	21
BIRTHPLACE	Preston Ida	Wyoming
OCCUPATION	Farmer	Housewife

Number of child of this mother, including present birth 1

Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 5 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Allen R Curtis M.D.

Physician (Physician or midwife)

Address Preston Idaho

Given names added from a supplemental report

....., 19.....

Filed 1-9 1913 D C Ray

Registrar

Registrar

S-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Form V. S. No. 11-C—20m-2-15-12

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

PLACE OF BIRTH

County of

555-126-036-613

Form V. S. No. 11-C—20m-2-15-12

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Oneida

City of Preston

No. ____ St.

Hospital ____

Registration District No. 18 File No. 10397

Primary Registration District No. 2119 Registered No. 31

FULL NAME OF CHILD Walter Cecil Everton

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
male	one		yes	Oct 26 1912

FATHER		MOTHER	
FULL NAME	John E. Everton	FULL MAIDEN NAME	Lucy W. Waldron
RESIDENCE	Preston	RESIDENCE	Preston
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	34	AGE AT LAST BIRTHDAY (Years)	31
BIRTHPLACE	Smithfield Utah	BIRTHPLACE	Morgan Utah
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 6

Number of children of this mother now living, including present birth 5

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 3:30 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Allyn R. Rueter M.D.

Physician

(Physician or midwife)

Address Preston Idaho

Given names added from a supplemental report

....., 19.....

Filed 1-9 19 13 D. C. Ray

Registrar

S-Y CO. 20174

Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Form V. S. No. 11-C—20m-8-15-12

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

PLACE OF BIRTH

County of

NOV 2

266 - 127 - 026 - 555

Form V. S. No. 11-C—20m-2-15-12

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

PLACE OF BIRTH

County of Oneida

City of Clifton

No. ——— St.

Hospital

Registration District No. 18 File No. 10398

Primary Registration District No. 2119 Registered No. 37

FULL NAME OF CHILD Neil Koford

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
male	one	and	yes	Oct 27 1912

	FATHER	MOTHER
FULL NAME	Orson Koford	FULL MAIDEN NAME Eveil Henderson
RESIDENCE	Clifton Ida	RESIDENCE Clifton Ida.
COLOR	White	COLOR White
AGE AT LAST BIRTHDAY (Years)	31	24
BIRTHPLACE	Preston Ida	BIRTHPLACE Clifton Ida.
OCCUPATION	Clerk	OCCUPATION Housewife

Number of child of this mother, including present birth 3

Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 12 30 M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Albert P. Gunther M.D.

Physician

(Physician or midwife)

Address Preston Idaho

Given names added from a supplemental report

.....19.....

.....
Registrar

Filed 1-9 1913

D. C. Ray
Registrar

8-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

[redacted]

618-227-036-719

PLACE OF BIRTH

Form No. 11-C—20m-8-15-[illegible]

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Oneida

City of Preston

Registration District No. 18 File No. 10399

No. ____ St.

Primary Registration District No. 2119 Registered No. 33

Hospital ____

FULL NAME OF CHILD Lois Fairbanks

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
female	one		yes	Oct 27 1912

FATHER

FULL NAME V. W. Fairbanks

RESIDENCE Preston Ida

COLOR White AGE AT LAST BIRTHDAY 30 (Years)

BIRTHPLACE Payson Utah

OCCUPATION Bookkeeper

MOTHER

FULL MAIDEN NAME Esther Garn

RESIDENCE Preston Ida

COLOR White AGE AT LAST BIRTHDAY 27 (Years)

BIRTHPLACE Salt Lake City Utah

OCCUPATION Housewife

Number of child of this mother, including present birth 4

Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 12 30 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Allen Rulter M.D.

Physician (Physician or midwife)

Address Preston Idaho

Given names added from a supplemental report

....., 19.....

..... Registrar

Filed 1-9 1913 D. C. Ray Registrar

S-Y CO. 20174

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

MARGIN RESERVED FOR BINDING

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF IDAHO

BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

PLACE OF BIRTH

County of

of

863-128-036-262

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Form V. S. No. 11-C-Rev. 2-15-11

PLACE OF BIRTH

County of Oneida

City of Preston

No. ____ St.

Hospital ____

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

Registration District No. 18 File No. 10400

Primary Registration District No. 7119 Registered No. 34

FULL NAME OF CHILD Lynne Hollingsworth

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
male	one	and	yes	Oct 28 1912

FATHER		MOTHER	
FULL NAME	Marvin David Hollingsworth	FULL MAIDEN NAME	Annie Elizabeth Bosworth
RESIDENCE	Preston Ida	RESIDENCE	Preston
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	36	AGE AT LAST BIRTHDAY (Years)	33
BIRTHPLACE	Nebraska	BIRTHPLACE	Davis Co. Utah
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 8

Number of children of this mother now living, including present birth 8

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 5 P.M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Allen R Culton M.D.

Physician (Physician or midwife)

Address Preston Idaho

Given names added from a supplemental report

....19....

Filed 1-9 1913 J. C. Ray Registrar

....Registrar

S-Y CO. 20174

Form V. S. No. 11-0—20m-8-15-12

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

PLACE OF BIRTH

County of

662-231-036-241

PLACE OF BIRTH

Form V. S. No. 11-C

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Oneida

City of Preston

No. ..... St.

Hospital .....

Registration District No. 14 File No. 10401

Primary Registration District No. 2119 Registered No. 35

FULL NAME OF CHILD Catherine Foss

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Female	one		yes	Oct. 31 1912

FATHER		MOTHER	
FULL NAME	Ezra C. Foss	FULL MAIDEN NAME	Catherine Smart
RESIDENCE	Preston	RESIDENCE	Preston
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	40	AGE AT LAST BIRTHDAY (Years)	38
BIRTHPLACE	Salt Lake City Utah	BIRTHPLACE	Franklin Ida
OCCUPATION	Merchant	OCCUPATION	Housewife

Number of child of this mother, including present birth 7

Number of children of this mother now living, including present birth 6

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 6 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Albert Carter M. D.
Physician
(Physician or midwife)

Address Preston Idaho

Given names added from a supplemental report

..... 19.....

Filed 1-9 19 13 W. C. Ray Registrar

..... Registrar

S-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

AUG 30 1945

255 - 113-036 -264

[redacted]

County of Oneida

City of Fairview

No. _____ St.

Hospital _____

CERTIFICATE OF BIRTH

Registration District No. 18 File No. 10402

Primary Registration District No. 2119 Registered No. 36

FULL NAME OF CHILD Orel Thomas Kent

Sex of Child	Twin Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Male	No		yes	Nov 13 1912

FATHER		MOTHER	
FULL NAME	Thos. Jefferson Kent	FULL MAIDEN NAME	Lucy Elvira Bodily
RESIDENCE	Fairview Ida	RESIDENCE	Fairview Ida
COLOR	White	AGE AT LAST BIRTHDAY (Years)	42
COLOR	White	AGE AT LAST BIRTHDAY (Years)	40
BIRTHPLACE	Farmington Utah	BIRTHPLACE	Kaysville Utah
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 9 Number of children of this mother now living, including present birth 7

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 10 30 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Allen R Rutter M.D.

Physician (Physician or midwife)

Address [redacted] Preston Idaho

Given names added from a supplemental report

..... 19.....

..... Registrar

Filed 1-8 1913 [illegible] Registrar

S-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

APR 15 1957

799-117-036-791

Form V. S. No. 11-C—20m-2-15-12

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Oneida

City of Preston

No. _____ St.

Hospital _____

Registration District No. 18 File No. 10403

Primary Registration District No. 2119 Registered No. 37

FULL NAME OF CHILD Vaughn Pratt

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Male	one	—	yes	Nov 17 1912

FATHER		MOTHER	
FULL NAME	Geo. A. Griffeth	FULL MAIDEN NAME	Evalyn Vilate Pratt
RESIDENCE	Preston Ida	RESIDENCE	Preston Ida
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	42	AGE AT LAST BIRTHDAY (Years)	32
BIRTHPLACE	Hyde Park Utah	BIRTHPLACE	Meadowville Ida
OCCUPATION		OCCUPATION	Housewife

Number of child of this mother, including present birth 1

Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 3 45 A. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Allen Rulton M.D.
Physician
(Physician or midwife)

Address Preston Idaho

Given names added from a supplemental report

..... 19.....

Filed 1-9 1913 D. C. Ray Registrar

..... Registrar

S-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

DEC 4 1968

813-219-036-389

PLACE OF BIRTH

County of Oneida

STATE OF UTAH
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

City of Dayton

Registration District No. 18

File No. 10404

No. ..... St.

Primary Registration District No. 2119

Registered No. 38

Hospital

FULL NAME OF CHILD Verda Matilda Hales

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Female	one		yes	Nov 19 1912

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	F. O. Hales	Emma Rebecca Christensen
RESIDENCE	Dayton Ida	Dayton Ida
COLOR / AGE AT LAST BIRTHDAY (Years)	White 33	White 36
BIRTHPLACE	Vernon Utah	Fairview Utah
OCCUPATION	Farmer	Housewife

Number of child of this mother, including present birth 4

Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 4a. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Allen R Quilter M.D.

Physician (Physician or midwife)

Address Preston Idaho

Given names added from a supplemental report

..... 19.....

Filed 1-9 1913 J. C. Ray

..... Registrar

S-Y CO. 20174

Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

APR 22 1963

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

(County of _____)

COLOR	AGE AT LAST BIRTHDAY (Years)
BIRTHPLACE	
OCCUPATION	

COLOR	AGE AT LAST BIRTHDAY (Years)
BIRTHPLACE	
OCCUPATION	

PRESERVE FADING INK

571-220-036-345

Form V. S. No. 11-C—20m-2-1912

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH

County of Oneida

City of Preston

No. ..... St.

Hospital .....

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 18 File No. 10405

Primary Registration District No. 7119 Registered No. 39

FULL NAME OF CHILD. Martha Ann Egan

Sex of Child: Female | Twin, Triplet or other? One (To be answered only in event of plural births) | and Number in order of birth | Legitimate? yes | Date of Birth: Nov 20 (Month) (Day) 1912 (Year)

FATHER		MOTHER	
FULL NAME	H. H. Egan	FULL MAIDEN NAME	Anna Tunberg
RESIDENCE	Preston	RESIDENCE	Preston
COLOR	White	AGE AT LAST BIRTHDAY (Years)	27
COLOR	White	AGE AT LAST BIRTHDAY (Years)	21
BIRTHPLACE	Richmond Utah	BIRTHPLACE	Sweden
OCCUPATION	Electrician	OCCUPATION	Housewife

Number of child of this mother, including present birth 1

Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born Alive (Born alive or stillborn), at 11 a M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Allen R Cutler M.D

Physician (Physician or midwife)

Address Preston Idaho

Filed 1-9 19 13 D C Ray Registrar

Given names added from a supplemental report

..... 19.....

..... Registrar

S-Y CO. 20174

Form V. S. No. 11-C—20m-2-18-12

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

PLACE OF BIRTH

(County of

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

864-221-036-491

Form V. S. No. 11-C—20m-2-15-12

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Oneida

City of Treasureton

No. ——— St.

Hospital ———

Registration District No. 18

File No. 10406

Primary Registration District No. 2119

Registered No. 40

FULL NAME OF CHILD Mary Ellen Young

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Female	One		yes	Nov 21 1912

FATHER		MOTHER	
FULL NAME	Ernest Young	FULL MAIDEN NAME	Mary K. Draper
RESIDENCE	Treasureton Ida	RESIDENCE	Treasureton Ida
COLOR	White	AGE AT LAST BIRTHDAY (Years)	36
BIRTHPLACE	Kaysville Utah	COLOR	White
OCCUPATION	Farmer	AGE AT LAST BIRTHDAY (Years)	35
		BIRTHPLACE	Fountain Green Utah
		OCCUPATION	Housewife

Number of child of this mother, including present birth 8

Number of children of this mother now living, including present birth 7

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 4 10 a. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Allen K Rulter M D

Physician (Physician or midwife)

Address Preston Idaho

Given names added from a supplemental report

..... 19.....

Filed 1-9 1913 D C Ray Registrar

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S-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

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OCT 17 1960

819 - 130 - 036 - 366

Form V. S. No. 11-C—20m-2-15-12

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Oneida

City of Preston

No. ..... St.

Hospital .....

Registration District No. 18 File No. 10407

Primary Registration District No. 7119 Registered No. 41

FULL NAME OF CHILD Joel Leon Hart

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
male	one		yes	Nov 30 1912

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	Arthur N. Hart	Ada D. Lower
RESIDENCE	Preston Ida	Preston Ida
COLOR	White	White
AGE AT LAST BIRTHDAY (Years)	43	31
BIRTHPLACE	Bloomington Ida	Franklin Ida
OCCUPATION	Lawyer	Housewife

Number of child of this mother, including present birth 4

Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 3:15 a. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Allen R Rutter M.D.

(Physician or midwife)

Address Preston Idaho

Filed 1-9 1913 D C Ray Registrar

Given names added from a supplemental report

..... 19.....

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S-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

JUL 26 1944

717-124-036-415

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Form V. S. No. 11-C—20m-2-15-12

PLACE OF BIRTH

County of Oneida

City of Preston

No. ..... St.

Hospital .....

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 18 File No. 10408

Primary Registration District No. 2119 Registered No. 47

FULL NAME OF CHILD Milton Reid Page

Sex of Child	Twin Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Male	One		yes	Nov 24 1912

	FATHER	MOTHER
FULL NAME	Wm H. Page	Lucia Daniels
RESIDENCE	Preston Ida	Preston Ida
COLOR	White	White
AGE AT LAST BIRTHDAY (Years)	43	42
BIRTHPLACE	Payson Utah	Payson Utah
OCCUPATION	Farmer	Housewife

Number of child of this mother, including present birth 8

Number of children of this mother now living, including present birth 8

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born Alive (Born alive or stillborn), at 4 A. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Allen R Rustin M. D.

Phy sician (Physician or midwife)

Address Preston Idaho

Given names added from a supplemental report

..... 19.....

Filed 1-9 1913 D C Ray Registrar

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S-Y CO. 20174

Form V. S. No. 11-C—20m-3-15-12

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

PLACE OF BIRTH

County of

249-206-036-249

Form V. S. No. 11-C—20m-2-15-12

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH

County of Oneida

City of Riverdale

No. ____ St.

Hospital ____

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 18 File No. 10409

Primary Registration District No. 2119 Registered No. 43

Ray Bennett

FULL NAME OF CHILD ____

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Female	None	and	yes	Dec 6th 1912

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	Robert Smith	Doris Smith
RESIDENCE	Riverdale Ida	Riverdale Ida
COLOR	White	White
AGE AT LAST BIRTHDAY (Years)	27	22
BIRTHPLACE	Draper Utah	Perry Idaho
OCCUPATION	Farmer	Housewife

Number of child of this mother, including present birth 2

Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 12 M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Allen R Curtis M.D.

Physician (Physician or midwife)

Address Preston Idaho

Given names added from a supplemental report

....., 19.....

Filed 1-9 1913 D C Kay Registrar

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Registrar

S-Y CO. 20174

RESIDENCE	
COLOR	AGE AT LAST BIRTHDAY (Years)
BIRTHPLACE	

COLOR	AGE AT LAST BIRTHDAY (Years)
BIRTHPLACE	

165-113-036-643

Form V. S. No. 11-C—20m-2-15-12

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Oneida

City of Preston

No. _____ St.

Hospital _____

Registration District No. 18 File No. 10410

Primary Registration District No. 2119 Registered No. 16

FULL NAME OF CHILD John Carlos Jones

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Male	One		Yes	Dec 13 1912

FATHER		MOTHER	
FULL NAME	R. A. Jones	FULL MAIDEN NAME	Helen M. Fullmer
RESIDENCE	Preston Ida	RESIDENCE	Preston Ida
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	38	AGE AT LAST BIRTHDAY (Years)	24
BIRTHPLACE	Salt Lake City Utah	BIRTHPLACE	Springville Utah
OCCUPATION	Photographer	OCCUPATION	Housewife

Number of child of this mother, including present birth 2

Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 10 20 a. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Allen R. Cutler

Physician (Physician or midwife)

Address Preston Idaho

Filed 1-9 1913 D. C. Ray Registrar

Given names added from a supplemental report

..... 19.....

..... Registrar

S-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

105-113-035-613

PLACE OF BIRTH

County of

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

FEB 2 1942 942

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

M. B. In case of twins, then one child at birth, a SEPARATE RETURN must be made for each and each number of each, in order of birth stated.

754-125-036-666

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Form V. S. No. 11-C—20m-2-15-12

PLACE OF BIRTH

County of Oneida

City of Banida

No. ____ St. ____

Hospital ____

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 18 File No. 10411

Primary Registration District No. 2119 Registered No. 45

FULL NAME OF CHILD Gwendline Geddes

Sex of Child	Twin, Triplet or other?	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
F	one	1	yes	Dec 25th 1912

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	Robert C. Geddes	FULL MAIDEN NAME	Kate Woodhead
RESIDENCE	Banida	RESIDENCE	Banida
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	42	AGE AT LAST BIRTHDAY (Years)	41
BIRTHPLACE	Plain City Utah	BIRTHPLACE	Utah
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 1

Number of children of this mother now living, including present birth 7

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 4:30 A. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Allen R. Cutler M.D.

Physician (Physician or midwife)

Address Preston Ida

Filed 1-9 1913 W. C. Riley Registrar

Given names added from a supplemental report

....19.... ....Registrar

8-Y CO. 20174

JUL 2 1943

155-226-036-155

Form V. S. No. 11-C—20m-2-15-12

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH

County of Oneida

City of Weston

No. ____ St.

Hospital ____

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 18 File No. 10412

Primary Registration District No. 2119 Registered No. 46

FULL NAME OF CHILD Ellen Dorthea Jinsen

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Female	one		yes	Dec 26 1912

FATHER		MOTHER	
FULL NAME	James Jansen	FULL MAIDEN NAME	Lottie Jansen
RESIDENCE	Weston Ida	RESIDENCE	Weston Ida
COLOR	White	AGE AT LAST BIRTHDAY (Years)	27
COLOR	White	AGE AT LAST BIRTHDAY (Years)	28
BIRTHPLACE	Denmark	BIRTHPLACE	Weston Ida.
OCCUPATION	Blacksmith	OCCUPATION	Housewife

Number of child of this mother, including present birth ____

Number of children of this mother now living, including present birth ____

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 11 a. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Allen R. Crutchfield M.D.

Phy sician (Physician or midwife)

Address Preston Idaho

Filed 1-9 19 13 D. C. Ney Registrar

Given names added from a supplemental report

..... 19.....

..... Registrar

8-Y CO. 20174

Certified Copy issued Feb. 20, 1941. EW

312-129-036-414

Form V. S. No. 11-C—20m-2-15-12

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Oneida

City of Bancida

No. _____ St.

Hospital _____

Registration District No. 18 File No. 10414

Primary Registration District No. 7119 Registered No. 48

FULL NAME OF CHILD John Gladys

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Male	one			yes	Dec 29 1912

FATHER		MOTHER	
FULL NAME	John W. Gasperson	FULL MAIDEN NAME	Edna Maughan
RESIDENCE	Bancida Ida	RESIDENCE	Bancida Ida.
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	29 (Years)	AGE AT LAST BIRTHDAY	25 (Years)
BIRTHPLACE	Logan Utah	BIRTHPLACE	Weston Ida
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 4 Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born Alive (Born alive or stillborn) at 5-40 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Allen R. Cutler M.D.

(Physician or midwife)

Address Preston Idaho

Given names added from a supplemental report

..... 19.....

Filed 1-9 1913 D. Clay

..... Registrar

S-Y CO. 20174 Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

FEB 7 1942

MAR 21 1942

MARGIN RESERVED FOR BINDING
WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

City of Woodbine — Registration District No. 24 — File No. 10415

No. ____ St. — Primary Registration District No. 2099 — Registered No. 287

Hospital ____

FULL NAME OF CHILD Elbon Lee Dalrymple

Sex of Child	Twin / Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth (Month) (Day) (Year)
M		Yes	Dec 8 1912

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	W. C. Dalrymple	Rachel Emmock
RESIDENCE	Woodbine	Woodbine
COLOR	white	white
AGE AT LAST BIRTHDAY (Years)	41	36
BIRTHPLACE	Paris	Bloomington
OCCUPATION	Farmer	Dress

Number of child of this mother, including present birth 7 — Number of children of this mother now living, including present birth 7

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 8:45 P.M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Ashley L. Moore (Physician or midwife)

Address Woodbine

Given names added from a supplemental report

....., 19.....

Filed Dec. 31, 1912 — J. W. Hargward Registrar

S-Y CO. 20174 — Registrar

JAN 13 1958

386-127-004-624

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

PLACE OF BIRTH

Form V. S. No. 11 [illegible]

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

County of Bear Lake

City of Fish Haven

Registration District No. 24 File No. 10416

No. ____, ____ St.

Primary Registration District No. 2090 Registered No. 285

Hospital ____

FULL NAME OF CHILD Glenn Orson

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
M.	and		Yes	Dec 27, 191[illegible]

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	A. L. Cook	Maud Osmond
RESIDENCE	Fish Haven Ida	Fish Haven
COLOR	W.	W.
AGE AT LAST BIRTHDAY (Years)	31	27
BIRTHPLACE	Idaho	Idaho
OCCUPATION	Electrical Engineer	Housewife

Number of child of this mother, including present birth 2

Number of children, of this mother, now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn), at 7:15 a M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. M. Hayward M.D. (Physician or Midwife)

Address Paris Ida

Given names added from a supplemental report

....., 19.....

Filed Dec 31 1912 J. M. Hayward Registrar

SYMS - YORK CO., PTRS. & BDRS. 17326

Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY. WITH INKING-THIS IS A PERMANENT RECORD

B. B. If record more than one child at birth, a CERTIFICATE RETURN must be made (record not to be marked of each, to order of birth noted

PLACE OF BIRTH

STATE OF IDAHO

Bureau of Vital Statistics

753-116-004-255

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

PLACE OF BIRTH

County of Bear Lake

City of St Charles

No. ____, ____ St.

Hospital ____

Form V. S. No. 11-C—10m-8-7-11

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

Registration District No. 24 File No. 10417

Primary Registration District No. 2090 Registered No. 294

FULL NAME OF CHILD Ferrold Alvin

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
M			yes	Dec 16 1912

FATHER		MOTHER	
FULL NAME	Elvin Ellerson	FULL MAIDEN NAME	Bertha Benson
RESIDENCE	St Charles	RESIDENCE	St Charles
COLOR	W.	COLOR	W.
AGE AT LAST BIRTHDAY (Years)	33	AGE AT LAST BIRTHDAY (Years)	29
BIRTHPLACE	Idaho	BIRTHPLACE	Idaho
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 4

Number of children, of this mother, now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Alive (Born alive or stillborn) on the date above stated, at 5:30 P.M.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. W. Hayward MD (Physician or Midwife)

Address Paris Ida

Given names added from a supplemental report

....., 19.....

Filed Dec 21, 1912 J. W. Hayward Registrar

SYMS - YORK CO., PTRS. & BDRS. 17826 Registrar

APR 20 1942

236-215-004-419

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

PLACE OF BIRTH

County of Bear Lake

City of Fish Haven

No ....., ... St.

Hospital .....

Form V. S. No. 11-C—10m-8-7-11

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

Registration District No 24 File No. 10418

Primary Registration District No. 2090 Registered No. 286

FULL NAME OF CHILD Not named

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and { Number in order of birth }	Legitimate?	Date of birth (Month) (Day) (Year)
Female			Yes	Dec 15 1912

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	William Black	Ora Mathiesen
RESIDENCE	Fish Haven	Fish Haven
COLOR	W.	W.
AGE AT LAST BIRTHDAY (Years)	26	26
BIRTHPLACE	Idaho	Utah
OCCUPATION	Farmer	Housewife

Number of child of this mother, including present birth 1

Number of children, of this mother, now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (5 mo.) at 4.15 a.m. on the date above stated.

(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report

....., 19.....

.....
Registrar

(Signature) J. M. Hayward, M.D.

(Physician or Midwife)

Address Paris Idaho

Filed Dec 17 1912 J. M. Hayward
Registrar

SYMS - YORK CO., PTRS. & BDRS. 17326

414-128-004-843

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

Form V. S. No. 11-C—10m-8-7-11

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

PLACE OF BIRTH

County of Bear Lake

City of Bloomington

No _____, _____ St.

Hospital _____

Registration District No 24 — File No. 10419

Primary Registration District No. 2091 — Registered No. 297

FULL NAME OF CHILD Infant

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
M			Yes	Dec 28, 1911

FATHER		MOTHER	
FULL NAME	Lisa Madsen	FULL MAIDEN NAME	Cynthia Holmes
RESIDENCE	Bloomington Ida	RESIDENCE	Bloomington Ida
COLOR	W.	COLOR	W.
AGE AT LAST BIRTHDAY (Years)	28	AGE AT LAST BIRTHDAY (Years)	26
BIRTHPLACE	Idaho	BIRTHPLACE	Idaho
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 1

Number of children, of this mother, now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn), at 6:15 A. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. M. Hayward M.D.

(Physician or Midwife)

Address Paris Ida

Given names added from a supplemental report

....., 19.....

Filed June 6, 19 12 J. M. Hayward

Registrar

Registrar

SYMS - YORK CO., PTRS. & BDRS. 17326

285-112-004-266

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

Form V. S. No. 11-C—10m-8-7-11

PLACE OF BIRTH

County of Bear Lake

City of Paris

No. ....., ... St.

Hospital .....

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

Registration District No. 24 File No. 10420

Primary Registration District No. 2092 Registered No. 296

FULL NAME OF CHILD Joseph Lee Shepherd

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
M.			Yes	Dec 12, 1913

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	Clarence Shepherd	Linda (Anida) Bowen
RESIDENCE	Paris Ida	Paris Ida
COLOR	W.	W.
AGE AT LAST BIRTHDAY (Years)	26	24
BIRTHPLACE	Idaho	Idaho
OCCUPATION	Salesman	House wife

Number of child of this mother, including present birth 3

Number of children, of this mother, now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn), at 6 a. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report

....., 19.....

.....
Registrar

(Signature) J. W. Hayward M.D.

(Physician or Midwife)

Address Paris Ida

Filed Dec 20 1913 J. W. Hayward
Registrar

SYMS - YORK CO., PTRS. & BDRS. 17826

FEB 19 1968

466-109-004-466

Form V. S. No. 11-C—20m-2-15-12

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Bear Lake

City of Paris

No. ..... St.

Hospital .....

Registration District No. 24 File No. 10421

Primary Registration District No. 2092 Registered No. 298

FULL NAME OF CHILD Alison Moffat

Sex of Child	Twin Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
boy		4	yes	June 9 1912

FATHER		MOTHER	
FULL NAME	Martin Pearl	FULL MAIDEN NAME	Caroline B. Moffett
RESIDENCE	Laketown	RESIDENCE	Laketown
COLOR	white	COLOR	white
AGE AT LAST BIRTHDAY (Years)	27	AGE AT LAST BIRTHDAY (Years)	26
BIRTHPLACE	~~Paris~~ Laketown	BIRTHPLACE	Meadowville
OCCUPATION	farmer	OCCUPATION	None

Number of child of this mother, including present birth 4

Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 4 A.M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) .....

Ashley F. Cooley
(Physician or midwife)

Address Transfer Paris, Ida.

Given names added from a supplemental report

..... 19.....

..... Registrar

Filed Jan 7 1913 J. W. Stanyard Registrar

S-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

APR 1 0 1975

753-113-004-168

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

PLACE OF BIRTH

County of Bear Lake

City of Orid

No ....., ... St.

Hospital

Form V. S. No. 11-C—10m-8-7-11

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

Registration District No 24 File No. 10422

Primary Registration District No. 2094 Registered No. 292

FULL NAME OF CHILD Mark Manuel Orde Grant

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Male				Yes	Dec 13 1912

FATHER		MOTHER	
FULL NAME	Thomas Peterson	FULL MAIDEN NAME	Lena Johnson
RESIDENCE	Orid	RESIDENCE	Orid, Ida
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	44 (Years)	AGE AT LAST BIRTHDAY	23 (Years)
BIRTHPLACE	Orid	BIRTHPLACE	Denmark
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 1

Number of children, of this mother, now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn) at 1:30 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) E. D. Payne

M.D.

(Physician or Midwife)

Address Montpelier Idaho

Given names added from a supplemental report

....., 19.....

Filed Jan. 5 – 1913 J. W. Hayward

Registrar

SYMS - YORK CO., PTRS. & BORS. 17326

Registrar

PLACE OF BIRTH

STATE OF IDAHO

RESIDENCE	
COLOR	AGE AT LAST BIRTHDAY..... (Years)

249-208-004-249

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH

County of Bear Lake

City of Georgetown

No. ..... St.

Hospital .....

Form V. S. No. 11-C—Rev. 2-15-12

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 24 File No. 10423

Primary Registration District No. 2096 Registered No. 288

FULL NAME OF CHILD Cyprian

Sex of Child	Twin Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Female			Yes	Dec 8 1912

FATHER		MOTHER	
FULL NAME	A. H. Smith	FULL MAIDEN NAME	Olga Smith
RESIDENCE	Georgetown	RESIDENCE	Georgetown
COLOR	White	AGE AT LAST BIRTHDAY (Years)	39
BIRTHPLACE	Brigham	COLOR	White
OCCUPATION	Farmer	AGE AT LAST BIRTHDAY (Years)	42
		BIRTHPLACE	Brigham
		OCCUPATION	Clerk

Number of child of this mother, including present birth 8 Number of children of this mother now living, including present birth 5

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn) at 5 a. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Ashley O Cowdell

(Physician or midwife)

Address Ma

Given names added from a supplemental report

..... 19.....

..... Registrar

Filed Dec 31 1912 J W Harmuth Registrar

S-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK. THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE PETITION must be made for each and the number of each, in order of birth, stated.

PLACE OF BIRTH

County of

City of

No.

Hospit

Pl

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Form V. S. No. 11-C—10m-8-15-2

866-102
004-397
Amended 1/21/75

(Be sure the information is complete and accurate)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 10424
Local Reg. No.
Reg. Dist. No. 24

1. PLACE OF BIRTH

a. COUNTY: Bear Lake

b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN: Georgetown

c. FULL NAME OF (If NOT in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION:

2. USUAL RESIDENCE OF MOTHER (Where does mother live?)

a. STATE: Idaho b. COUNTY: Bear Lake

c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN: Georgetown

d. STREET ADDRESS (If rural, give location):

3. CHILD'S NAME (Type or print)

a. (First): Lynn b. (Middle): Ivan c. (Last): Howard

4. SEX: Male

5a. THIS BIRTH: SINGLE ____ TWIN ____ TRIPLET ____

5b. IF TWIN OR TRIPLET (This child born): 1st ____ 2nd ____ 3rd ____

6. DATE OF BIRTH (Month) (Day) (Year): Dec. 2, 1912

FATHER OF CHILD

7. FULL NAME

a. (First): Byron b. (Middle): Percival c. (Last): Howard

8. AGE (At time of this birth): 29 YEARS

9. BIRTHPLACE (State or foreign country) (City or Town): Carbondale, Kansas

10. USUAL OCCUPATION: Laborer

11. KIND OF BUSINESS OR INDUSTRY:

MOTHER OF CHILD

12. FULL MAIDEN NAME

a. (First): Sarah b. (Middle): Susan c. (Last): Tippetts

13. AGE (At time of this birth): 27 YEARS

14. BIRTHPLACE (State or foreign country) (City or Town): Perry, Utah

15. CHILDREN PREVIOUSLY BORN TO THIS MOTHER (Do NOT include this child)

a. How many OTHER children are now living? 5

b. How many OTHER children were born alive but are now dead?

c. How many children were stillborn (born dead after 20 wks. pregnancy?)

16. INFORMANT'S SIGNATURE OR NAME (Relationship):

I hereby certify that this child was born alive on the date stated above.

17. SIGNATURE: Emma W. Clark

18. ATTENDANT AT BIRTH: M.D. ____ MIDWIFE X OTHER (Specify) ____

19. ADDRESS: Georgetown, Idaho

20. DATE SIGNED:

21. DATE REC'D BY LOCAL REG.: Dec. 31, 1912

22. REGISTRAR'S SIGNATURE: J. W. Hayward

23. DATE ON WHICH GIVEN NAME ADDED BY ____ Registrar

Record typewritten ribbon in completing this certificate. This certificate must be filed with the district where the birth occurred WITHIN 10 days after the date of birth of the child. Address: VITAL STATISTICS, BOISE, IDAHO.

IDAHO DEPARTMENT OF HEALTH
BUREAU OF VITAL STATISTICS

RECEIVED
BUREAU OF
VITAL STATISTICS
JAN 9 4 00 PM '75

Affidavit to Correct or Amend An Original Certificate of Birth or Death

State of ..... } ss.
County of ..... }

Certificate No. 10424

Date Filed .....

The undersigned does solemnly swear that certain facts on the certificate of birth (Birth or Death)
for Irvin L. Howard (Name on Original Certificate) who was born (Was Born or Died) on Dec. 2, 1912 (Date of Event)
in Georgetown, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts are shown by ..... (Bible Record, Insurance Policy, Etc.) prepared on ..... (Give Date), are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
child's name	Irvin L. Howard	Lynn Ivan Howard

Subscribed and sworn to before me this ..... day of
....., 19.....

Signed .....
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

Notary Public, residing at .....
My commission expires .....
(Seal)

.....
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Idaho } ss.
County of Fremont }

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 6 day of
January, 1975

Signed Percie J Burbank
(Signature of Any Credible Person)

Notary Public, residing at St. Anthony, Ida.
My commission expires Dec 9, 1975
(Seal)

451 So 1st East
(Street Address, City, State)
St Anthony, Idaho.

FORM DH 60-155 CL 12/19/74

Certif. of Birth from the LDS Church gives name as Lyn Ivan Howard born Dec. 2, 1912 at Georgetown, Idaho. Father's name as Perry Howard and mother's name as Sarah S. Tippets. XXXXX Feb. 22, 1913, date entered on record. Viewed by VS

Family Bible record gives name as Lynn Ivan Howard born Dec. 2, 1912 at Georgetwon, Idaho. viewed by V. S.

Form V. S. No. 11-C—10m-8-7-11

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

PLACE OF BIRTH

County of Bear Lake

City of Georgetown

No. ____, ____ St.

Hospital ____

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

Registration District No. 24 File No. 10424

Primary Registration District No. 2096 Registered No. 259

FULL NAME OF CHILD Irvin J.

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Male			Yes	Dec. 2, 1912

FATHER	MOTHER
FULL NAME: Byron Percival Howard	FULL MAIDEN NAME: Sarah Susan Pippetts
RESIDENCE: Georgetown, Idaho.	RESIDENCE: Georgetown, Idaho
COLOR: White	COLOR: White
AGE AT LAST BIRTHDAY: 29 (Years)	AGE AT LAST BIRTHDAY: 27 (Years)
BIRTHPLACE: Carbondale Kansas	BIRTHPLACE: Perry, Utah
OCCUPATION: Laborer	OCCUPATION: Housewife

Number of child of this mother, including present birth: 7

Number of children, of this mother, now living, including present birth: 6

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 3:30 A.M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Emma W. Clark

Midwife (Physician or Midwife)

Address Georgetown, Idaho

Given names added from a supplemental report

....., 19.....

Registrar

Filed Dec 31 1912 J. W. Hayward Registrar

SYMS - YORK CO. PTRS. & BDRS 17808

DEC 19 1974

JAN 21 1975

213 - 208-004-445

MARGIN RESERVED FOR BINDING

WRITE PLAINLY. WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

Form V. S. No. 11-C—10m-8-7-11

PLACE OF BIRTH

County of Bear Lake

City of Georgetown

No. ____, ____ St.

Hospital ____

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

Registration District No. 24 File No. 10425

Primary Registration District No. 2096 Registered No. 290

FULL NAME OF CHILD ____

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Female			Yes	Dec 8 1912

FATHER		MOTHER	
FULL NAME	Lorenzo Bacon	FULL MAIDEN NAME	Theresa Ann Dunn
RESIDENCE	Georgetown, Idaho	RESIDENCE	Georgetown, Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	42 (Years)	AGE AT LAST BIRTHDAY	35 (Years)
BIRTHPLACE	Pleasant Grove, Utah	BIRTHPLACE	Bloomington, Idaho
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 7

Number of children, of this mother, now living, including present birth 6

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 5:15 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Emma V. Clark

Midwife (Physician or Midwife)

Address Georgetown Idaho

Given names added from a supplemental report

____, 19____

____ Registrar

Filed Dec. 31 1912 Jewley Ward Registrar

SYMS - YORK CO., PTRS. & BDRS. 17326

FULL NAME	FATHER	MAIDEN NAME
RESIDENCE		RESIDENCE
COLOR	AGE AT LAST BIRTHDAY ..... (Years)	COLOR
		AGE AT LAST BIRTHDAY ..... (Years)

Amended 10-3-60

PLACE OF BIRTH

391-231-004-459

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Bear Lake

City of Bennington

No. ..... St.

Hospital .....

Registration District No. 24 File No. 10426

Primary Registration District No. 2097 Registered No. 291

FULL NAME OF CHILD Julia Elizabeth Crane
(Certificate of no value without full name of child.)

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Female			Yes	Dec. 31, [redacted] 1912

What bactericidal solution was used in eyes? .....

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

FATHER	MOTHER
FULL NAME: Mahonri Crane	FULL MAIDEN NAME: Mable Merrill
RESIDENCE: Bennington, Ida.	RESIDENCE: Bennington, Ida.
COLOR: White	COLOR: White
AGE AT LAST BIRTHDAY: 18 (Years)	AGE AT LAST BIRTHDAY: 17 (Years)
BIRTHPLACE: Ft. Harriman, Ut.	BIRTHPLACE: Bennington, Ida.
OCCUPATION: Farmer	OCCUPATION: Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born Alive (Born alive or stillborn), at 2:30 A. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Give names added from a supplemental report.

....., 192.....

.....
Registrar.

(Signature) D'Orr Poynter
M.D.
(Physician or midwife)

Address Montpelier, Idaho

Filed Jan. 5, [redacted] 1913 J. W. Hayward
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

Form V. S. No. 11-C—10m-8-7-11

PLACE OF BIRTH

County of Bear Lake

City of Bennington

No. ____, ____ St.

Hospital ____

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

Registration District No. 24

File No. 10426

Primary Registration District No. 2997

Registered No. 291

FULL NAME OF CHILD ~~Girl Maxwell~~ Julia Elizabeth

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Female			Yes	Dec. 31 1913

FATHER		MOTHER	
FULL NAME	Mahonri Crain	FULL MAIDEN NAME	Mabel Merrill
RESIDENCE	Bennington Ida	RESIDENCE	Bennington
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	18 (Years)	AGE AT LAST BIRTHDAY	17 (Years)
BIRTHPLACE	Ft. Harriman Ut.	BIRTHPLACE	Bennington, Ida
OCCUPATION	Farmer.	OCCUPATION	Housewife

Number of child of this mother, including present birth 1

Number of children, of this mother, now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Alive (Born alive or stillborn), at 2 30 a M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) [signature]

[signature]

(Physician or Midwife)

Address Montpelier Clerk

Given names added from a supplemental report

....., 19....

Filed Jan 5 — 1913 [signature]

Registrar

SYMS - YORK CO., PTRS. & BDRS. 17326

Registrar

OCT 3 1960

L.D.S. Church Certificate of Birth, Feb. 6, 1913 gives full name of child as Julia Elizabeth Crane, born Dec. 31, 1912 at Bennington, Idaho to Mahonri B. Crane and Mable Merrill - viewed by V.S.

other documents listed on back -

IDAHO STATE BOARD OF HEALTH
DIVISION OF VITAL STATISTICS

Affidavit to Correct or Amend An Original Certificate of Birth or Death

State of ..... } ss.
County of ..... }

Certificate No. 10426

Date Filed .....

The undersigned does solemnly swear that certain facts on the certificate of Birth (Birth or Death) for Julia Elizabeth Crain (Name on Original Certificate) who born (Was Born or Died) on Dec. 31, ~~1913~~ 1912 (Date of Event) in Bennington, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the true facts are shown by the enclosed Cert. of Birth (Bible Record, Insurance Policy, Etc.) prepared on March 30, 1960 (Copy.) (Give Date), are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
Last Name of Child	Crain	Julia Elizabeth Crane
Last Name of Father	Crain	Mahonri Crane
Mother's Maiden Name	Mabel Merrill	Mable Merrill
Child's Date of Birth	Dec. 31, 1913	Dec. 31, 1912

Subscribed and sworn to before me this 27 day of July, 19 60

James D Barlow

Notary Public, residing at Montpelier, Idaho

My commission expires 6/2/60

(Seal)

Signed Mahonri B. Crane

(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Idaho } ss.
County of Bear Lake }

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 27 day of July, 19 60

James D Barlow

Notary Public, residing at Montpelier, Idaho

My commission expires 6/2/60

(Seal)

Signed Grant L. Steed

(Signature of Any Credible Person)

638 East 2nd St. Montpelier, Idaho

(Street Address, City, State)

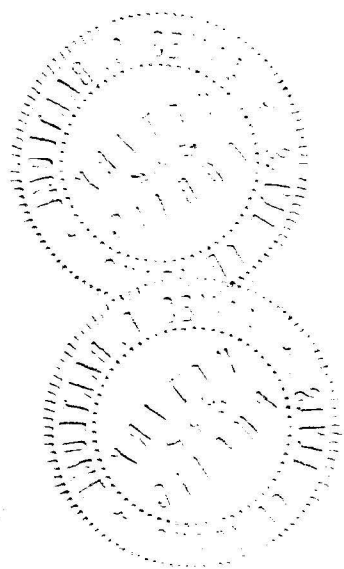
FORM DPH 55.155

CL 3-8-60. nm

Notarized Statement from H.W. Phillips concerning the Montpelier High School Records, Montpelier, Idaho, gives full name as Julia Crane Wright (Wright is married name) born Dec. 31, 1912 - viewed by V.S.

Own child's birth cert. on file: #167792 gives full maiden name of mother as Julia Elizabeth Crane - viewed by V.S.

Another child's birth cert. on file, #181911 gives parents full names as Mahonri B. Crane and Mable Merrill - viewed by V.S.



249-120-004-219

PLACE OF BIRTH

County of Bear Lake

City of Montpelier

No ____, ____ St.

Hospital ____

Form V. S. No. 11-C—10m-8-7-11

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

Registration District No 24 File No. 10427

Primary Registration District No 2098 Registered No. 293

FULL NAME OF CHILD Mederes Smith

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Male				Yes	Dec. 20th, 1912

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	Joseph F Smith	Amelia Barrett
RESIDENCE	Montpelier	Montpelier
COLOR	White	White
AGE AT LAST BIRTHDAY (Years)	36	30
BIRTHPLACE	West Jordan Ut.	Farmington Ut.
OCCUPATION	Warehouse Man	Housewife

Number of child of this mother, including present birth 2

Number of children, of this mother, now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Alive (Born alive or stillborn), at 11:30 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) D. J. Brigham

(Physician or Midwife)

Address Montpelier Idaho

Given names added from a supplemental report

....., 19.....

Filed Jan. 7-1913 J. W. Benjamin Registrar

SYMS - YORK CO., PTRS. & BDRS. 17326 Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

AUG 10 1955

RESIDENCE	
COLOR	AGE AT LAST BIRTHDAY ..... (Years)

36 [redacted] -003-665

[redacted] BIRTH

Form V. S. No. 11-C—20m-2-15-12

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Bannock

City of Treasureton

Registration District No. 11 File No. 10428

No. ____ St.

Primary Registration District No. 2048 Registered No. 11

Hospital ____

FULL NAME OF CHILD Jesse Cole

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Boy			Yes	Nov. 16 1912

FATHER		MOTHER	
FULL NAME	Edwin Voss Cole	FULL MAIDEN NAME	Ella Owens
RESIDENCE	Treasureton Idaho	RESIDENCE	Treasureton Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	34 (Years)	AGE AT LAST BIRTHDAY	30 (Years)
BIRTHPLACE	Willard Utah	BIRTHPLACE	Willard Utah
OCCUPATION	Farmer	OCCUPATION	House wife

Number of child of this mother, including present birth 6

Number of children of this mother now living, including present birth 6

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn) at 9 A. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report

..... 19.....

Ellis Rackley Registrar

(Signature) Mary Longgreen
Midwife
(Physician or midwife)

Address Treasureton Idaho

Filed 1-10-19 13 Ellis Rackley Registrar

S-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Form V. S. No. 11-C-com-6-15-12

PLACE OF BIRTH

(County of)

OCCUPATION

Number of children of this mother now living, including present birth

Number of child of this mother, including present birth

689-123-003-253

PLACE OF BIRTH

County of Bannock

City of Kellyward

No. ____, ____ St.

Hospital ____

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

Registration District No. 11 File No. 10429

Primary Registration District No. 2048 Registered No. 17

FULL NAME OF CHILD Herbert R. Whitworth

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Male			Yes	Dec 23, 1912

FATHER		MOTHER	
FULL NAME	Mikael Whitworth	FULL MAIDEN NAME	Emily Kelly
RESIDENCE	Kellyward	RESIDENCE	Kellyward
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY (Years)	40	AGE AT LAST BIRTHDAY (Years)	38
BIRTHPLACE	Brigham Utah	BIRTHPLACE	Brigham Utah
OCCUPATION	Farmer	OCCUPATION	House Wife

Number of child of this mother, including present birth 7

Number of children, of this mother, now living, including present birth 7

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 4:10 a M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) D. W. Smith

(Physician or Midwife)

Address Bancroft Ida

Given names added from a supplemental report

..... 19.....

Ellis Kay Kelley Sub Registrar

Filed 1-10- 19 13 Ellis Kay Kelley Registrar

S-Y CO., 16870

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

JAN 29 1971

365-219-003-319

PLACE OF BIRTH

County of Bannock

City of Pocatello

No. ____, ____ St.

Hospital ____

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

Form V. S. No. 11-C—15m-6-20-11

Registration District No. 11 File No. 10430

Primary Registration District No. 2048 Registered No. 18

FULL NAME OF CHILD Joie Lenora Lovland

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
F			Yes	Dec 19, 1912

FATHER

FULL NAME Chauncey Lovland

RESIDENCE Chesterfield

COLOR W AGE AT LAST BIRTHDAY 23 (Years)

BIRTHPLACE Chesterfield

OCCUPATION Farmer

MOTHER

FULL MAIDEN NAME Lilly Lancen

RESIDENCE Chesterfield

COLOR W AGE AT LAST BIRTHDAY 23 (Years)

BIRTHPLACE Michigan

OCCUPATION Housewife

Number of child of this mother, including present birth 1

Number of children, of this mother, now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 6.45 a M. on the date above stated.

(Signature) Dr. R. J. Smith

(Physician or Midwife)

Address Pocatello Ida

Filed 1-10-13

Ellis Kackley Registrar

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report

19

Ellis Kackley Registrar

Sub —

S-Y CO., 16670

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

APR 27 1967

Amended 11-9-60

PLACE OF BIRTH

231-116-003-755

County of Bannock

City of Lund

No. ..... St.

Hospital .....

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 11 File No. 10431

Primary Registration District No. 2048 Registered No. 19

FULL NAME OF CHILD Ernest Richard Blauer

(Certificate of no value without full name of child.)

Sex of Child	Twin / Triplet or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
M.			Yes	Dec. 16, 1912

What bactericidal solution was used in eyes? .....

Number of child of this mother, including present birth 9 Number of children of this mother now living, including present birth 7

FATHER		MOTHER	
FULL NAME	Christian Fredrick Blauer	FULL MAIDEN NAME	Rosetta Gerber
RESIDENCE	Lund	RESIDENCE	Lund
COLOR	W.	COLOR	W.
AGE AT LAST BIRTHDAY	49 (Years)	AGE AT LAST BIRTHDAY	44 (Years)
BIRTHPLACE	Switzerland	BIRTHPLACE	Switzerland
OCCUPATION	Farmer	OCCUPATION	Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born Alive (Born alive or stillborn) at 10:30 A.M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Russell J. Smith, M.D.

(Physician or midwife)

Address Bancroft, Ida.

Give names added from a supplemental report.

....., 192.....

..... Registrar.

Filed 1-10-1913 Ellis Kackley Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Form V. S. No. 11-C—15m-6-20-11

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

PLACE OF BIRTH

County of Bannock

City of Lund

No. ____, ____ St.

Hospital ____

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

Registration District No. 11 File No. 10431

Primary Registration District No. 2048 Registered No. 19

FULL NAME OF CHILD Ernest Blauer

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
m			Yes	Dec 16, 1912

FATHER		MOTHER	
FULL NAME	Christian Fredrick Blauer	FULL MAIDEN NAME	Rosella Gerber
RESIDENCE	Lund	RESIDENCE	Lund
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY (Years)	49	AGE AT LAST BIRTHDAY (Years)	44
BIRTHPLACE	Switzerland	BIRTHPLACE	Switzerland
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 9

Number of children, of this mother, now living, including present birth 7

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 10.30a M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report

(Signature) Russell J Smith M D

(Physician or Midwife)

Address Bancroft Ida

____, 19____

Ellis Kackley Registrar

Filed 1-10-13 1913 Ellis Kackley Registrar

S-Y CO., 16670

NOV 9 1960

FEB 2 4 1975

Documents listed on back -

IDAHO DEPARTMENT OF HEALTH

BUREAU OF VITAL STATISTICS

Affidavit to Correct or Amend An Original Certificate of Birth or Death

State of ..... } ss.
County of ..... }

Certificate No. 10431

Date Filed .....

The undersigned does solemnly swear that certain facts on the certificate of Birth (Birth or Death)
for Ernest Blauer (Name on Original Certificate) who was born (Was Born or Died) on Dec. 16, 1912 (Date of Event)
in Lund, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts are shown by Church Records (Bible Record, Insurance Policy, Etc.) prepared on 10-31-60 (Give Date), are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
Full Name of Child	Ernest Blauer	Ernest Richard Blauer

Subscribed and sworn to before me this 31 day of Oct., 1960

Julia L Orton

Notary Public, residing at Burley

My commission expires Jan. 14, 1963

(Seal)

Signed Alice B. Meiners

(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

407 East Main St. Burley

(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Idaho } ss.
County of Cassia }

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 31 day of October, 1960

Jack R Holland

Notary Public, residing at Burley, Idaho

My commission expires June 2, 1962

(Seal)

Signed Thora Tilley

(Signature of Any Credible Person)

2119 Oakley Ave Burley, Ida

(Street Address, City, State)

FORM DH 60-155 CL 10-26-60. nm

Own Child's Birth Cert. on file: #378126 gives full name of father as Ernest Richard Blauer - viewed by V.S.

Statement from Earl H. Carlson, Principal of the Burley, Idaho High School, states "The permanent records of our school show that Ernest Richard Blauer was born December 16, 1912 at Lund, Idaho. He is the son of C.F. and Rosetta Blauer. He graduated in May of 1930." - viewed by V.S.

Statement from William E. Toolson, Bishop of the L.D.S. Church, First Ward Bishopric, Burley Stake, Burley, Idaho states that their records show that Ernest Richard Blauer was born Dec. 16, 1912 at Lund, Idaho to Christian F. Blauer and Rosetta Gerber, his full name was first entered on their records when he was blessed, Feb. 2, 1913.- statement viewed by V.S.

243 - 259-003-753

Form V. S. No. 11-C—15m-6-20-11

PLACE OF BIRTH

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

County of Bannock

City of Lund

Registration District No. 11 File No. 10432

No. ____, ____ St.

Primary Registration District No. 2148 Registered No. 20

Hospital ____

FULL NAME OF CHILD Lucile Marie Kutterer

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births) and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
f		Yes	Dec 29, 1912

FATHER		MOTHER	
FULL NAME	George Kutterer	FULL MAIDEN NAME	Anne Petersen
RESIDENCE	Lund	RESIDENCE	Lund
COLOR	w	COLOR	w
AGE AT LAST BIRTHDAY (Years)	33	AGE AT LAST BIRTHDAY (Years)	27
BIRTHPLACE	Germany	BIRTHPLACE	Ogden Utah
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 2

Number of children, of this mother, now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 1:30 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report

(Signature) D. R. Smith

(Physician or Midwife)

Address Lund Ida

____, 19____

Ellis Kackley Registrar

Filed 1-10-1913 Ellis Kackley Registrar

S-Y CO., 16670

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

AUG 6 1943

JUN 16 1950

236 - 206 - 003 - 855

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Form V. S. No. 11-C—20m-2-15-12

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Bannock

City of Downey

No. ____ *St.* ____

Hospital ____

Registration District No. 11 **File No.** 10434

Primary Registration District No. 2046 **Registered No.** 1

FULL NAME OF CHILD Mary Elsie Bloxham

Sex of Child	Twin / Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
F				Yes	Dec 6 1912

FATHER	MOTHER
FULL NAME Richard T. Bloxham	**FULL MAIDEN NAME** Elsie Henderson
RESIDENCE Downey, Ida	**RESIDENCE** Downey, Ida
COLOR W **AGE AT LAST BIRTHDAY** EW 32 (Years)	**COLOR** W **AGE AT LAST BIRTHDAY** 28 (Years)
BIRTHPLACE Kaysville, Utah	**BIRTHPLACE** Clifton, Ida
OCCUPATION Farmer	**OCCUPATION** Housewife

Number of child of this mother, including present birth 5

Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) on the date above stated., at 7.00A. M.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. C. Ainsworth

Physician (Physician or midwife)

Address Downey, Idaho.

Given names added from a supplemental report

..... 19.....

J. C. Smith Registrar

Filed 1-10- 19 13 Ellis Kankley Registrar

S-Y CO. 20174

STATE OF IDAHO

BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

PLACE OF BIRTH

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

689-201-003-366

Form V. S. No. 11-C—20m-3-15-12

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Bannock

City of Downey — *Registration District No.* 11 — **File No.** 10435

No. ____ *St.* — *Primary Registration District No.* 2046 — **Registered No.** 2

Hospital ____ — **FULL NAME OF CHILD** ~~Lucille~~ Wanda Whitaker

Sex of Child	Twin Triplet or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
F	Twin and	6 (1st amend)	Yes	Dec 1 1912

FATHER	MOTHER
FULL NAME: James S. Whitaker	FULL MAIDEN NAME: Sarah Lowe
RESIDENCE: Downey	RESIDENCE: Downey
COLOR: W — AGE AT LAST BIRTHDAY: 39 (Years)	COLOR: W — AGE AT LAST BIRTHDAY: 36 (Years)
BIRTHPLACE: Newton, Utah	BIRTHPLACE: England
OCCUPATION: Farmer	OCCUPATION: Housewife

Number of child of this mother, including present birth: 6 — Number of children of this mother now living, including present birth: 6

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 7:30 a. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. L. Hancock

physician (Physician or midwife)

Address Downey, Idaho

Given names added from a supplemental report

..... 19.....

J. L. Hancock Registrar

Filed 1-16- 1913 Ellis Hackley Registrar

S-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

7-17-41

APR 8 1944

DECEASED

689-101-003-366

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Form V. S. No. 11-C—20m-2-15-12

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Bannock

City of Downey — Registration District No. 11 — File No. 10436

No. ____ St. — Primary Registration District No. 2046 — Registered No. 3

Hospital ____

FULL NAME OF CHILD ~~Luther~~ Wane Whitaker

Sex of Child	Twin Triplet or other?	Number in order of birth	Legitimate?	Date of Birth
M	twin and	Second 702	Yes	Dec 1 (Month) (Day) 191 2 (Year)

(To be answered only in event of plural births)

FATHER	MOTHER
FULL NAME: James S. Whitaker	FULL MAIDEN NAME: Sarah Lowe
RESIDENCE: Downey	RESIDENCE: Downey
COLOR: W	COLOR: W
AGE AT LAST BIRTHDAY: 39 (Years)	AGE AT LAST BIRTHDAY: 36 (Years)
BIRTHPLACE: Newton, Utah	BIRTHPLACE: England
OCCUPATION: Farmer	OCCUPATION: Housewife

Number of child of this mother, including present birth: 7

Number of children of this mother now living, including present birth: 7

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 7:50 a. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) [signature]

Physician (Physician or midwife)

Given names added from a supplemental report

..... 19.....

Address Downey, Idaho

Filed 1-10-1913 Ellis Barkley Registrar

J. b. Arnold Sub- Registrar

S-Y CO. 20174

Form V. S. No. 11-C—20m-2-15-12

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

PLACE OF BIRTH

MARGIN RESERVED FOR BINDING

WRITE PLAINLY. WITH UNFADING INK. THIS IS A PERMANENT RECORD

JAN 28 1947

282-130-003-134

PLACE OF BIRTH

Form V. S. No. 11-C—20m-2-15-12

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

10437

10438

County of Bannock

City of Downey

Registration District No. 11

File No.

No. St.

Primary Registration District No. 2046

Registered No. 34

Hospital

FULL NAME OF CHILD Wilson Bybee

Sex of Child	Twin / Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
M			Yes	Nov 30 1912

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	William J. Bybee	Eliza Aldous
RESIDENCE	Downey	Downey
COLOR	W	W
AGE AT LAST BIRTHDAY (Years)	44	38
BIRTHPLACE	Ogden, Utah	Downey, Ida
OCCUPATION	Farmer	Housewife

Number of child of this mother, including present birth 12

Number of children of this mother now living, including present birth 11

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 3 5 a M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. M. Arnold

Physician (Physician or midwife)

Given names added from a supplemental report

..... 19.....

Address Downey, Ida

Filed 1-10- 19 13

J. G. Arnold Deputy Registrar

Ellis Hawley Registrar

8-Y CO. 2017

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Form V. S. No. 11-C—20m-2-15-12

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

PLACE OF BIRTH

County of ..... Township .....

RESIDENCE

COLOR ..... AGE AT LAST BIRTHDAY ..... (Years)

BIRTHPLACE

RESIDENCE

COLOR ..... AGE AT LAST BIRTHDAY ..... (Years)

BIRTHPLACE

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a separate RETURN must be made for each member of the group.

Address .....

Filed ..... 19 .....

Registrar

255-122-003-143

PLACE OF BIRTH

Form V. S. No. 11-C—20m-2-15-12.

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Bannock

City of Downey

Registration District No. 11

File No. 10438

No. ____ St.

Primary Registration District No. 2046

Registered No. 3

Hospital ____

FULL NAME OF CHILD Glenn Clifford Bennett

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births) and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
M		Yes	Nov 22 2

FATHER		MOTHER	
FULL NAME	T. Warren Bennett	FULL MAIDEN NAME	Harriet Juchau
RESIDENCE	Virginia, Ida	RESIDENCE	Virginia, Ida
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY	28 (Years)	AGE AT LAST BIRTHDAY	30 (Years)
BIRTHPLACE	Cooper, Utah	BIRTHPLACE	Smithfield, Utah
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 4

Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 1.10A. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. C. Arnold

Physician (Physician or midwife)

Given names added from a supplemental report

..... 19.....

Address Downey, Ida

Filed 1-10-1913 Ellis Markley Registrar

J. C. Arnold Deputy Registrar

S-Y CO. 2017

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

OCT 9 1942

MARGIN RESERVED FOR BINDING

WRITE PLAINLY. WITH INK—THIS IS A PERMANENT RECORD

335-230-003-652

PLACE OF BIRTH

Form V. S. No. 11-C—20m-2-15-13

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Bannock

City of Downey

No. ____ St.

Hospital ____

Registration District No. 11

Primary Registration District No. 2046

File No. 10439

Registered No. 6

FULL NAME OF CHILD Isabelle Clegg

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
F			Yes	Nov 30 1912

FATHER		MOTHER	
FULL NAME	John E. Clegg	FULL MAIDEN NAME	Ethel West
RESIDENCE	Downey	RESIDENCE	Downey
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY (Years)	34	AGE AT LAST BIRTHDAY (Years)	30
BIRTHPLACE	Downey, Idaho	BIRTHPLACE	Butte, Mont.
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 7

Number of children of this mother now living, including present birth 7

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 9.10 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. E. Clegg

Physician (Physician or midwife)

Address Downey, Ida

Given names added from a supplemental report

..... 19.....

J. E. Arnett Registrar

Filed 1-10-1913 Ellis Rankin Registrar

S-Y CO. 2017A

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

JUL 7 1967

DECEASED

955-103-003-66

[redacted]

Form V. S. No. 11-C—20m-2-15-12

PLACE OF BIRTH

County of Bannock

City of Downey *Registration District No.* 11 **File No.** 10440

No. ——— *St.* *Primary Registration District No.* 2046 **Registered No.** 7

Hospital ———

FULL NAME OF CHILD ~~Lloyd Louis~~ Forrest B. Reno

Sex of Child	Twin / Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
M			Yes	Dec 3 1912

FATHER	MOTHER
FULL NAME George Reno	**FULL MAIDEN NAME** Lulu Fox
RESIDENCE Downey, Idaho	**RESIDENCE** Downey, Idaho
COLOR W **AGE AT LAST BIRTHDAY** 22 (Years)	**COLOR** W **AGE AT LAST BIRTHDAY** 18 (Years)
BIRTHPLACE Louisville, Ky.	**BIRTHPLACE** Annis, Idaho
OCCUPATION Barber	**OCCUPATION** Housewife

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 10.30 A.M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report

..... 19.....

J. C. Arnold Registrar

(Signature) J. C. Arnold

Physician (Physician or midwife)

Address Downey, Idaho.

Filed Jan 10 1913 Ellis Kackley Registrar

S-Y CO. 2074

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

MARGIN RESERVED FOR BINDING

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

SEP 18 1942

569-118-603-221

PLACE OF BIRTH

Form V. S. No. 11-C—20m-2-15-12

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Bannock

City of Downey

No. ____ St.

Hospital ____

Registration District No. 11

Primary Registration District No. 2046

File No. 10441

Registered No. 9

FULL NAME OF CHILD John C. Norton

Sex of Child	Twin / Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
M			Yes	Dec 18 1912

FATHER		MOTHER	
FULL NAME	Charles H. Norton	FULL MAIDEN NAME	Risie Skaggs
RESIDENCE	Downey	RESIDENCE	Downey
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY	32 (Years)	AGE AT LAST BIRTHDAY	30 (Years)
BIRTHPLACE	Weston, Idaho	BIRTHPLACE	Brig, Ky.
OCCUPATION	Grain Buyer	OCCUPATION	Housewife

Number of child of this mother, including present birth 3

Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 1.15 A. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. C. Arnett

Physician (Physician or midwife)

Given names added from a supplemental report

..... 19.....

Address Downey, Idaho

Filed 1-10-1913

J. C. Arnett Registrar

Ellis Markley Registrar

S-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

MAY 1 - 1963

JAN 31 1975

JAN 31 1975

363-216
003-343
Amended 4/10/74

(Be sure the information is complete and accurate)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 10443
Local Reg. No.
Reg. Dist. No. 11

1. PLACE OF BIRTH

a. COUNTY: Bannock

b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN: Marsh Center

c. FULL NAME OF (If NOT in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION:

2. USUAL RESIDENCE OF MOTHER (Where does mother live?)

a. STATE: Idaho b. COUNTY: Bannock

c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN: Marsh Center

d. STREET ADDRESS (If rural, give location):

3. CHILD'S NAME (Type or print)

a. (First): Eva b. (Middle): Carol c. (Last): Cole

4. SEX: Girl

5a. THIS BIRTH: SINGLE ____ TWIN ____ TRIPLET ____

5b. IF TWIN OR TRIPLET (This child born) 1st ____ 2nd ____ 3rd ____

6. DATE OF BIRTH (Month) (Day) (Year): Dec. 16, 1912

FATHER OF CHILD

7. FULL NAME

a. (First): Robert b. (Middle): Edwin c. (Last): Cole

8. AGE (At time of this birth): 35 YEARS

9. BIRTHPLACE (State or foreign country) (City or Town): Willard, Utah

10. USUAL OCCUPATION: Farmer

11. KIND OF BUSINESS OR INDUSTRY:

MOTHER OF CHILD

12. FULL MAIDEN NAME

a. (First): Elmira b. (Middle): Jane c. (Last): Cutler

13. AGE (At time of this birth): 32 YEARS

14. BIRTHPLACE (State or foreign country) (City or Town): Gentile Valley

15. CHILDREN PREVIOUSLY BORN TO THIS MOTHER (Do NOT include this child)

a. How many OTHER children are now living? 5

b. How many OTHER children were born alive but are now dead?

c. How many children were stillborn (born dead after 20 wks. pregnancy?)

16. INFORMANT'S SIGNATURE OR NAME (Relationship):

I hereby certify that this child was born alive on the date stated above.

17. SIGNATURE: Anna B. Jensen

19. ADDRESS: Marsh Center

18. ATTENDANT AT BIRTH: M.D. ____ MIDWIFE X OTHER (Specify) ____

20. DATE SIGNED:

21. DATE REC'D BY LOCAL REG.: 1-10-13

22. REGISTRAR'S SIGNATURE: Ellis Kackley

23. DATE ON WHICH GIVEN NAME ADDED BY ____ Registrar

VITAL STATISTICS, BOISE, IDAHO.

IDAHO DEPARTMENT OF HEALTH

BUREAU OF VITAL STATISTICS

RECEIVED
BUREAU OF
VITAL STATISTICS
APR 5 1 32 PM '74

Affidavit to Correct or Amend An Original Certificate of Birth or Death

State of ..... } ss.
County of ..... }

Certificate No. 10443

Date Filed .....

The undersigned does solemnly swear that certain facts on the certificate of birth (Birth or Death)
for Almira Cole (Name on Original Certificate) who was born (Was Born or Died) on Dec. 16, 1912 (Date of Event)
in Marsh Center, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts are shown by ..... (Bible Record, Insurance Policy, Etc.) prepared on ..... (Give Date), are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
child's name	Almira Cole	Eva Carol Cole

Subscribed and sworn to before me this ..... day of
....., 19.....

Signed .....
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

Notary Public, residing at .....
My commission expires .....
(Seal)

.....
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Arizona } ss.
County of Maricopa }

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this First day of
April, 1974

Signed Linda L. Rapp X
(Signature of Any Credible Person)

Notary Public, residing at 160 E Main Mesa, Az.
My commission expires 2-19-78
(Seal)

2701 E Allred # 197 Mesa Arizona
(Street Address, City, State)

FORM DH 60-155 CL 3/25/74 Rush 11

Certificate of Birth from the LDS Church gives name as Eva Carol Cole born Dec. 16, 1912 at Marsh Center, Bannock County. Father's name given as Robert Edwin Cole and Almira Jane Cutler. Entered on record March 2, 1913. Viewed by V. S.

Family record signed by mother gives name as Eva Carol Cole born Dec. 16, 1912. father's name given as Robert E. Cole and the mother's name as Almira Jane Cutler. viewed by V. S.

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Form V. S. No. 11-C—20m-2-15-12

PLACE OF BIRTH

County of Bannock

City of Marsh Center

No. ..... St.

Hospital .....

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 11 File No. 10443

Primary Registration District No. 2046 Registered No. 12

FULL NAME OF CHILD Elmira Cole

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth
Girl			Yes	Dec. 16th (Month) (Day) 1912 (Year)

FATHER		MOTHER	
FULL NAME	Robert Edwin Cole	FULL MAIDEN NAME	Elmira Jane Cutler
RESIDENCE	Marsh Center	RESIDENCE	Marsh Center
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	35 (Years)	AGE AT LAST BIRTHDAY	32 (Years)
BIRTHPLACE	Willard, Utah	BIRTHPLACE	Gentile Valley
OCCUPATION	Farmer	OCCUPATION	House Keeper

Number of child of this mother, including present birth 6 Number of children of this mother now living, including present birth 5

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Alive (Born alive or stillborn), at 3 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Anna B. Jensen

Midwife (Physician or midwife)

Given names added from a supplemental report

..... 19.....

Address Marsh Center

Filed 1-10 1913 Ellis Rackley Registrar

Ollie Arnold Registrar

S-Y CO. 20774

FEB 11 1974

FEB 22 1974

MAR 25 1974

APR 10 1974

By request of Dr. Cooper I send this report

133-102-003-743

PLACE OF BIRTH

Form V. S. No. 11-C—20m-2-15-12

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Bannock

City of Hawkins

No. ..... St.

Hospital .....

Registration District No. 11 File No. 10444

Primary Registration District No. 2046 Registered No. 13

FULL NAME OF CHILD No name

Sex of Child	Twin / Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Boy			Yes	Oct 2nd 1912

FATHER		MOTHER	
FULL NAME	Francis M. Allen	FULL MAIDEN NAME	Mary J. Pittman
RESIDENCE	Hawkins	RESIDENCE	Hawkins
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	28	AGE AT LAST BIRTHDAY (Years)	25
BIRTHPLACE	Lewiston, Utah	BIRTHPLACE	Auburn, Wy
OCCUPATION	Farmer	OCCUPATION	Housekeeper

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Lived 2 hours (Born alive or stillborn), at 2 A. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Dr. Cooper sent as Physicians

I don't know his name Anna B. Jensen (Physician or midwife)

I was to Albertsons when the child was born

Address Marsh Center

Given names added from a supplemental report

..... 19 .....

J. C. Arnot Registrar

Filed 1-10 19 13 Ellis Hankler Registrar

S-Y CO. 20177

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Form V. S. No. 11-C—20m-2-15-13

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

PLACE OF BIRTH

County of

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. Items of more than one digit must be made for each space, and the number

RESIDENCE

COLOR | AGE AT LAST BIRTHDAY (Years)

BIRTHPLACE

19

Address

Filed 19

Registrar

By CO. 30174

132-202-003-383

Form V. S. No. 11-C—20m-2-15-12

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH

County of Rassuck

City of Hawkins

No. ..... St.

Hospital .....

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 11 File No. 10445

Primary Registration District No. 2646 Registered No. 14

FULL NAME OF CHILD Leeone Alberston

Sex of Child	Twin / Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Girl			Yes	Oct. 2d 1912

FATHER

FULL NAME: John Lorenzo Alberston

RESIDENCE: Hawkins

COLOR: White AGE AT LAST BIRTHDAY: 32 (Years)

BIRTHPLACE: Franklin, Idaho

OCCUPATION: Farmer

MOTHER

FULL MAIDEN NAME: Sarah Ellen Littlefield

RESIDENCE: Hawkins

COLOR: White AGE AT LAST BIRTHDAY: 27 (Years)

BIRTHPLACE: Centerville, Utah

OCCUPATION: Farmer's Wife

Number of child of this mother, including present birth: 4

Number of children of this mother now living, including present birth: 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Alive (Born alive or stillborn), at 9 A. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Anna B. Jensen

Midwife (Physician or midwife)

Address Marsh Center

Given names added from a supplemental report

..... 19.....

J. C. Arnot Sub Registrar

Filed 1-10- 19 13 Ellis Rackley Registrar

S-Y CO. 20174

K

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child add (a), (b), etc. PRIVATE RETURN must be made for each and the number of each, as above, should be noted.

PLACE OF BIRTH

County of

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Form V. S. No. 11-C—20m-2-15-12

366 - 118-003-366

Form V. S. No. 11-C—20m-2-15-12

PLACE OF BIRTH

County of Bannock

City of Marsh Centers

No. ____ St.

Hospital ____

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 11

Primary Registration District No. 2046

File No. 10446

Registered No. 10

FULL NAME OF CHILD Jessie Cooper Coffin

Sex of Child	Twin / Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth
Boy		F	yes	Oct. 18 (Month) (Day) 1912 (Year)

	FATHER	MOTHER
FULL NAME	Nathan S. Coffin	FULL MAIDEN NAME Margarette Cooper
RESIDENCE	Marsh Center	RESIDENCE Marsh Center
COLOR	White	COLOR White
AGE AT LAST BIRTHDAY (Years)	43	AGE AT LAST BIRTHDAY (Years) 42
BIRTHPLACE	Huntsville Utah	BIRTHPLACE Oxford, Idaho
OCCUPATION	Farmer	OCCUPATION Housekeeper

Number of child of this mother, including present birth 5

Number of children of this mother now living, including present birth 5

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Alive (Born alive or stillborn) on the date above stated. Oct. 18 1912, at 4 P. M.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Anna B. Jensen

Midwife (Physician or midwife)

Given names added from a supplemental report

..... 19.....

Address Marsh Centers

Filed 1-10 1913 Ellis Kimberly Registrar

D. C. Arnold Sole Registrar

S-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

MAY 12 1960

689-212-003-185

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

Form V. S. No. 11-C—10m-8-11

PLACE OF BIRTH

County of Bannock

City of Robin

No ....., ... St.

Hospital .....

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

Registration District No 11 File No. 10447

Primary Registration District No. 2046 Registered No. 16

FULL NAME OF CHILD Grace Whiting

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
female			yes	Dec 12 1912

FATHER		MOTHER	
FULL NAME	Samuel Alma Whiting	FULL MAIDEN NAME	Marsena Ames
RESIDENCE	Crystal Idaho	RESIDENCE	Crystal Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	21 (Years)	AGE AT LAST BIRTHDAY	18 (Years)
BIRTHPLACE	Utah	BIRTHPLACE	Idaho
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 1

Number of children, of this mother, now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn) at ..... M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report

..... 19.....

(Signature) Nancy E. Marley

Midwife

(Physician or Midwife)

Address Robin Idaho

J. C. Arnot Registrar

Filed 1-10- 1913 Ellis Hackley Registrar

SYMS - YORK CO., PTRS. & BDRS. 17326

DECEASED

396-. 0-386

PLACE OF BIRTH

County of Bonneville

City of Iona

No ____, ____ St.

Hospital

Form V. S. No. 11-C—10m-8-7-11

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

Registration District No 7 File No. 10448

Primary Registration District No. 227 Registered No. 292

FULL NAME OF CHILD Vera Crofts

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth
Female			Yes	Dec 21, 1912 (Month) (Day) (Year)

FATHER	MOTHER
FULL NAME: William Crofts	FULL MAIDEN NAME: Margaret Crofts
RESIDENCE: Iona	RESIDENCE: Iona
COLOR: White	COLOR: White
AGE AT LAST BIRTHDAY: 32 (Years)	AGE AT LAST BIRTHDAY: 26 (Years)
BIRTHPLACE: Utah	BIRTHPLACE: Utah
OCCUPATION: Farmer	OCCUPATION: Housewife

Number of child of this mother, including present birth: 3

Number of children, of this mother, now living, including present birth: 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive, at 10:30 A.M. on the date above stated.

(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) John O'Meller M.D.

(Physician or Midwife)

Address Idaho Falls, Ida

Given names added from a supplemental report

....., 19.....

Registrar

Filed 1/6 1913

Registrar

SYMS - YORK CO., PTRS. & BDRS 17826

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

PLACE OF BIRTH

STATE OF IDAHO

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

NAME

RESIDENCE

COLOR | AGE AT LAST BIRTHDAY (Years) | NAME | RESIDENCE | COLOR | AGE AT LAST BIRTHDAY (Years)

993-116-010-685

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

Form V. S. No. 11-C—10m-8-7-11

PLACE OF BIRTH

County of Bonneville

City of Idaho Falls

No ____, ____ St.

Hospital ____

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

Registration District No. 7 File No. 10449

Primary Registration District No. 207 Registered No. 291

FULL NAME OF CHILD Emerson Fields Ritchie

Sex of Child: Male	Twin, Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate? Yes	Date of birth: Dec. 16, 1911 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Ben F. Ritchie	FULL MAIDEN NAME	Mary Grace Fields
RESIDENCE	Idaho Falls	RESIDENCE	Idaho Falls
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	23	AGE AT LAST BIRTHDAY (Years)	27
BIRTHPLACE	Idaho	BIRTHPLACE	Maryland
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth: 1st

Number of children, of this mother, now living, including present birth: 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive at 10 P. M. on the date above stated.

(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) John O. Miller MD

(Physician or Midwife)

Address Idaho Falls, Ida

Given names added from a supplemental report

....., 19.....

Filed Jan 6 1912

SYMS - YORK CO., PTRS. & BDRS 17326

Registrar

Registrar

OCT 22 1956

S-95-125-010-45-9

Form V. S. No. 11-C—20m-2-15-12

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Bonneville

City of _____

No. _____ St.

Hospital _____

Registration District No. 7

Primary Registration District No. 2027

File No. 10450

Registered No. 290

FULL NAME OF CHILD Joseph Henry Niemeier

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Male		4	Yes	11 7 1912

FATHER		MOTHER	
FULL NAME	Martin Niemeier	FULL MAIDEN NAME	Amelia Augusta Meier
RESIDENCE	Idaho Falls Ida	RESIDENCE	Idaho Falls
COLOR	White	COLOR	white
AGE AT LAST BIRTHDAY (Years)	32	AGE AT LAST BIRTHDAY (Years)	30
BIRTHPLACE	MO	BIRTHPLACE	MO
OCCUPATION	Rancher	OCCUPATION	Housekeeper

Number of child of this mother, including present birth 3

Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn) at 9:30 A.M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Thomas P. McCord M.D.

(Physician or midwife)

Address Idaho Falls Ida

Given names added from a supplemental report

..... 19.....

Filed Jan 3 1913 [illegible] Registrar

..... Registrar

S-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

1/7/41 L. B.

314-223-010-415

Form V. S. No. 11-C—20m-2-15-12

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Bonneville

City of Milo

No. ..... St.

Hospital .....

Registration District No. 7 File No. 10451

Primary Registration District No. 2029 Registered No. 249

FULL NAME OF CHILD Mary Campbell

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Female			yes	Dec. 23 1912

FATHER		MOTHER	
FULL NAME	Hyrum L Campbell	FULL MAIDEN NAME	Charlotte R. Davis
RESIDENCE	Milo, Ida.	RESIDENCE	Milo Ida.
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	24 (Years)	AGE AT LAST BIRTHDAY	28 (Years)
BIRTHPLACE	Utah	BIRTHPLACE	Idaho
OCCUPATION	Farmer	OCCUPATION	H. wife

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was I'm alive (Born alive or ~~stillborn~~), at 5 a. M. on the date above stated.

(Signature) Josephine Thompson

(Physician or midwife)

Address Ucon Bonneville Idaho

Filed 1/2 1913 [illegible] Registrar

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report

..... 19.....

..... Registrar

S-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

JUL 20 1965

419-126-010-345

Form V. S. No. 11-C—15m-6-20-11

PLACE OF BIRTH

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

County of Bonneville

City of Ucon

No. ____, ____ St.

Hospital ____

Registration District No. 7

File No. 10452

Primary Registration District No. 2029

Registered No. 264

FULL NAME OF CHILD Cloyd Bruce Leo Martin

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of birth
Male	Single	One ~~Second~~	yes	Nov (Month) 26 (Day) 1912 (Year)

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	John Martin	Hulda Marie Lundgren
RESIDENCE	Idaho Falls, Idaho	Idaho Falls, Idaho
COLOR	White	White
AGE AT LAST BIRTHDAY (Years)	24 yrs	24 yrs
BIRTHPLACE	Sweden	Sweden
OCCUPATION	Farming	Housewife

Number of child of this mother, including present birth... Two

Number of children, of this mother, now living, including present birth... One

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive at 4.55 A. M. on the date above stated.

(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) G. W. Pendleton

Physician

(Physician or Midwife)

Address Idaho Falls, Idaho

Given names added from a supplemental report

....., 19.....

Filed Dec 31 1912

S-Y CO., 16670

Registrar

Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

10452

693-211-010-269

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

Form V. S. No. 11-C—15m-6-20-11

PLACE OF BIRTH

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

File No. 10453

County of Bonneville

City of Ucon

No. ....., ... St.

Registration District No. 7

Primary Registration District No. 29

Registered No. 247

Hospital .....

FULL NAME OF CHILD Dora Adella Wilkins

Sex of Child Female | Twin, Triplet, or other? | and Number in order of birth 4 (To be answered only in event of plural births) | Legitimate? Yes | Date of birth June 11 (Month) (Day) 1912 (Year)

FATHER	MOTHER
FULL NAME Reuben Wilkins	FULL MAIDEN NAME Anna Mary Sorenson
RESIDENCE Ucon - Idaho.	RESIDENCE Ucon - Idaho.
COLOR White	AGE AT LAST BIRTHDAY 35 (Years)
COLOR White	AGE AT LAST BIRTHDAY 30 (Years)
BIRTHPLACE Murray - Utah	BIRTHPLACE West Weber - Utah
OCCUPATION Butcher.	OCCUPATION Butchers Wife

Number of child of this mother, including present birth 4

Number of children, of this mother, now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born Alive (Born alive or stillborn) at 9 a. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) N. A. Barrett

Physician

(Physician or Midwife)

Address Ucon Idaho

Given names added from a supplemental report

....., 19.....

Filed Jan 30 1912

Registrar

S-Y CO., 16670

Registrar

DECEASED

155-103-010-294

PLACE OF BIRTH

County of Bonneville

City of Ucon

No. ____, ____ St.

Hospital ____

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

Form V. S. No. 11-C—15m-6-20-11

Registration District No. 7

File No. 10454

Primary Registration District No. 209

Registered No. 946

FULL NAME OF CHILD Vernal Herbert Jensen

Sex of Child: Male

Twin, Triplet, or other? ____ and Number in order of birth: 5

(To be answered only in event of plural births)

Legitimate? Yes

Date of birth: Sept. (Month) 3 (Day), 1912 (Year)

FATHER	MOTHER
FULL NAME: Peter H. Jensen	FULL MAIDEN NAME: Alice Simmons
RESIDENCE: Ucon Idaho	RESIDENCE: Ucon Idaho
COLOR: White	COLOR: White
AGE AT LAST BIRTHDAY: 37 (Years)	AGE AT LAST BIRTHDAY: 24 (Years)
BIRTHPLACE: Goshen - Utah	BIRTHPLACE: Willow Creek - Ida
OCCUPATION: Farmer	OCCUPATION: Farmer's Daughter

Number of child of this mother, including present birth: 5

Number of children, of this mother, now living, including present birth: 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 6 a. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) W. A. Garrett M.D.

Physician

(Physician or Midwife)

Address Ucon, Idaho

Given names added from a supplemental report

..... 19.....

Registrar

Filed 19 12

Registrar

S-Y CO., 16670

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

7

JUN 30 1960

155-208-010-691

Form V. S. No. 11-C—15m-6-20-11

PLACE OF BIRTH

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

County of Bonneville

City of Ucon

Registration District No. 7

File No. 10456

No. ....., ... St.

Primary Registration District No. 229

Registered No. 244

Hospital .....

FULL NAME OF CHILD Stella Elenor Jensen

Sex of Child: Female

Twin, Triplet, or other? (To be answered only in event of plural births) and Number in order of birth: 2nd

Legitimate? Yes

Date of birth: July 8 (Month) (Day) 1912 (Year)

FATHER	MOTHER
FULL NAME: Thos. M. Jensen	FULL MAIDEN NAME: Eva J. Fransom
RESIDENCE: Ucon, Idaho	RESIDENCE: Ucon, Idaho
COLOR: White	COLOR: White
AGE AT LAST BIRTHDAY: 24 (Years)	AGE AT LAST BIRTHDAY: 24 (Years)
BIRTHPLACE: Goshen Utah	BIRTHPLACE: Payson Utah
OCCUPATION: Farmer	OCCUPATION: Farmer's Wife

Number of child of this mother, including present birth: 2

Number of children, of this mother, now living, including present birth: 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born Alive (Born alive or stillborn) at 3 A. M. on the date above stated.

(Signature) W. A. Garrett

Physician

(Physician or Midwife)

Address Ucon, Idaho

Filed June 30 1912

Registrar

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report

....., 19.....

Registrar

S-Y CO., 16670

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

JUN 1 2 1973

799-228-010-891

PLACE OF BIRTH

County of Bonneville

City of Idaho Falls

No. ..... St.

Hospital .....

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

Form V. S. No. 11-C—20m-2-15-12

CERTIFICATE OF BIRTH

Registration District No. 7 File No. 10457

Primary Registration District No. 2027 Registered No. 6

FULL NAME OF CHILD MARGARET ELIZABETH PRITCHETT

Sex of Child	Twin / Triplet or other? (To be answered only in event of plural births) and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Female		Yes	12 24 1912

FATHER	MOTHER
FULL NAME John L. Pritchett	FULL MAIDEN NAME Lettie Hewett
RESIDENCE Coltman Ida.	RESIDENCE Coltman Ida.
COLOR White	COLOR White
AGE AT LAST BIRTHDAY 31 (Years)	AGE AT LAST BIRTHDAY 19 (Years)
BIRTHPLACE Plains City, Utah	BIRTHPLACE Coltman Ida
OCCUPATION Farmer	OCCUPATION Housewife

Number of child of this mother, including present birth 1

Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 1:30 A. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) [signature]

Physician

(Physician or midwife)

Given names added from a supplemental report

..... 19.....

Address Idaho Falls Idaho

Filed Dec 20 1912

..... Registrar

[signature] Registrar

8-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

V

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

PLACE OF BIRTH

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of Washington }
County of Snohomish } ss.

Certificate No. 10457

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of Birth (Birth or Death)

for _____ (Name on Original Certificate) who _____ (Was Born or Died) on _____ (Date of Event)

in _____ (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the true facts are shown by _____ (Bible Record, Insurance Policy, Etc.) prepared on _____ (Give Date), are:

FACTS TO BE CORRECTED ("Name", "Birth Date", "Cause of Death", Etc.)	FROM (As on Original)	TO (The Correct Facts)
name	no name	Margaret Elizabeth

Subscribed and sworn to before me this 21 day of February, 1942

M. N. Fowler
Notary Public, residing at Arlington

My commission expires June 27th. 1942
(Seal)

Signed Lettie H. Pritchett
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

Arlington Washington
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of _____ }
County of _____ } ss.

[This Affidivat **MUST** Also be Executed.
(See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this _____ day of _____, 19____.

Notary Public, residing at _____

My commission expires _____
(Seal)

Signed _____
(Signature of Any Credible Person Other Than Previous Year)

_____
(Street Address, City, State)

JUL 1 1 1942

413-226-010-316

PLACE OF BIRTH

County of Bonneville

City of Ammon

No. ..... St.

Hospital .....

Form V. S. No. 11-C—20m-2-15-12

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 7 File No. 10458

Primary Registration District No. 2627 Registered No. 5

FULL NAME OF CHILD Elverda May

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Female				yes	June 26 1912

FATHER		MOTHER	
FULL NAME	John H Allison	FULL MAIDEN NAME	Lilly James
RESIDENCE	Ammon Ida.	RESIDENCE	Ammon Ida.
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	24 (Years)	AGE AT LAST BIRTHDAY	20 (Years)
BIRTHPLACE	Aspen, Kansas	BIRTHPLACE	Tallapoosa, Ind.
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 2 P.M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. H. Allison

(Physician or midwife)

Given names added from a supplemental report

..... 19.....

Address Idaho Falls, Ida.

Filed June 26 1912 J. H. Allison

..... Registrar

S-Y CO. 20174

Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

OCT 5 1973

355-224-010-863

Form V. S. No. 11-C—20m-2-15-12

PLACE OF BIRTH

Amended 8/14/75

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Bonneville

City of Idaho Falls

No. ..... St.

Hospital .....

Registration District No. 7 File No. 10459

Primary Registration District No. 2027 Registered No. .....

FULL NAME OF CHILD Mabel Martha Lukenow

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Female			yes	12 24 1912

FATHER

FULL NAME Henry Lukenow

RESIDENCE Idaho Falls Ida.

COLOR White AGE AT LAST BIRTHDAY 31 (Years)

BIRTHPLACE Wisconsin

OCCUPATION Farmer

MOTHER

FULL MAIDEN NAME Clara Holt

RESIDENCE Idaho Falls Ida.

COLOR White AGE AT LAST BIRTHDAY 27 (Years)

BIRTHPLACE Minnesota

OCCUPATION Housewife

Number of child of this mother, including present birth 4

Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Female (Born alive or stillborn), at 9:45 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Wm Cummard

P Lyman (Physician or midwife)

Address Idaho Falls Ida.

Given names added from a supplemental report

..... 19.....

Filed 12/20 1912 B Cummard

..... Registrar

..... Registrar

S-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—Be sure of entire data you write in birth, a SECOND RETURN must be made for each and all number of each, in order of birth stated.

IDAHO DEPARTMENT OF HEALTH

BUREAU OF VITAL STATISTICS

Affidavit to Correct or Amend An Original Certificate of Birth or Death

RECEIVED
BUREAU OF
VITAL STATISTICS
AUG 14 10 11 AM '75

State of ..... } ss.
County of ..... }

Certificate No. 10459

Date Filed .....

The undersigned does solemnly swear that certain facts on the certificate of birth (Birth or Death)
for Myrtle Leebenow (Name on Original Certificate) who was born (Was Born or Died) on Dec. 24, 1912 (Date of Event)
in Idaho Falls, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts are shown by ..... (Bible Record, Insurance Policy, Etc.) prepared on ..... (Give Date) are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
child's name	Myrtle Leebenow	Mabel Martha Leebenow

Subscribed and sworn to before me this 14th day of
August, 19 75
Dee's Nora Lowe
Notary Public, residing at Boise, Idaho
My commission expires Sept. 18, 1976
(Seal)

Signed Faye E. Weekly
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)
Box 902 Dillon, Montana
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of ..... } ss.
County of ..... }

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this ..... day of
....., 19.....

Notary Public, residing at .....
My commission expires .....
(Seal)

Signed .....
(Signature of Any Credible Person)

.....
(Street Address, City, State)

FORM DH 60-155 CL 10/22/74 nm

Clerk & Recorder Beaverhead County,Dillon, Montana,State of Montana by Clerk & Recorder(Theresa Sorenson signed by) Margaret O. Thompson. issued Aug. 12, 1975.Mabel M. Rowe was registered in this county on Aug. 27, 1948 and at that time she was 35 years of age and was born on Dec. 24, 1912 at Idaho Falls.
Viewed by VS

AUG 14 1975

Certified copy of own childs birth certificate Faye Elaine Rowe born Jan. 19, 1945 at Dillon , Montana File # 4785 gives mother name as Mabel Martha Leebenow . Mothers age 32 yrs.
Viewed by VS

Blackfoot High School Diploma , Blackfoot , Idaho,Mabel Leebenow graduated May 19,1932 signed by H. R. Wallis, Superintendent of Schools.
Viewed by VS

593-113-010-812

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Form V. S. No. 11-C—20m-2-15-12

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Bonneville

City of Milo

No. ..... St.

Registration District No. 7 File No. 10460

Primary Registration District No. 229 Registered No. 102

Hospital .....

FULL NAME OF CHILD Leland Jay Nickell

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
male			yes	Dec 13 1912

FATHER	MOTHER
FULL NAME W L Nickell	FULL MAIDEN NAME Ethelm Haskins
RESIDENCE Haskins Ranch	RESIDENCE Haskins Ranch
COLOR White	AGE AT LAST BIRTHDAY 33 (Years)
	COLOR White
	AGE AT LAST BIRTHDAY 30 (Years)
BIRTHPLACE Iowa	BIRTHPLACE Idaho
OCCUPATION Farmer	OCCUPATION House wife

Number of child of this mother, including present birth 3

Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (or ~~stillborn~~), at 8 A. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Josephine Thompson

Midwife

(Physician or midwife)

Address Ucon Bonneville Idaho

Given names added from a supplemental report

..... 19.....

Filed 12/26 19 12

..... Registrar

8-Y CO. 20174

..... Registrar

JAN 4 1957

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Form V. S. No. 11-C—20m-2-15-12

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.
N. B. In case of more than one child at a birth, a separate return must be made for each and the number of each child stated.

469-217-010-243

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH

County of Bonneville

City of Idaho Falls

No. ..... St.

Hospital .....

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

Form V. S. No. 11-C—20m-2-15-12

CERTIFICATE OF BIRTH

Registration District No. 7 File No. 10461

Primary Registration District No. 2127 Registered No. 1

FULL NAME OF CHILD Lucille Northcutt

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Female		4th	Yes	Dec. 17 1912

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	Lewis Northcutt	Lillie Britches
RESIDENCE	Idaho Falls	Idaho Falls
COLOR	White	White
AGE AT LAST BIRTHDAY (Years)	33	30
BIRTHPLACE	Ill.	Kansas
OCCUPATION	Farmer	Housewife

Number of child of this mother, including present birth 2

Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at ..... M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) S. S. Fuller M.D.

(Physician or midwife)

Address Idaho Falls Idaho

Given names added from a supplemental report

..... 19.....

..... Registrar

Filed 12/23 19 12

Registrar

S-Y CO. 20174

STATE OF IDAHO

BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

PLACE OF BIRTH

County of

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK. THIS IS A PERMANENT RECORD

759 - 113 - 010 - 285

Form V. S. No. 11-C-20m-2-15-12

PLACE OF BIRTH

County of Bonneville

City of Idaho Falls

No. ..... St.

Hospital .....

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 7 File No. 10462

Primary Registration District No. 1027 Registered No. 270

FULL NAME OF CHILD .....

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Male		2	Yes	Dec. 13 1912

FATHER		MOTHER	
FULL NAME	Ed. Permenter	FULL MAIDEN NAME	Katie Boyers
RESIDENCE	Idaho Falls	RESIDENCE	Idaho Falls
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	28	AGE AT LAST BIRTHDAY (Years)	28
BIRTHPLACE	Texas	BIRTHPLACE	N. C. No. Car.
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at ..... M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) S. S. Fuller M. D.

(Physician or midwife)

Address Idaho Falls Idaho

Given names added from a supplemental report

..... 19.....

..... Registrar

Filed 12/23 19.12

Registrar

S-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF IDAHO

BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

PLACE OF BIRTH

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

235-209-010-753

Form V. S. No. 11-C—20m-2-15-12

PLACE OF BIRTH

County of Bonneville

City of Elva Idaho.

No. ..... St.

Hospital .....

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 7 File No. 10463

Primary Registration District No. 229 Registered No. ....

FULL NAME OF CHILD HAZEL FLOY STEWART

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Female		3	Yes	Dec. 9 1912

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	D. M. Stewart	Helen Peterson
RESIDENCE	Elva, Idaho.	Elva, Idaho.
COLOR	White	White
AGE AT LAST BIRTHDAY (Years)	40	32
BIRTHPLACE	Iowa	Mo.
OCCUPATION	Farmer	Housewife.

Number of child of this mother, including present birth 3

Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 3 A. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) S. L. Fuller, M. D.

(Physician or midwife)

Address Idaho Falls Idaho

Given names added from a supplemental report

..... 19.....

..... Registrar

Filed 12/23 1912

Registrar

8-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

PLACE OF BIRTH

County of

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of California }
County of Alameda } ss.

Certificate No. 10463

Date Filed March 20, 1943

The undersigned does solemnly swear that certain facts on the certificate of Birth (Birth or Death)
for Hazel Floy Stewart (Name on Original Certificate) who was born (Was Born or Died) on Dec. 9, 1912 (Date of Event)
in Idaho Falls, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts are shown by Bible record (Bible Record, Insurance Policy, Etc.) prepared on December 1912 (Give Date), are:

FACTS TO BE CORRECTED ("Name", "Birth Date", "Cause of Death", Etc.)	FROM (As on Original)	TO (The Correct Facts)
Name	Unnamed	Hazel Floy Stewart

Subscribed and sworn to before me this 20th
day of March, 19 43

Bernice L. Krueger
Notary Public, residing at Oakland, Cal.

My commission expires My Commission Expires December 4, 1945
(Seal)

Signed X Grace Helen Koch
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

2012 Middlefield Rd. Redwood City, Calif.
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of }
County of } ss.

[This Affidivat **MUST** Also be Executed.
(See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this
day of , 19

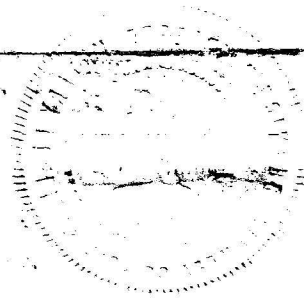
Notary Public, residing at
My commission expires
(Seal)

Signed
(Signature of Any Credible Person Other Than Previous Year)

(Street Address, City, State)

MAR 23 1973

MAR 2 9 1943



519-108-010-219

Form V. S. No. 11-C—20m-2-15-12

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Bonneville

City of Lincoln Idaho. Registration District No. 7 File No. 10464

No. ..... St. Primary Registration District No. 2027 Registered No. 276

Hospital .....

FULL NAME OF CHILD Chauncey Wayne

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Male		4	Yes	Dec. 8 1912

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	Chauncey Earl	Martha Barlow
RESIDENCE	Lincoln, Idaho.	Lincoln, Idaho.
COLOR	White	White
AGE AT LAST BIRTHDAY (Years)	35	28
BIRTHPLACE	Utah	Utah
OCCUPATION	Farmer	Housewife

Number of child of this mother, including present birth 4 Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive, at ..... M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) S. S. Fowler, M. D.
(Physician or midwife)

Address Lincoln Idaho

Given names added from a supplemental report

..... 19.....

Filed 12/28 19 12

..... Registrar

..... Registrar

8-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

815-229-010a-282

PLACE OF BIRTH name added 3-7-83

Form V. S. No. 11-C—20m-2-15-12

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Bonneville

City of Idaho Falls

No. ..... St.

Hospital .....

Registration District No. 7

Primary Registration District No. 227

File No. 10465

Registered No. 270

FULL NAME OF CHILD Wanda Marguerite Hancey

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Female		6th	Yes	Nov. 29 1912

FATHER	MOTHER
FULL NAME A. L. Hancey	FULL MAIDEN NAME Minnie Byke
RESIDENCE Idaho Falls	RESIDENCE Idaho Falls
COLOR White	COLOR White
AGE AT LAST BIRTHDAY 36 (Years)	AGE AT LAST BIRTHDAY 31 (Years)
BIRTHPLACE Utah	BIRTHPLACE Utah
OCCUPATION Farmer	OCCUPATION Housewife

Number of child of this mother, including present birth 6th

Number of children of this mother now living, including present birth 6th

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at ..... M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) S. S. Fuller, M. D.

(Physician or midwife)

Address Idaho Falls, Ida.

Given names added from a supplemental report

..... 19.....

Filed Dec 23 19 12

..... Registrar

..... Registrar

8-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

IDAHO DEPARTMENT OF HEALTH

BUREAU OF VITAL STATISTICS

Affidavit to Correct or Amend An Original Certificate of Birth or Death

RECEIVED FEB 11 1983

State of ..... } ss.
County of ..... }

Certificate No. 10465

Date Filed .....

The undersigned does solemnly swear that certain facts on the certificate of birth

for Unnamed Hancey (Female) who was born on Nov. 29, 1912
(Name on Original Certificate) (Was Born or Died) (Birth or Death) (Date of Event)

in Idaho Falls, IDAHO are erroneous or were omitted; and that, to the best of his knowledge, the
(Place of Event)

true facts are shown by ..... prepared on ..... , are:
(Bible Record, Insurance Policy, Etc.) (Give Date)

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
Child's name	Unnamed	Wanda Margurite Hancey

Subscribed and sworn to before me this 7 day of Feb, 1983

Anne MacKay Patterson

Notary Public, residing at Magna, Utah

My commission expires Jan 8 1986

(Seal)

Signed Wanda Marguerite Hancey Christensen
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

2869 So. 8700 W Magna Ut 84044
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Utah } ss.
County of Salt Lake }

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 8 day of Feb, 1983

Notary Public, residing at .....

My commission expires .....

(Seal)

Signed Genevere Hancey sister ⇒
(Signature of Any Credible Person)

274 So 1st E. #104 Salt Lake City Utah 84102
(Street Address, City, State)

FORM DH 60-155

CL 7/10/73nm

LDS Church birth Certificate gives Wanda Marguerite Hancey born 11-29-12 in Milo, Bonneville, County to Arthur C Hancey and Minnie Bybee. Entered on Record June 7, 1914. Viewed by V.S.

MAR 7 1983

Certificate of Baptism from LDS Church gives Wanda Marguerite Hancey daughter of Arthur Claudino Hancey and Minnie Bybee was baptised 7-13-24. Viewed by V.S.

Amended 9-15-60

PLACE OF BIRTH

419-225-010-312

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Bonneville

City of Irwin, Idaho

No. ..... St.

Registration District No. 7 File No. 10466

Hospital .....

Primary Registration District No. 2030 Registered No. 274

FULL NAME OF CHILD Dora Martin
(Certificate of no value without full name of child.)

Sex of Child	Twin / Triplet or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Female			Yes	Nov. 25, 1912

What bactericidal solution was used in eyes? .....

Number of child of this mother, including present birth 6 Number of children of this mother now living, including present birth 6

FATHER		MOTHER	
FULL NAME	Alexander W. Martin	FULL MAIDEN NAME	Pearl Castle
RESIDENCE	Irwin, Idaho	RESIDENCE	Irwin, Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	34 (Years)	AGE AT LAST BIRTHDAY	28 (Years)
BIRTHPLACE	Wyoming	BIRTHPLACE	Utah
OCCUPATION	Farmer	OCCUPATION	Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born Alive (Born alive or stillborn), at 3:30 A. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) S. S. Fuller, M.D.

Physician
(Physician or midwife)

Address Idaho Falls, Ida.

Give names added from a supplemental report.

....., 192.....

..... Registrar.

Filed Dec. 23, 1912 Wm. Kinnaird
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

419 - 225-010-312

Form V. S. No. 11-C—20m-2-15-12

PLACE OF BIRTH

County of Bonneville

City of Irwin, Idaho.

No. ..... St.

Hospital .....

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 7 File No. 10466

Primary Registration District No. 24 36 Registered No. 274

FULL NAME OF CHILD .....

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Female		6 th.	Yes	Nov. 25 1911

FATHER		MOTHER	
FULL NAME	H. G. Martin	FULL MAIDEN NAME	Pearl Castle
RESIDENCE	Irwin, Idaho.	RESIDENCE	Irwin, Idaho.
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	34 (Years)	AGE AT LAST BIRTHDAY	28 (Years)
BIRTHPLACE	Wyoming	BIRTHPLACE	Utah
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 6 Number of children of this mother now living, including present birth 6

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive, on the date above stated. at 3 30 9 M.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) S. S. Fuller, M. D.

(Physician or midwife)

Given names added from a supplemental report

..... 19 Address Irwin Bonneville Idaho

Filed ..... 19 .....

..... Registrar Registrar

S-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

SEP 15 1960

Documents listed on back

IDAHO STATE BOARD OF HEALTH
DIVISION OF VITAL STATISTICS

Affidavit to Correct or Amend An Original Certificate of Birth or Death

State of Utah } ss.
County of Weber }

Certificate No. 10466

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of Birth (Birth or Death)
for Unnamed Martin (Name on Original Certificate) who born (Was Born or Died) on Nov. 25, 1912 (Date of Event)
in Irwin, Idaho - Bonneville Co. (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts are shown by ..... (Bible Record, Insurance Policy, Etc.) prepared on ..... (Give Date), are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
Full Name of Child	Unnamed	Dora Martin
Full Name of Father	W.A. Martin	Alexander W. Martin

Subscribed and sworn to before me this 24th day of June, 1960.
Notary Public, residing at Ogden, Utah
My commission expires March 17th 1963
(Seal)

Signed Pearl Martin
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)
235-35 St Ogden, Utah
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Utah } ss.
County of Weber }

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 24th day of June, 1960.
Notary Public, residing at Ogden, Utah
My commission expires March 17th 1963
(Seal)

Signed Margaret B. Butler
(Signature of Any Credible Person)
235-35 St, Ogden, Utah
(Street Address, City, State)

FORM DPH 55.155

CL 2-29-60. one copy pd. receipt #20244.

L.D.S. Church Certificate of Membership shows that Dora Martin (Bailey, married name) was baptized on Sept. 6, 1924 gives birthplace as Idaho Falls, Idaho, birthdate as Nov. 25, 1912 to Alexander Martin and Pearl Castle - viewed by V.S.

L.D.S. Church Certificate of Membership shows that Dora Martin (Bailey, married name) was confirmed Sept. 7, 1924 gives birthplace as Idaho Falls, Idaho, birthdate as Nov. 25, 1912 and parents names as Alexander Martin and Pearl Castle - viewed by V.S.

L.D.S. Church Certificate of Membership, made Aug. 11, 1960, shows that Dora Martin (Bailey) was born Nov. 25, 1912 at Idaho Falls, Idaho to Alexander William Martin and Pearl Castle, confirmed Sept. 7, 1924 by Josiah Call - viewed by V.S.

Application for Social Security, July 7, 1941, #529-20-6592, gives full maiden name as Dora Martin, born Nov. 25, 1912 at Idaho Falls, Idaho to Alexander Martin and Pearl Castle - viewed by V.S.

Another child's birth certificate on file, #313021 gives full name of father as Alexander William Martin - viewed by V.S.

319-124-010-413

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. · In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Form V. S. No. 11-C—20m-2-15-12

PLACE OF BIRTH

County of Bonneville

City of Idaho Falls

No. _____ St.

Hospital _____

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 7 File No. 10467

Primary Registration District No. 2427 Registered No. 273

FULL NAME OF CHILD _____

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Male		1st	Yes	Nov 24 1912

FATHER	MOTHER
FULL NAME Fred Carlson	FULL MAIDEN NAME Ingred Mattson
RESIDENCE Medicine Lodge Mont	RESIDENCE Medicine Lodge Mon
COLOR White AGE AT LAST BIRTHDAY 32 (Years)	COLOR White AGE AT LAST BIRTHDAY 32 (Years)
BIRTHPLACE Sweden	BIRTHPLACE Sweden
OCCUPATION Farmer	OCCUPATION House Wife

Number of child of this mother, including present birth One

Number of children of this mother now living, including present birth One

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 10 A. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) S. S. Fuller, M.D.

(Physician or midwife)

Address Idaho Falls Idaho

Given names added from a supplemental report

_____ 19____

_____ Registrar

Filed _____ 19__ _____ Registrar

S-Y CO. 20174

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

PLACE OF BIRTH

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.

215 - 111-010-264

PLACE OF BIRTH 1

Form V. S. No. 11-C-10m-8-7-11

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

County of Bonneville

City of Ammon

Registration District No 7 File No. 10468

No ____, ____ St.

Hospital ____ Primary Registration District No. 2027 Registered No. 272

FULL NAME OF CHILD Elmo Hart

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
male				yes	Dec 11, 1912

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	Elmo Hart	Bell Southwick
RESIDENCE	Ammon Ida	Ammon Ida
COLOR	White	White
AGE AT LAST BIRTHDAY (Years)	22	23
BIRTHPLACE	Utah	Idaho
OCCUPATION	Farmer	Housewife

Number of child of this mother, including present birth 2nd

Number of children, of this mother, now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive, at 4 a. M. on the date above stated.

(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) John O Mellowes

(Physician or Midwife)

Address Idaho Falls - Rt 1

Given names added from a supplemental report

....., 19.....

Filed Dec 21 1912 [illegible]

Registrar

SYMS - YORK CO., PTRS. & BDRS. 17326

Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

JAN 10 1966

349-214-010-349

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

PLACE OF BIRTH

County of Bonneville

City of Idaho Falls

No. ____, ____ St.

Hospital

Form V. S. No. 11-C—15m-6-20-11

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

Registration District No. 7

File No. 10469

Primary Registration District No. 2027

Registered No. 271

FULL NAME OF CHILD Grace Ada Curry

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Female	—	—	Yes	12-14-12

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	W. C. Curry	Alice Timmons
RESIDENCE	Idaho Falls, Ida.	Idaho Falls, Ida.
COLOR	White	White
AGE AT LAST BIRTHDAY (Years)	25	20
BIRTHPLACE	Cone, Mich.	Grand Valley, Colo.
OCCUPATION	Telegraph Operator	Housewife

Number of child of this mother, including present birth 1

Number of children of this mother, now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 12:15 A.M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. C. Hollister

(Physician or Midwife)

Address Idaho Falls Idaho

Given names added from a supplemental report

....., 19.....

Registrar

Filed 12/17 19 12 W. [illegible]

Registrar

S-Y CO., 16670

OCT 26 1970

249-108-010-466

Form V. S. No. 11-C—15m-6-20-11

PLACE OF BIRTH

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

County of Bonneville

City of Idaho Falls

Registration District No. 7

File No. 10470

No. ____, ____ St.

Primary Registration District No. 2027

Registered No. 270

Hospital ____

FULL NAME OF CHILD Carl Robert Burt

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Male	—	—	Yes	12-8-12, 191...

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	Robt. Burt	Sarah Moore
RESIDENCE	Idaho Falls, Ida.	Idaho Falls, Ida.
COLOR	White	White
AGE AT LAST BIRTHDAY (Years)	23	20
BIRTHPLACE	Park City, Utah	Idaho Falls, Ida.
OCCUPATION	Teamster	Housewife

Number of child of this mother, including present birth 2

Number of children, of this mother, now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 1 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. C. Hollister M.D.

(Physician or Midwife)

Address Idaho Falls, Idaho

Given names added from a supplemental report

....., 19.....

Registrar

Filed 12/17 19.12 B. Cameron Registrar

S-Y CO., 16670

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

SEP 15 1943

MAY 28 1942

489-107-010-291

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

Form V. S. No. 11-C—10m-8-7-11

PLACE OF BIRTH

County of Bonneville

City of Idaho Falls

No. ____, ____ St.

Hospital ____

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

Registration District No. 7 File No. 10471

Primary Registration District No. 2027 Registered No. 269

FULL NAME OF CHILD Glenn Erwin Myers

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Male			yes	12 7 1912

	FATHER	MOTHER
FULL NAME	James William Myers	Mary May Bronstetter
RESIDENCE	2nd St Idaho Falls	2nd St Idaho Falls
COLOR	White	White
AGE AT LAST BIRTHDAY (Years)	28	31
BIRTHPLACE	Pike Co - Mo	Pike Co. Mo
OCCUPATION	Farmer	Housewife.

Number of child of this mother, including present birth 1

Number of children, of this mother, now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born Alive (Born alive or stillborn), at 11:5 A.M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report

....., 19....

(Signature) Annie Finlay

Midwife

(Physician or Midwife)

Address 265 Elm St

Filed 12/17 1912

Registrar

SYMS - YORK CO., PTRS. & BDRS. 17826

Registrar

1950

JUN 6 1972

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth, stated

693-128-010-463

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

PLACE OF BIRTH

County of Bannock

City of Idaho Falls

No ____, ____ St.

Hospital ____

Form V. S. No. 11-C—10m-8-7-11

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

Registration District No. 7 File No. 10472

Primary Registration District No. 2027 Registered No. 244

FULL NAME OF CHILD ____

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Male			yes	11 25 1912

	FATHER	MOTHER
FULL NAME	John Arthur Wilson	Annie Metzner
RESIDENCE	2nd St Idaho Falls	2nd St Idaho Falls
COLOR	White	White
AGE AT LAST BIRTHDAY (Years)	32	30
BIRTHPLACE	Ogden Utah	Sweitzerland
OCCUPATION	Plasterer	housewife

Number of child of this mother, including present birth 3

Number of children, of this mother, now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born Alive (Born alive or stillborn), at 9:30 P.M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Annie Finlay McInnis

(Physician or Midwife)

Address 265 Eleventh St

Given names added from a supplemental report

....., 19.....

Filed 12/17 1912 [signature] Registrar

SYMS - YORK CO., PTRS. & BDRS. 17326

Registrar

Dep of 1913: 29800F

218-101-010-218

PLACE OF BIRTH

County of Bonneville

City of Ucon

No. ____ St.

Hospital Home

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

Form V. S. No. 11-C

CERTIFICATE OF BIRTH

Registration District No. 1

Primary Registration District No. 2127

File No. 10473

Registered No. 267

FULL NAME OF CHILD Shigeru Kayano

Sex of Child	Twin Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Male		1	yes	December 12 1912

FATHER

FULL NAME Takeyoshi Kayano

RESIDENCE Ucon Idaho

COLOR Brn

AGE AT LAST BIRTHDAY March 5th (Years) 1882
32

BIRTHPLACE Japan

OCCUPATION Farmer

MOTHER

FULL MAIDEN NAME Yoshi Kayano.

RESIDENCE Ucon Idaho

COLOR Brn

AGE AT LAST BIRTHDAY December 28th (Years) 1891
21

BIRTHPLACE Japan

OCCUPATION Housewife

Number of child of this mother, including present birth 1

Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn) at 11 a. M. on the date above stated. 1 Photostat copy 12/22/41

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) S. J. Newman

midwife (Physician or midwife)

Address Ucon Idaho

Given names added from a supplemental report

..... 19.....

..... Registrar

Filed Dec 13 1912 [signature] Registrar

S-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

DEC 2 2 1941

533-127-010-818

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

Form V. S. No. 11-C—15m-6-20-11

PLACE OF BIRTH

County of Bonneville

City of Idaho Falls

No. 455, # St.

Hospital —

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

Registration District No. 7 File No. 10474

Primary Registration District No. 227 Registered No. 266

FULL NAME OF CHILD Vincent Richard Ellsworth

Sex of Child	Twin, Triplet, or other?	and Number in order of birth	Legitimate?	Date of birth
Male	Single	One	yes	Nov. (Month) 27 (Day) 191[illegible] (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	Seth W. Ellsworth	FULL MAIDEN NAME	Clara Haywood
RESIDENCE	Idaho Falls, Idaho	RESIDENCE	Idaho Falls, Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	43 (Years)	AGE AT LAST BIRTHDAY	24 (Years)
BIRTHPLACE	West Weber, Utah	BIRTHPLACE	Rigby, Idaho
OCCUPATION	Farming and Stock raising	OCCUPATION	Housewife

Number of child of this mother, including present birth. One

Number of children, of this mother, now living, including present birth. One

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 9 25 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) G. W. Pendleton

Physician (Physician or Midwife)

Address Idaho Falls, Idaho

Given names added from a supplemental report

....., 19.....

.....
Registrar

Filed Nov 10 19 12

.....
Registrar

S-Y CO., 16670

JAN 11 1955

JUN 10 1970

244-107-010-863

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Form V. S. No. 11-C—20m-2-15-12

PLACE OF BIRTH

County of Bonneville

City of Idaho Falls

No. ..... St.

Hospital Fullers

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 7 File No. 10475

Primary Registration District No. 2027 Registered No. 261

FULL NAME OF CHILD Robert Holman Hammond

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Male			Yes	12 7 1912

FATHER		MOTHER	
FULL NAME	William Hammond	FULL MAIDEN NAME	Florence Holman
RESIDENCE	Idaho Falls Ida.	RESIDENCE	Idaho Falls Ida.
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	39 (Years)	AGE AT LAST BIRTHDAY	30 (Years)
BIRTHPLACE	Grand Iowa	BIRTHPLACE	Salt Lake City, Utah
OCCUPATION	Physician	OCCUPATION	Housewife

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 4:15 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Wm Hammond

Physician

(Physician or midwife)

Address Idaho Falls Ida.

Given names added from a supplemental report

..... 19.....

Filed Oct 19 12 Wm Hammond

..... Registrar

Registrar

8-Y CO. 20174

Form V. S. No. H-C—80m-2-15-52

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

PLACE OF BIRTH

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. If there are more than one set of twins, triplets, etc., born to the same mother, number each child in order of birth.

814 - 111-010-281

PLACE OF BIRTH

Form V. S. No. 11-C—20m-2-15-12

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Bonneville

City of Idaho Falls — Registration District No. 7 — File No. 10476

No. ____ St. — Primary Registration District No. 2027 — Registered No. 264

Hospital ____

FULL NAME OF CHILD Claude David

Sex of Child	Twin Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Male		11	yes	Dec 11 192

FATHER		MOTHER	
FULL NAME	Henry W Hansford	FULL MAIDEN NAME	Alma Kratzer
RESIDENCE	Idaho Falls	RESIDENCE	Idaho Falls
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	37	AGE AT LAST BIRTHDAY (Years)	43
BIRTHPLACE	Ill	BIRTHPLACE	Pa.
OCCUPATION	Laborer	OCCUPATION	Housekeeper

Number of child of this mother, including present birth 11 — Number of children of this mother now living, including present birth 9

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn), at 6:30 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) L M McComb

(Physician or midwife)

Given names added from a supplemental report

....., 19.....

Address Idaho Falls Idaho

Filed Dec 11, 19 12

Registrar

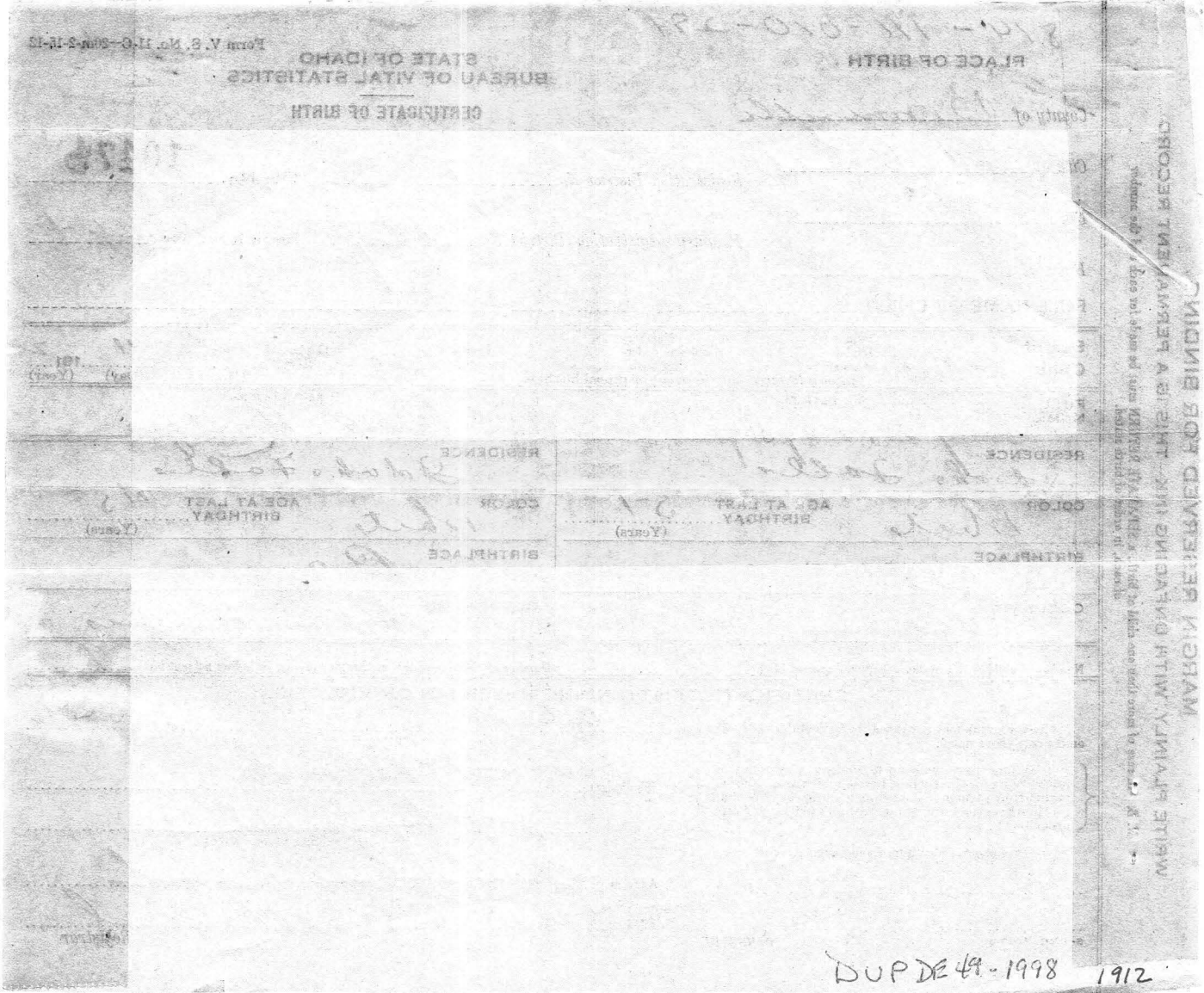
S-Y CO. 20174

Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.



DUP DE 49-1998 1912

693-102-010-243.

Form V. S. No. 11-C—60m-2-15-12

PLACE OF BIRTH

County of Bonneville

City of Idaho Falls

No. ..... St.

Hospital .....

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 7

Primary Registration District No. 2027

File No. 10477

Registered No. 243

FULL NAME OF CHILD LeRoy Vincent Williams

Sex of Child	Twin / Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
M		2	Yes	Dec 2 2

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	Harry N Williams	Frances Sullivan
RESIDENCE	Idaho Falls	Idaho Falls
COLOR	W	W
AGE AT LAST BIRTHDAY (Years)	28	27
BIRTHPLACE	Wyoming	Wyoming
OCCUPATION	Veterinary	Housekeeper

Number of child of this mother, including present birth 2

Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn), at 6:30 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) F M Coad

(Physician or midwife)

Address Idaho Falls Idaho

Given names added from a supplemental report

..... 19.....

Filed Dec 7 19 12 F M Coad Registrar

..... Registrar

8-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Form V. S. No. 11-47 Rev. 3-15-18

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

PLACE OF BIRTH

County of

RESIDENCE

COLOR | AGE AT LAST BIRTHDAY (Years)

BIRTHPLACE

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK. THIS IS A PERMANENT RECORD.

N. B. In case of more than one child at a birth, a separate BIRTH report must be made for each and the number of child stated.

Address

Filed

Registrar

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS
AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of California }
County of Los Angeles } ss.

Certificate No. 10477

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of Birth (Birth or Death)
for (Name on Original Certificate) who Born (Was Born or Died) on Dec. 2, 1912 (Date of Event)
in Idaho Falls, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts are shown by Baptismal Certificate (Bible Record, Insurance Policy, Etc.) prepared on 1912 (Give Date), are:

FACTS TO BE CORRECTED ("Name", "Birth Date", "Cause of Death", Etc.)	FROM (As on Original)	TO (The Correct Facts)
Name	None Given	LeRoy Vincent Williams

Subscribed and sworn to before me this Feb 21st, 1944
day of February, 19 44

Ben C. Storm
Notary Public, residing at Long Beach

My commission expires Oct. 14, 1946
(Seal)

Signed Mrs. F. J. Williams
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of California }
County of Los Angeles } ss.

[This Affidivat MUST Also be Executed.
(See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 21st
day of February, 19 44

Ben C. Storm
Notary Public, residing at Long Beach

My commission expires Oct 14 1944
(Seal)

Signed Earl B. Rowley
(Signature of Any Credible Person Other Than Previous Year)

2105 E. Ocean Blvd Long Beach, Calif
(Street Address, City, State)

MAY 24 1954

MAR 1 1954

464-208-010-419

PLACE OF BIRTH

County of Bonneville

City of Lincoln

No. ____, ____ St.

Hospital ____

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

Form V. S. No. 11-C—15m-6-20-11

Registration District No. 7

File No. 10478

Primary Registration District No. 9027

Registered No. 262

FULL NAME OF CHILD Juanita Dougan

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Female			Yes	Nov. 8, 1912

FATHER		MOTHER	
FULL NAME	James Dougan	FULL MAIDEN NAME	Margaret Martin
RESIDENCE	Lincoln	RESIDENCE	
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	43	AGE AT LAST BIRTHDAY (Years)	35
BIRTHPLACE	England	BIRTHPLACE	Utah
OCCUPATION	Machinist	OCCUPATION	Housewife

Number of child of this mother, including present birth 5

Number of children, of this mother, now living, including present birth 5

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) on the date above stated. at 6:30 A.M.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) John O. McClayond

(Physician or Midwife)

Address Idaho Falls, Ida.

Given names added from a supplemental report

..... 19.....

..... Registrar

Filed 12/3 1912 J. Kinnaird Registrar

S-Y CO., 16670

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

MAR 8 1963

154-130-042-25-1

(Be sure the information is complete and accurate)

Amended 11-7-66

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 10479
Local Reg. No.
Reg. Dist. No. 23

1. PLACE OF BIRTH

a. COUNTY: Twin Falls

b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN: Hansen, Idaho

c. FULL NAME OF (If NOT in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION:

2. USUAL RESIDENCE OF MOTHER (Where does mother live?)

a. STATE: Idaho b. COUNTY: Twin Falls

c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN: Hansen

d. STREET ADDRESS (If rural, give location):

3. CHILD'S NAME (Type or print)

a. (First): Kloud b. (Middle): Leroy c. (Last): Anderson

4. SEX: Male

5a. THIS BIRTH: SINGLE X TWIN ____ TRIPLET ____

5b. IF TWIN OR TRIPLET (This child born) 1st ____ 2nd ____ 3rd ____

6. DATE OF BIRTH (Month) (Day) (Year): October 30, 1912

FATHER OF CHILD

7. FULL NAME

a. (First): Oluf b. (Middle): Lee c. (Last): Anderson

8. AGE (At time of this birth): 25 YEARS

9. BIRTHPLACE (State or foreign country) (City or Town): Arizona

10. USUAL OCCUPATION: Sheepman

11. KIND OF BUSINESS OR INDUSTRY:

MOTHER OF CHILD

12. FULL MAIDEN NAME

a. (First): Teanie b. (Middle): c. (Last): Pearson

13. AGE (At time of this birth): 20 YEARS

14. BIRTHPLACE (State or foreign country) (City or Town): Utah

15. CHILDREN PREVIOUSLY BORN TO THIS MOTHER (Do NOT include this child)

a. How many OTHER children are now living?

b. How many OTHER children were born alive but are now dead?

c. How many children were stillborn (born dead after 20 wks. pregnancy?)

16. INFORMANT'S SIGNATURE OR NAME (Relationship)

I hereby certify that this child was born alive on the date stated above.

17. SIGNATURE: Chas R. Scott

18. ATTENDANT AT BIRTH: M.D. X MIDWIFE ____ OTHER (Specify) ____

19. ADDRESS: Twin Falls, Idaho

20. DATE SIGNED:

21. DATE REC'D BY LOCAL REG.: Jan. 30, 1913

22. REGISTRAR'S SIGNATURE: John H. Coughlin

23. DATE ON WHICH GIVEN NAME ADDED BY ____ Registrar

Record typewriter ribbon in completing this certificate. This certificate MUST be filed with the ...rict where the birth occurred WITHIN 10 days after the date of birth of the child. Address ...ITAL STATISTICS, BOISE, IDAHO.

IDAHO DEPARTMENT OF HEALTH

BUREAU OF VITAL STATISTICS

Affidavit to Correct or Amend An Original Certificate of Birth or Death

RECEIVED
AUG 25 1966
Bureau of Vital Statistics

State of Idaho
County of Twin Falls } ss.

Certificate No. 10479

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of Birth (Birth or Death)
for Unnamed Andersen (male child) (Name on Original Certificate) who was born (Was Born or Died) on Oct. 31, 1912 (Date of Event)
in Twin Falls County, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts are shown by (Bible Record, Insurance Policy, Etc.) prepared on (Give Date), are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
Full Name of Child	Unnamed	Kloud Leroy Anderson
Full Name of Father	Lee Andersen	Oluf Lee Anderson
Full Maiden Name of Mother	Tina Pierson	Teanie Pearson
Child's Date of Birth	Child's Place of Birth: Not Given to Oct. 31, 1912	Hansen, Idaho October 30, 1912

Subscribed and sworn to before me this 5th day of August, 19 66

L. C. Shenebergen
Notary Public, residing at Twin Falls, Idaho
My commission expires Jan. 4, 1968
(Seal)

Signed H. Alfred Sr.
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)
R#3, Twin Falls Idaho
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Idaho
County of Twin Falls } ss.

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 22nd day of August, 1966

L. C. Shenebergen
Notary Public, residing at Twin Falls, Idaho
My commission expires January 4, 1970
(Seal)

Signed Owen L. Gilsmore
(Signature of Any Credible Person)

1140 4th Ave East, Twin Falls, Idaho
(Street Address, City, State)

FORM DH 60-155 CL 7-16-64. one copy pd. rec. #596.

L.D.S. Church Record, dated December 28, 1941 gives full name as [illegible] Kloud LeRoy Anderson, born Oct. 30, 1912 at Hansen, Idaho to Oluf E. [illegible] Anderson and Tena Pearson - baptized Dec. 3, 1921 - viewed by V.S.

Twin Falls High School Grade Transcript, date of entrance Sept. 10, 1929, gives full name of student as Kloud Anderson, age 17, born Oct. 30, 1912 - graduated May 22, 1931 viewed by V.S.

Death Cert. on file: (Idaho Death) #63-5546 gives full name of deceased as Teanie Olga Anderson, parent's full names are given as Augusta Pearson and mother unknown - viewed by V.S.

Death Cert. on file: (Idaho Death) #105564 gives full name of deceased as Oluf Lee Anderson - viewed by V.S.

L.D.S. Church Record, gives full name as Kloud Leroy Anderson, born Oct. 30, 1912 at Hansen, Idaho to Oluf E. Anderson and O. Teanie Pearson - [illegible] baptized Dec. 3, 1921 - viewed by V.S.

Form V. S. No. II-C—Rev-6-20-11

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

PLACE OF BIRTH

County of Twin Falls

City of ..... Registration District No. 2 3 File No. 10479

No. ....., ... St. Primary Registration District No. 2083 Registered No. .....

Hospital .....

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

FULL NAME OF CHILD .....

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
male			yes	Oct 31, 1912

FATHER		MOTHER	
FULL NAME	Lee Anderson	FULL MAIDEN NAME	Tina Pierson
RESIDENCE	Hansen	RESIDENCE	Hansen
COLOR	white	COLOR	white
AGE AT LAST BIRTHDAY	25 (Years)	AGE AT LAST BIRTHDAY	20 (Years)
BIRTHPLACE	Arizona	BIRTHPLACE	Utah
OCCUPATION	Shepherman	OCCUPATION	housewife

Number of child of this mother, including present birth .....

Number of children, of this mother, now living, including present birth .....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was ....., at 4 P. M. on the date above stated.

(Born alive or ~~stillborn~~)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Chas. K. Scott

(Physician or ~~Midwife~~)

Address Twin Falls, Ida.

Given names added from a supplemental report

....., 19.....

Filed Jan 30 19 13 John A. Coughlan

Registrar

S-Y CO., 16670

Registrar

NOV 7 1966

563-230042-000

Form V. S: No. 11-C—15m-6-20-11

PLACE OF BIRTH

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

County of Twin Falls

City of _____ Registration District No. 23 File No. 10480

No. _____, Violet St. Primary Registration District No. 2085 Registered No. _____

Hospital _____

FULL NAME OF CHILD _____

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
female			Yes	Nov. 30, 1912

FATHER	MOTHER
FULL NAME: N. F. Nott	FULL MAIDEN NAME: [illegible]
RESIDENCE: Twin Falls	RESIDENCE: Twin Falls
COLOR: white	COLOR: white
AGE AT LAST BIRTHDAY: 40 (Years)	AGE AT LAST BIRTHDAY: 30 (Years)
BIRTHPLACE: Wyoming	BIRTHPLACE: Minnesota
OCCUPATION: farmer	OCCUPATION: housewife

Number of child of this mother, including present birth: 1

Number of children, of this mother, now living, including present birth: 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was _____ at 8 a. M. on the date above stated.

(Born alive ~~or stillborn~~)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Chas. K. Scott

(Physician or ~~Midwife~~)

Address Twin Falls Idaho

Given names added from a supplemental report

_____, 19____

_____ Registrar

Filed 1-10 19 13 John W. Beckham Registrar

S-Y CO., 16670

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

SEE ID DC 13-5162

Amended 12-12-58

PLACE OF BIRTH

249-223-042-134

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Twin Falls

City of Milner

No. ..... St.

Registration District No. 23 File No. 10481

Hospital ..... Primary Registration District No. 2081 Registered No. .....

FULL NAME OF CHILD Gladys Clara Smith
(Certificate of no value without full name of child.)

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Female			Yes	December 23, 1912

What bactericidal solution was used in eyes? .....

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

FATHER	MOTHER
FULL NAME: J. C. Smith	FULL MAIDEN NAME: Birdie Acuff
RESIDENCE: Milner, Idaho	RESIDENCE: Milner, Idaho
COLOR: White	COLOR: White
AGE AT LAST BIRTHDAY: 29 (Years)	AGE AT LAST BIRTHDAY: 24 (Years)
BIRTHPLACE: Mo.	BIRTHPLACE: Mo.
OCCUPATION: Farmer	OCCUPATION:

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born Alive (Born alive or stillborn), at 8:30 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Give names added from a supplemental report.

....., 192.....

..... Registrar.

(Signature) Dr. J.C. Patterson

M.D.
(Physician or midwife)

Address Burley, Idaho

Filed 12-26-1912 John L. Coughlin
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH

County of Twin Falls

City of Milner

Registration District No. 23 File No. 1

No. St.

Primary Registration District No. 2081 Registered No.

Hospital

FULL NAME OF CHILD Smith

Sex of Child	Twin / Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth (Month)
Female		yes	Dec 2

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	J. C. Smith	Birdie Acuff
RESIDENCE	Milner, Idaho	Milner, Idaho
COLOR	White	White
AGE AT LAST BIRTHDAY (Years)	29	
BIRTHPLACE	Mo.	Mo.
OCCUPATION	Farmer	

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born Alive (Born alive or stillborn), at 8 on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Dr. J. C. Patterson M. D.

(Physician or midwife)

Address Burley, Idaho

Given names added from a supplemental report

.....19.....

.....Registrar

Filed 1-2-26 19 12 John W. Coughlin Registrar

8-Y CO. 20174

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

MARGIN RESERVED FOR BINDING

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

PLACE OF BIRTH

0481

DEC 12 1958

Jerome High School Permanent Final Record, made out by Margaret White, Reg., Sept. 3, 1928 gives name as Gladys Clara Smith and birthdate as Dec. 23, 1912; viewed by V.S. and Social Security App. #527-50-6638 gives name as Gladys Clara Smith and birthdate as Dec. 23, 1912 viewed by V.S.

IDAHO STATE BOARD OF HEALTH
DIVISION OF VITAL STATISTICS

Affidavit to Correct or Amend An Original Certificate of Birth or Death

State of Idaho
County of Latah } ss.

Certificate No. 10481

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of Birth (Birth or Death) for Unnamed Smith (Name on Original Certificate) who born (Was Born or Died) on Dec. 24, 1912 (Date of Event) in Milner, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the true facts are shown by (Bible Record, Insurance Policy, Etc.) prepared on (Give Date), are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
Full Name of Child	Unnamed	Gladys Clara Smith
Date of Birth	December 24, 1912	December 23, 1912

Subscribed and sworn to before me this 5th day of October, 1938.

Notary Public, residing at Moscow Ida.
My commission expires 4-4-62
(Seal)

Signed Florence E Lockwell
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

810 E. D. St. Moscow Idaho
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Idaho
County of Latah } ss.

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 5th day of October, 1938.

Notary Public, residing at Moscow Idaho
My commission expires 4-4-62
(Seal)

Signed A D Lockwell
(Signature of Any Credible Person)

810 E. D St. Moscow Ida.
(Street Address, City, State)

FORM DPH 55.155 CL 9-29-58. one copy pd.

249 - 213 - 042 - 667

Form V. S. No. 11-C

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH

County of Twin Falls

City of Hansen

No. ____ St.

Hospital ____

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 23 File No. 10482

Primary Registration District No. 2088 Registered No. ____

FULL NAME OF CHILD ~~Marthaxxx~~ ~~Berkhalter~~ MARTHA EVA BURKHALTER

Sex of Child	Twin / Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
F		1	yes	Dec 13 1912

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	Scott ~~Berkhalter~~ Burkhalter	Teresa V Fox
RESIDENCE	Hansen	
COLOR	W	W
AGE AT LAST BIRTHDAY (Years)	25	19
BIRTHPLACE	Iowa	Kansas
OCCUPATION	Ditch rider	Housekeeper

Number of child of this mother, including present birth 1

Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 8:10 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) for Boyd MD

(Physician or midwife)

Address Twin Falls Idaho

Given names added from a supplemental report

....., 19.....

Filed 12-20 1912 John W. Coughlin

Registrar

.....
Registrar

S-Y CO. 20174

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

PLACE OF BIRTH

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a CERTIFICATE REPORT must be made for each and the number of each, in order of birth stated.

STATE OF IDAHO

DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of Oregon }
County of Multnomah } ss.

Certificate No. 10482

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of birth (Birth or Death)
for Martha Eva Burkhalter (Name on Original Certificate) who born (Was Born or Died) on 13th of Dec. 1912 (Date of Event)
in Hansen Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts are shown by Bible record & Ins. Policy (Bible Record, Insurance Policy, Etc.) prepared on ~~from~~ memory of myself & the mother (Give Date), are:

FACTS TO BE CORRECTED ("Name", "Birth Date", "Cause of Death", Etc.)	FROM (As on Original)	TO (The Correct Facts)
Name	Martha	Martha Eva Burkhalter
Surname	Burkhalter	Burkhalter

Subscribed and sworn to before me this
day of DEC 28 1942

Stephen H. Bibler
Notary Public, residing at PORTLAND, OREGON
STEPHEN H. BIBLER
My commission expires NOTARY PUBLIC FOR STATE OF OREGON
(Seal) MY COMMISSION EXPIRES JAN. 24, 1944

Signed Teresa Viola Burkhalter
now Teresa Viola Larson
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting ~~a death record or other credible person~~)
by 680 S. Catondelet Los Angeles Cal.
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Washington }
County of Spokane } ss.

[This Affidivat **MUST** Also be Executed.
(See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 16th
day of March, 1943

Notary Public, residing at Spokane
My commission expires Sept. 19, 1945
(Seal)

Signed Madge Thompson
(Signature of Any Credible Person Other Than Previous Year)
1011 W 12th ave.
Spokane, Wash.
(Street Address, City, State)

DEC 28 1943

239-210-042-25-9

Form V. S. No. 11-C—15m-6-20-11

PLACE OF BIRTH

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

County of Twin Falls

City of Twin Falls — Registration District No. 23 — File No. 10483

No. 2 2nd Ave W. — Primary Registration District No. 2085 — Registered No.

Hospital

FULL NAME OF CHILD Ruth Alice Scranton

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
female			yes	Dec 10, 1912

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	Henry Scranton	Margaret Kieran
RESIDENCE	Twin Falls	Twin Falls
COLOR	white	white
AGE AT LAST BIRTHDAY (Years)	30	28
BIRTHPLACE	Ill.	Kas.
OCCUPATION	mail carrier	housewife

Number of child of this mother, including present birth 1

Number of children of this mother, now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 7 a M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Chas K. Scott

(Physician or Midwife)

Address Twin Falls — Idaho

Given names added from a supplemental report

....., 19.....

Filed 1-10 19 13 John W. Eagleson

Registrar

S-Y CO., 16670

Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

JUN 3 - 1999

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

City of _____ Registration District No. 25 File No. _____

No. _____ St. Primary Registration District No. 2085 Registered No. _____

Hospital _____

FULL NAME OF CHILD Leslie Albert Miller

Sex of Child	Twin / Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
M			Yes	12 - 27 1912

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	Archie W Miller	Lela Drumheller
RESIDENCE	Twin Falls	Twin Falls
COLOR	W.	W
AGE AT LAST BIRTHDAY (Years)	27	24
BIRTHPLACE	Nebras.	Nebras
OCCUPATION	Farmer	Hsekpr

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was (Born alive or ~~stillborn~~) at 109 M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report

..... 19.....

..... Registrar

(Signature) D L Alexander

(Physician ~~or midwife~~)

Address Twin Falls

Filed 1-10 1913 John W Coughlan Registrar

S-Y CO. 20174

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

PLACE OF BIRTH

County of

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
DIVISION OF PUBLIC HEALTH
BUREAU OF VITAL STATISTICS

#10484

STATE OF COLORADO,)
) SS.
COUNTY OF ARAPAHOE,)

AFFIDAVITS FOR CORRECTION OF A RECORD

LEILA TIMBREL MILLER of Englewood, Colorado

Being first duly sworn, deposes and says that she is the mother
(if related, specify degree,

of Leslie Albert Miller
if friend or otherwise, so state)

who was born in the city of Twin Falls, County of Twin Falls
(was born, died)

on the 27th day of December, 19 12, as stated in a certificate of birth
birth or

filed by D.L.Alexander M.D.
death (name of physician or midwife, or undertaker for death)

with the Local Registrar for the city of Twin Falls, County of Twin Falls

Idaho, on the 10th day of Jan. 1913.

That the following facts set forth in said certificate are not correctly stated therein, to wit: Leslie Albert Miller Born in Twin Falls Dec. 29, 1912, and mother's name given Leila Trimbrer

That affiant upon her own knowledge states the true facts to be,
his, her

and the changes necessary to make the record correct are, as follows,

Leslie Albert Miller was born in Twin Falls on December 27, 1912, and his mother's maiden name was LEILA TIMBREL

MAY 3 1961

HAROLD H. DAVIES, Notary Public
Arapahoe County, Colorado
(SEAL) My Commission expires March 20, 1941

Affiant Leila Timbrel Miller

Address 3935 South Clarkson St.,
Englewood, Colorado.

Subscribed and sworn to before me this 26th day of July 1940.

Harold H. Davies
Notary Public

STATE OF COLORADO,)
) SS.
COUNTY OF ARAPAHOE,)

LEILA TIMBREL MILLER of Englewood, Colorado

being first duly sworn, deposes and says that she has knowledge of the facts hereinbefore alleged and that the said facts as stated are true.

Affiant Leila Timbrel Mill

Address 3935 South Clarkson St.

Subscribed and sworn to before me this 26th day of July 19 4

HAROLD H. DAVIES, Notary Public
Arapahoe County, Colorado
(Seal) My Commission expires March 20, 1941

Harold H. Davies
Notary Public

445-375-0425-39

Form V. S. No. 11-C—15m-6-20-11

PLACE OF BIRTH

County of Twin Falls

City of Twin Falls

No. ____, ____ St.

Hospital ____

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

Registration District No. 23 File No. 10485

Primary Registration District No. 2065 Registered No. ____

FULL NAME OF CHILD ____

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Girl		2	Yes	Dec. 15, 1912

FATHER	MOTHER
FULL NAME: William Austin Minnick	FULL MAIDEN NAME: Helen Elizabeth
RESIDENCE: Twin Falls	RESIDENCE: Twin Falls
COLOR: White	COLOR: White
AGE AT LAST BIRTHDAY: 28 (Years)	AGE AT LAST BIRTHDAY: 24 (Years)
BIRTHPLACE: Union Oregon	BIRTHPLACE: Cleveland Ohio
OCCUPATION: Civil Engineer	OCCUPATION:

Number of child of this mother, including present birth: 2

Number of children, of this mother, now living, including present birth: 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn) at 10:30 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. R. Morgan

(Physician or Midwife)

Address Twin Falls

Given names added from a supplemental report

____, 19____

Filed 1230 1912 John H. Engleman Registrar

____ Registrar

S-Y CO., 16670

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

MINNICK

NOT

DUP OF 12-288860

242-122-042-493

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

Form V. S. No. 11-C—15m-6-20-11

PLACE OF BIRTH

County of Twin Falls

" "

City of

No. , St.

Hospital

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

Registration District No. 23 File No. 10486

Primary Registration District No. 2085 Registered No.

FULL NAME OF CHILD RAYMOND J. KASPER

Sex of Child	Twin, triplet, or other?	Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of birth (Month) (Day) (Year)
boy		2	Yes	Dec 22, 1912

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	Frank I. Kasper	Lilian Dildine
RESIDENCE	Twin Falls	T. Falls
COLOR	white	white
AGE AT LAST BIRTHDAY (Years)	25 yrs	20 yrs
BIRTHPLACE	Wisconsin	T. Falls - Ida
OCCUPATION	Feather Worker	Housewife

Number of child of this mother, including present birth 2

Number of children, of this mother, now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn) on the date above stated. Dec. 22, at 3 1/2 A. M.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. R. Morgan

(Physician ~~or Midwife~~)

Address Twin Falls

Given names added from a supplemental report

....., 19.....

Registrar

Filed 1-2-20 19 12 John B. Coughlan

Registrar

S-Y CO., 16670

OCT 1 1951

683-213-042-235

Form V. S. No. 11-C—15m-6-20-11

PLACE OF BIRTH

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

County of Twin Falls

" "

City of

No. , St.

Hospital

Registration District No. 23 File No. 10487

Primary Registration District No. 2085 Registered No.

FULL NAME OF CHILD Flossie Fern Wyland

Sex of Child	Twin, Triplet, or other?	Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Girl		5	Yes	Dec 13, 1912

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	Oscar S Wyland	FULL MAIDEN NAME	Viola Stephens
RESIDENCE	Twin Falls	RESIDENCE	T. Falls
COLOR	White	AGE AT LAST BIRTHDAY (Years)	28
COLOR	white	AGE AT LAST BIRTHDAY (Years)	38
BIRTHPLACE	Kansas	BIRTHPLACE	Ill.
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 5

Number of children, of this mother, now living, including present birth 5

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Alive (Born alive or stillborn) Dec 13-12, at 6.30 A. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. R. Morgan

(Physician or ~~Midwife~~)

Address Twin Falls

Given names added from a supplemental report

....., 19.....

Filed 12-30 19 12 Johnnie Coghlan

Registrar

S-Y CO., 16670

Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

NAME

RESIDENCE

COLOR

AGE AT LAST BIRTHDAY

MOTHER

BIRTHPLACE

OCCUPATION

PHYSICIAN

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of Idaho
County of Twin Falls } ss.

Certificate No. 10487

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of Birth (Birth or Death) for Flossie Fern Wyland (Name on Original Certificate) who was born (Was Born or Died) on December 13, 1912 (Date of Event) in Twin Falls, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the true facts are shown by Bible Record (Bible Record, Insurance Policy, Etc.) prepared on December 25, 1916 (Give Date), are:

FACTS TO BE CORRECTED ("Name", "Birth Date", "Cause of Death", Etc.)	FROM (As on Original)	TO (The Correct Facts)
Name	Unnamed	Flossie Fern Wyland

Subscribed and sworn to before me this 4th day of May, 1942.

Lewis A Jones
Notary Public, residing at Twin Falls, Idaho
My commission expires May 25, 1943
(Seal)

Signed Mrs Viola Wyland.
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)
1226 10th Avenue East
Twin Falls, Idaho
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Idaho
County of Twin Falls } ss.

[This Affidivat **MUST** Also be Executed.
(See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

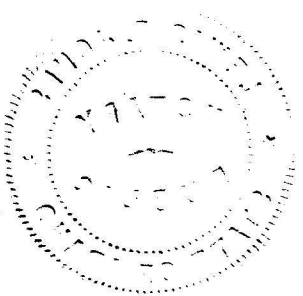
Subscribed and sworn to before me this 4th day of May, 1942.

Lewis A Jones
Notary Public, residing at Twin Falls, Ida
My commission expires May 25, 1943
(Seal)

Signed Ida May Jones
(Signature of Any Credible Person Other Than Previous Year)
1226 10th Avenue East
Twin Falls, Idaho
(Street Address, City, State)

MAY 5 1942

MAY 12 1942



695-102-042-944

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

Form V. S. No. 11-C—15m-6-20-11

PLACE OF BIRTH

County of Twin Falls

City of " "

No. ....., ... St.

Hospital .....

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

Registration District No. 23 File No. 10488

Primary Registration District No. 2085 Registered No. .....

FULL NAME OF CHILD Alfred Rudolph Finch

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Male			Yes	12 / 2 / 1912

FATHER		MOTHER	
FULL NAME	Martin D. Finch	FULL MAIDEN NAME	Beulah B. Rudolph
RESIDENCE	Twin Falls	RESIDENCE	" "
COLOR	White	COLOR	W
AGE AT LAST BIRTHDAY (Years)	27	AGE AT LAST BIRTHDAY (Years)	22
BIRTHPLACE	Ill	BIRTHPLACE	Ill
OCCUPATION	Clerk	OCCUPATION	

Number of child of this mother, including present birth 1st

Number of children, of this mother, now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 5:30 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) C. D. Weaver

Physician

(Physician or Midwife)

Address Twin Falls

Given names added from a supplemental report

....., 19.....

Filed 12-4 19 12 Robert Creighton

Registrar

S-Y CO., 16670

Registrar

MAY 20 1942

JAN 13 1953

P19 - 207-042-453

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

Form V. S. No. 11-C—10m-8-7-11

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

PLACE OF BIRTH

County of Twin Falls

City of Twin Falls

*No*_____, _____ *St.*

Hospital _____

Registration District No 13 **File No.** 10489

Primary Registration District No. 2085 **Registered No.**_____

FULL NAME OF CHILD Harlan

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Female				Yes	12, 7, 1912

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	Geo. E. Harlan	Maude Melvin
RESIDENCE	Twin Falls Ida.	Twin Falls Ida.
COLOR	White	White
AGE AT LAST BIRTHDAY (Years)	47	33
BIRTHPLACE	Indiana	Illinois
OCCUPATION	Mgr. Canal Co.	Housewife

Number of child of this mother, including present birth 3

Number of children, of this mother, now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 10 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) W. F. Pike

Physician (Physician or Midwife)

Address Twin Falls Ida

Given names added from a supplemental report

_____, 19____

Filed 12-10 1912 John H. Brigham

_____ *Registrar*

Registrar

SYMS - YORK CO., PTRS. & BDRS. 17826

PLACE OF BIRTH

STATE OF IDAHO

Form V. S. No. 11-C—10m-8-7-11

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth, stated

46.9 - 206-043-213

PLACE OF BIRTH

County of Twin Falls

City of Twin Falls

No. ____, ____ St.

Hospital ____

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH.

Form V. S. No. 11-C 15m-6-20-11

Registration District No. 23 File No. 10490

Primary Registration District No. 2085 Registered No. ____

FULL NAME OF CHILD MAY ELIZABETH MORGAN

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Female			yes	12th, 6, 1912

FATHER		MOTHER	
FULL NAME	William John Morgan	FULL MAIDEN NAME	Hettie May Ball
RESIDENCE	Twin Falls, Idaho	RESIDENCE	Twin Falls, Idaho.
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	34 (Years)	AGE AT LAST BIRTHDAY	21 (Years)
BIRTHPLACE	Emporia, Kansas	BIRTHPLACE	Emporia, Kansas
OCCUPATION	Railroad Fireman	OCCUPATION	Housewife

Number of child of this mother, including present birth 1

Number of children, of this mother, now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 5:55 P.M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) W. W. Lawyer, M. D.

(Physician or Midwife)

Address Twin Falls, Idaho

Given names added from a supplemental report

....., 19.....

Filed 12-10 19 12 John W. Engleken

Registrar

S-Y CO., 16670

Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

PLACE OF BIRTH

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of Kansas } ss.
County of Lyon }

Certificate No. 10490

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of birth (BIRTH OR DEATH)
for May Elizabeth Morgan (NAME ON ORIGINAL CERTIFICATE) who born (WAS BORN OR DIED) on 6th of Dec. 1912 (DATE OF EVENT)
in Twin Falls - Idaho (PLACE OF EVENT) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts as shown by Aunt "Living at Twin Falls (BIBLE RECORD, INSURANCE POLICY, ETC.) prepared on April 21 - 1942 (GIVE DATE), are:

FACTS TO BE CORRECTED ("NAME", "BIRTH DATE", "CAUSE OF DEATH", ETC.)	FROM (AS ON ORIGINAL)	TO (THE CORRECT FACTS)
name	unnamed	May Elizabeth Morgan

Subscribed and sworn to before me this 21st
day of April, 1942.
Mae Dahaze
Notary Public, residing at Emporia, Kans
My commission expires December 10th 1945.
(SEAL)

Signed Mrs. Elizabeth C. Sierer
(SIGNATURE OF PARENT OR ATTENDANT IF CORRECTING A BIRTH RECORD; OF ATTENDANT, FUNERAL DIRECTOR, INFORMANT IF CORRECTING A DEATH RECORD; OR OTHER CREDIBLE PERSON.)
515 Union - Emporia
(STREET ADDRESS, CITY, STATE)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Kansas } ss.
County of Lyon }

[THIS AFFIDAVIT MUST ALSO BE EXECUTED. (SEE CHAPTER 139, 1937 IDAHO SESSION LAWS.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

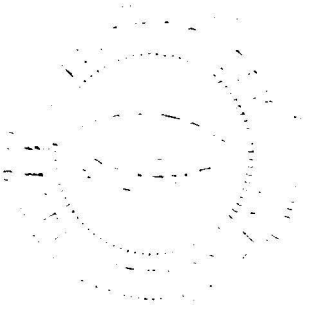
Subscribed and sworn to before me this 21st
day of April, 1942.
Mae Dahaze
Notary Public, residing at Emporia, Kans
My commission expires December 10th 1945
(SEAL)

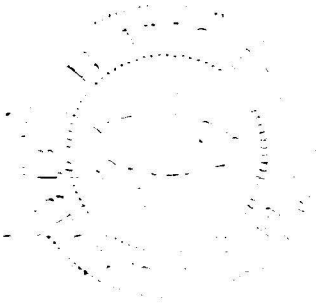
Signed Gary Wilson
(SIGNATURE OF ANY CREDIBLE PERSON OTHER THAN PREVIOUS AFFIANT.)
(STREET ADDRESS, CITY, STATE)

Received for filing on APR 27 1942 By
(REGISTRAR'S SIGNATURE)

APR 2 9 1942

AUG 2 8 1942





556-226-042-693

PLACE OF BIRTH

Form V. S. No. 11—10m-2-15-12

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Twin Falls

City of _____ Registration District No. 23 File No. 10491

No. _____ St. Primary Registration District No. 2015 Registered No. _____

Hospital _____

FULL NAME OF CHILD Mary Ruth Newbry

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Female			Yes	Dec. 26 1912

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	Reazin E. Newbry	Maud Williams
RESIDENCE	Twin Falls Co	Twin Falls Co
COLOR	White	White
AGE AT LAST BIRTHDAY (Years)	25	25
BIRTHPLACE	Kansas	Arkansas
OCCUPATION	Rancher	Housewife

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 11:45 P.M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) H. Wilson M.D.

Physician (Physician or midwife)

Address Twin Falls Idaho

Given names added from a supplemental report

..... 19.....

..... Registrar

Filed 12-28 1912 Edith Coughlin Registrar

S-Y CO. 20175

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

MAR 1 0 1972

235-120-042-319

Form V. S. No. 11-C—20m-2.15-12

PLACE OF BIRTH

STATE OF IDAHO,
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Twin Falls

City of Filer

Registration District No. 23

File No. 10492

No. ____ St.

Primary Registration District No. 7086

Registered No. ____

Hospital Not Name

FULL NAME OF CHILD Floyd Delbert Stevens

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Boy			Yes	12 20 1912

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	Ames Stevens	Elza Swift
RESIDENCE	Filer Ida	Filer Ida
COLOR	W.	W.
AGE AT LAST BIRTHDAY (Years)	28	30
BIRTHPLACE	So. Dakota	Fulton Mo
OCCUPATION	Farmer	Housewife

Number of child of this mother, including present birth 3

Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was (Born alive or ~~stillborn~~) at 5 P.M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Dr. A. A. Newberry

(Physician or ~~midwife~~)

Address Filer Ida

Given names added from a supplemental report

..... 19.....

Filed 12-20 19 12 A. A. Newberry

Registrar

S-Y CO. 20174

Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY. WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Form V. S. No. H-C-20m-8-15-12

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

PLACE OF BIRTH

County of

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at a birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth, stated.

MARGIN RESERVED FOR BINDING

212 - 216-042-258

Form V. S. No. 11-C—20m-2-15-12

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Twin Falls

City of Filer

Registration District No. 23

File No. 10493

No. ____ St.

Primary Registration District No. 2086

Registered No. ____

Hospital ____

FULL NAME OF CHILD Myrtle Isabelle Baker

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Girl			Yes	12 16 1912

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	Harry Baker	Amelia Snyder
RESIDENCE	Filer Ida	Filer Ida
COLOR	W.	W.
AGE AT LAST BIRTHDAY (Years)	27	18
BIRTHPLACE	Kas	Topeka Kas.
OCCUPATION	Farmer	Housewife

Number of child of this mother, including present birth 1

Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was ____, at 730a M. on the date above stated.

(Born alive ~~or stillborn~~)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Dr. A. A. Newberry

(Physician or midwife)

Address Filer

Filed 12-16-19 12 A. A. Newberry

Registrar

Given names added from a supplemental report

____ 19____

____

Registrar

S-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Form V. S. No. 11-3—Rev. 8-15-13

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

PLACE OF BIRTH

County of

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a CERTIFICATE RETURN must be made for each child, in order of birth stated.

281 - 117-042-255

Form V. S. No. 11-C—20m-2-15-12

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Twin Falls

City of Filer

No. _____ St.

Hospital _____

Registration District No. 23

Primary Registration District No. 2086

File No. 10494

Registered No. _____

FULL NAME OF CHILD RALPH L. Sharp

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth
Boy			Yes.	12 (Month) 17 (Day) 191 2 (Year)

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	Dave Sharp	Emma Bennett
RESIDENCE	Filer Ida	Filer Ida
COLOR	W.	W
AGE AT LAST BIRTHDAY (Years)	26	23
BIRTHPLACE	Sullivan Mo	Sullivan Mo
OCCUPATION	Farmer	Housewife

Number of child of this mother, including present birth 3

Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was (Born alive or stillborn) at 10a M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Dr. A. A. Newberry

(Physician or midwife)

Address Filer Ida

Given names added from a supplemental report

..... 19.....

..... Registrar

Filed 12-17 19.12 A. A. Newberry Registrar

8-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Form V. S. No. U. C.—Rev. 2-15-12

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

PLACE OF BIRTH

County of

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.

M. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

E OF CHILD

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FULL
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ESIDENCE

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IRTHPLACE

CCUPATION

Number of child of this mother, including present birth

Number of children of this mother now living, including present birth

I hereby certify that I attended the birth of this child, who was born alive at M.
on the date above stated.

(Here sign

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

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n names added from

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of Idaho }
County of Ada } ss.

Certificate No. 10494

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of Birth (Birth or Death)
for Ralph L. Sharp (Name on Original Certificate) who born (Was Born or Died) on Dec. 17, 1912 (Date of Event)
in Filer, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts are shown by (Bible Record, Insurance Policy, Etc.) prepared on (Give Date), are:

FACTS TO BE CORRECTED ("Name", "Birth Date", "Cause of Death", Etc.)	FROM (As on Original)	TO (The Correct Facts)
Name	unnamed	Ralph L. Sharp

Subscribed and sworn to before me this
day of , 19

Notary Public, residing at

My commission expires
(Seal)

Signed
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Idaho }
County of Ada } ss.

[This Affidivat **MUST** Also be Executed.
(See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 14th
day of May, 1942

Notary Public, residing at

My commission expires 6/3/44
(Seal)

Signed Charles H. Stengel
(Signature of Any Credible Person Other Than Previous Year)

202 10th Ave., E. Twin Falls, Ida.
(Street Address, City, State)

MAY 13 1942

JUN 6 1974

918-207-042-212

Form V. S. No. 11-C—20m-8-15-12

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

PLACE OF BIRTH

County of Twin Falls

City of Buhl

Registration District No. 2087 File No. 10495

No. ____ St.

Primary Registration District No. 23 Registered No. ____

Hospital ____

FULL NAME OF CHILD Dorothy May Ray

Sex of Child	Twin / Triplet or other? (To be answered only in event of plural births) and Number in order of birth	Legitimate	Date of Birth (Month) (Day) (Year)
F.		Yes	12 7 1912

FATHER		MOTHER	
FULL NAME	Ben Ray	FULL MAIDEN NAME	Addie Baker
RESIDENCE	481 W. Buhl	RESIDENCE	481 W. Buhl
COLOR	W.	COLOR	W.
AGE AT LAST BIRTHDAY	22 (Years)	AGE AT LAST BIRTHDAY	19 (Years)
BIRTHPLACE	Sheridan Mo.	BIRTHPLACE	Quanah Tex
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 1

Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born Alive (Born alive or stillborn), at 12:30 A. M. on the date above stated.

(Signature) A. G. McClusky M.D.

(Physician or midwife)

Address Buhl Ida.

Filed 12-14 1912 J. S. Murphy Registrar

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report

..... 19.....

..... Registrar

S-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

AUG 14 1942

DEC 12 1957

APR 28 1961

JAN 15 1973

168-106-042-436

PLACE OF BIRTH

County of Twin Falls

City of Buhl

No. 13th St.

Hospital

Form V. S. No. 11-C—20m-2-15-12

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 2081 File No. 10496

Primary Registration District No. 23 Registered No.

FULL NAME OF CHILD William V. Joyce

Sex of Child	Twin / Triplet or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
M			Yes	12 6 1912

FATHER		MOTHER	
FULL NAME	Patrick H. Joyce	FULL MAIDEN NAME	Margaret McTernan
RESIDENCE	Buhl Idaho	RESIDENCE	Buhl Idaho
COLOR	W.	COLOR	W.
AGE AT LAST BIRTHDAY	45 (Years)	AGE AT LAST BIRTHDAY	38 (Years)
BIRTHPLACE	England	BIRTHPLACE	Ireland
OCCUPATION	Shoemaker	OCCUPATION	Housewife

Number of child of this mother, including present birth 4

Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 6 A. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) A. S. McClusky M.D.
(Physician or midwife)

Address Buhl Idaho

Given names added from a supplemental report

.....19.....

.....
Registrar

Filed 12-14 1912

J. T. Murphy
Registrar

S-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF IDAHO

BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Form V. S. No. 11-C—20m-2-15-12

PLACE OF BIRTH

County of

MARGIN RESERVED FOR BINDING

WRITE PLAINLY. WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE CERTIFICATE must be made for each and the number of each, in order of birth, stated.

RESIDENCE

BIRTHDAY (Years)

BIRTHPLACE

6-12-41 G. J.

217-117-042-4

PLACE OF BIRTH

STATE OF IDAHO

BUREAU OF VITAL STATISTICS

Form S.A. No. 11-C-Rev. 1942

County of Twin Falls

City of Buhl

No. ..... St.

Hospital .....

CERTIFICATE OF BIRTH

Registration District No. 2087 File No. 10497

Primary Registration District No. 23 Registered No. .....

FULL NAME OF CHILD Joseph Ralph Baxter

Sex of Child	Twin / Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
M.			Yes	12 17 1942

FATHER		MOTHER	
FULL NAME	Joe C Baxter	FULL MAIDEN NAME	Elsie Dix
RESIDENCE	Buhl Ida	RESIDENCE	Buhl Ida
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY	28 (Years)	AGE AT LAST BIRTHDAY	22 (Years)
BIRTHPLACE	Burton Kan	BIRTHPLACE	Neosho Falls Kan
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 2

Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 8 AM M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) A. L. McClusky M.D.

(Physician or midwife)

Address Buhl Ida

Given names added from a supplemental report

..... 19.....

Filed 12-20 1942

..... Registrar

J. W. Wrigley Registrar

S-Y CO. 20174

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

MARGIN RESERVED FOR BINDING

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

OCT 19 1943

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

PLACE OF BIRTH

RESIDENCE

COLOR

AGE AT LAST BIRTHDAY (Years)

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a separate return must be made for each member of each.

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

466 - [illegible]

PLACE OF BIRTH

STATE OF IDAHO — Form V. S. No. 11-C-2m-4-15-12

BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Twin Falls

City of Burley Idaho — Registration District No. 2087 — File No. 10498

No. ____ St. — Primary Registration District No. 23 — Registered No. ____

Hospital ____

FULL NAME OF CHILD Lemmie L. Downs

Sex of Child	Twin / Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
M.			Yes	12 21 1912

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	W. C. Downs	Flonie Duncan
RESIDENCE	8 mi N.W. Burley	8 mi N.W. Burley
COLOR	W.	W.
AGE AT LAST BIRTHDAY	41 (Years)	39 (Years)
BIRTHPLACE	Mitchell Ind.	Morley Mo
OCCUPATION	Farmer	Housewife

Number of child of this mother, including present birth 6 — Number of children of this mother now living, including present birth 6

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 8 A. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) O. J. McClusky M.D.

(Physician or midwife)

Given names added from a supplemental report

....., 19.....

Address Burley Idaho

Filed 12-31 1912 — J. T. Mccoffey

8-Y CO. 20174 — Registrar — Registrar

Registrar

Metropolitan Life Insurance Co. Policy, dated July 5, 1926, policy no. 33203115 gives full name of insured as Lemmie L. Downs, age at time policy was taken out-14 years old - viewed by V.S.

IDAHO DEPARTMENT OF HEALTH
BUREAU OF VITAL STATISTICS

photo copy of Certificate of Marriage, State of California, County of San Bernardino, married June 29, 1931 at East Highlands, California gives full name of groom as Wallace Lee Wattenbarger and full name of bride as Lemmie Luetta Downs - viewed by V.S.

Affidavit to Correct or Amend An Original Certificate of Birth or Death

State of ..... } ss.
County of ..... }

Certificate No. 10498

Date Filed .....

The undersigned does solemnly swear that certain facts on the certificate of Birth (Birth or Death) for Unnamed Downs (female child) (Name on Original Certificate) who was born (Was Born or Died) on Dec. 21, 1912 (Date of Event) in Buhl, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the true facts are shown by ..... (Bible Record, Insurance Policy, Etc.) prepared on ..... (Give Date), are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
Full Name of Child	Unnamed	Lemmie L. Downs

Subscribed and sworn to before me this 7th day of August, 19 42

Francis J. De Salvo
Notary Public, residing at San Jose, Calif.
My commission expires Aug. 27, 1942
(Seal) (SANTA CLARA COUNTY)

Signed Hesther Downs Enos (SISTER)
(Signature of ~~parent~~ or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

1415 Forrestdale Ave San Jose Calif
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of ..... } ss.
County of ..... }

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this ..... day of ....., 19.....

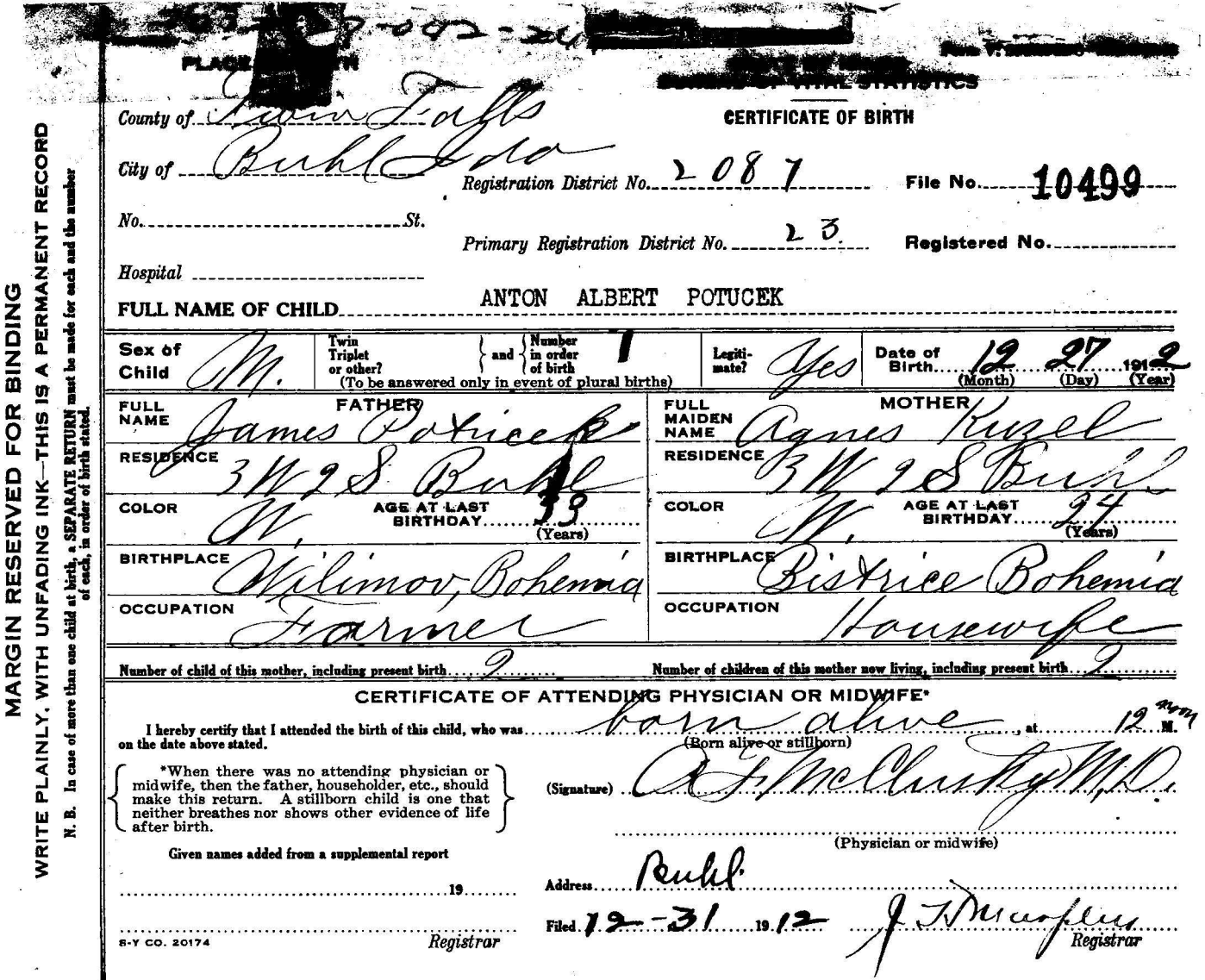
Notary Public, residing at .....
My commission expires .....
(Seal)

Signed .....
(Signature of Any Credible Person)

.....
(Street Address, City, State)

FORM DH 60-155 L 4-18-62.

AUG 14 1962



MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH

BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Saint Louis

City of Buhl

Registration District No. 2087 File No. 10499

No. St.

Primary Registration District No. 23 Registered No.

Hospital

FULL NAME OF CHILD ANTON ALBERT POTUCEK

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
M.		1	Yes	12 27 1912

FATHER		MOTHER	
FULL NAME	James Potucek	FULL MAIDEN NAME	Agnes Kugel
RESIDENCE	3 W 2 S Buhl	RESIDENCE	3 W 2 S Buhl
COLOR	W.	COLOR	W.
AGE AT LAST BIRTHDAY	39 (Years)	AGE AT LAST BIRTHDAY	24 (Years)
BIRTHPLACE	Milinov, Bohemia	BIRTHPLACE	Bistrice Bohemia
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive, at 12 noon on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) A. J. McClusky M.D.
(Physician or midwife)

Given names added from a supplemental report

.....19.....

Address Buhl

Filed 12-31 1912 J. D. Macfee
Registrar

.....
Registrar

S-Y CO. 20174

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. Be sure all items are filled in fully. A CERTIFICATE RETURNED must be made for each and every birth.

OCT 15 1942

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of Idaho }
County of Twin Falls } ss.

Certificate No. 10499

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of Birth (Birth or Death)
for Anton Albert Potucek (Name on Original Certificate) who Born (Was Born or Died) on Dec 27, 1912 (Date of Event)
in Buhl, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts are shown by (Bible Record, Insurance Policy, Etc.) prepared on (Give Date), are:

FACTS TO BE CORRECTED ("Name", "Birth Date", "Cause of Death", Etc.)	FROM (As on Original)	TO (The Correct Facts)
Name	Unnamed	Anton Albert Potucek
Anton Albert Potucek		

Subscribed and sworn to before me this 13th
day of October, 1942

E. V. Lynch.
Notary Public, residing at Buhl, Idaho
My commission expires March 15, 1945
(Seal)

Signed Jim Potucek
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

R.F.D.#2 Buhl, Idaho
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Idaho }
County of Twin Falls } ss.

[This Affidivat **MUST** Also be Executed.
(See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 13th
day of October, 1942

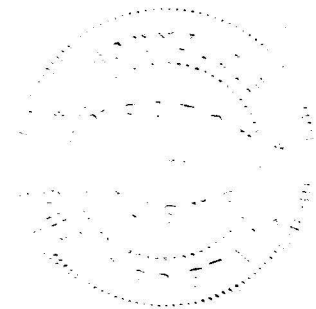
E. V. Lynch
Notary Public, residing at Buhl, Idaho
My commission expires March 15, 1945
(Seal)

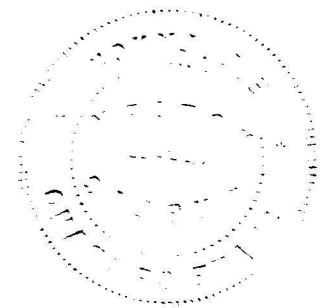
Signed Merle Graybeal
(Signature of Any Credible Person Other Than Previous Year)

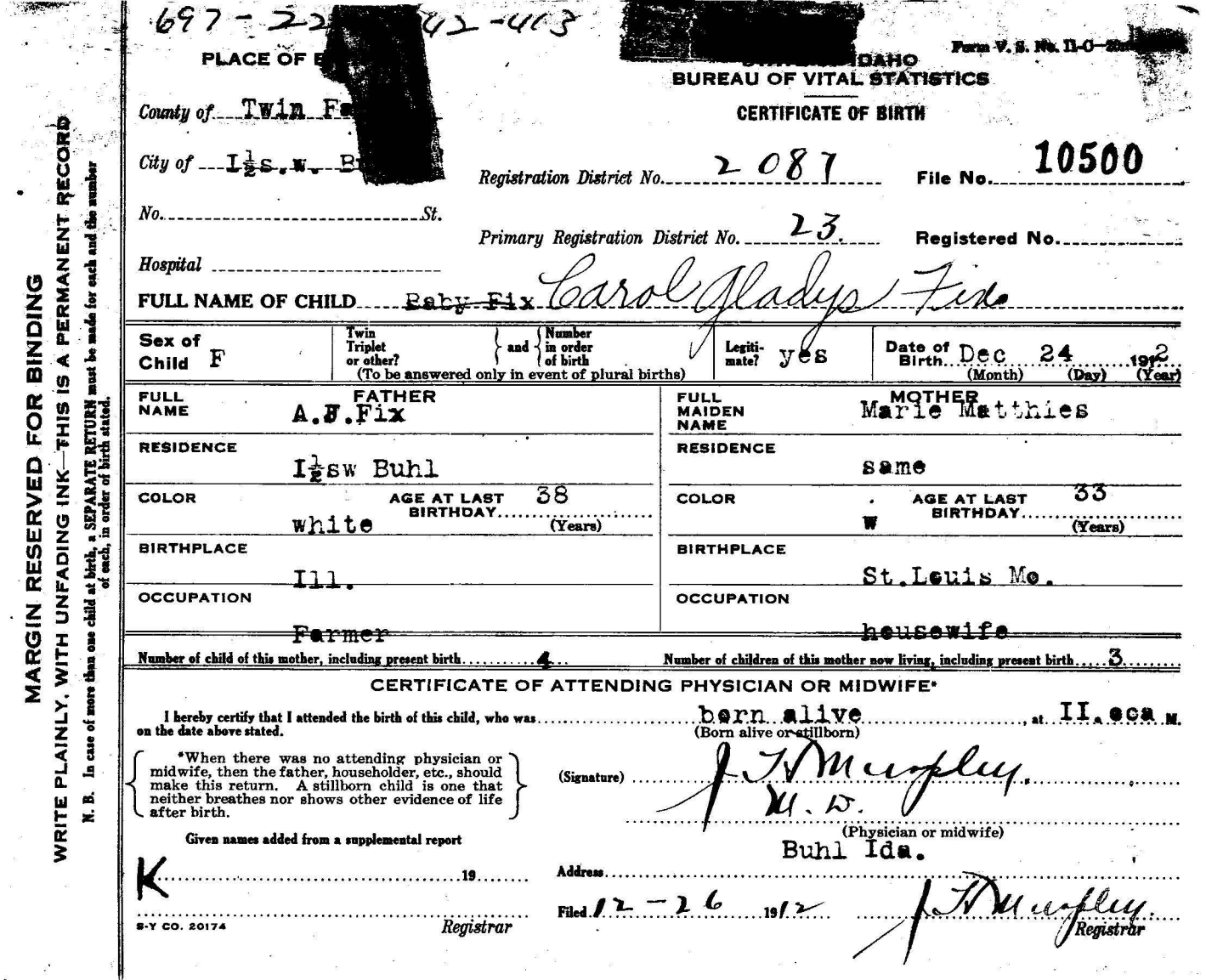
Castleford, Idaho
(Street Address, City, State)

JAN 12 1970

OCT 16 1942







697 - 22 [redacted] 42-413

PLACE OF E[redacted] IDAHO

BUREAU OF VITAL STATISTICS

Form V. S. No. 11-0 [redacted]

CERTIFICATE OF BIRTH

County of Twin Fa[redacted]

City of I½s.w. B[redacted]

Registration District No. 2087 File No. 10500

No. ..... St.

Primary Registration District No. 23. Registered No. .....

Hospital .....

FULL NAME OF CHILD ~~Baby Fix~~ Carol Gladys Fix

Sex of Child	Twin / Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth
F			yes	Dec 24 1912 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	A.J.Fix	FULL MAIDEN NAME	Marie Matthies
RESIDENCE	I½sw Buhl	RESIDENCE	same
COLOR	white	COLOR	W
AGE AT LAST BIRTHDAY	38 (Years)	AGE AT LAST BIRTHDAY	33 (Years)
BIRTHPLACE	Ill.	BIRTHPLACE	St.Louis Mo.
OCCUPATION	Farmer	OCCUPATION	housewife

Number of child of this mother, including present birth 4 Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 11.00a M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J.T.Murphy M.D.

(Physician or midwife)

Buhl Ida.

Address .....

Given names added from a supplemental report

K ..... 19.....

Filed 12-26 1912

J.T.Murphy Registrar

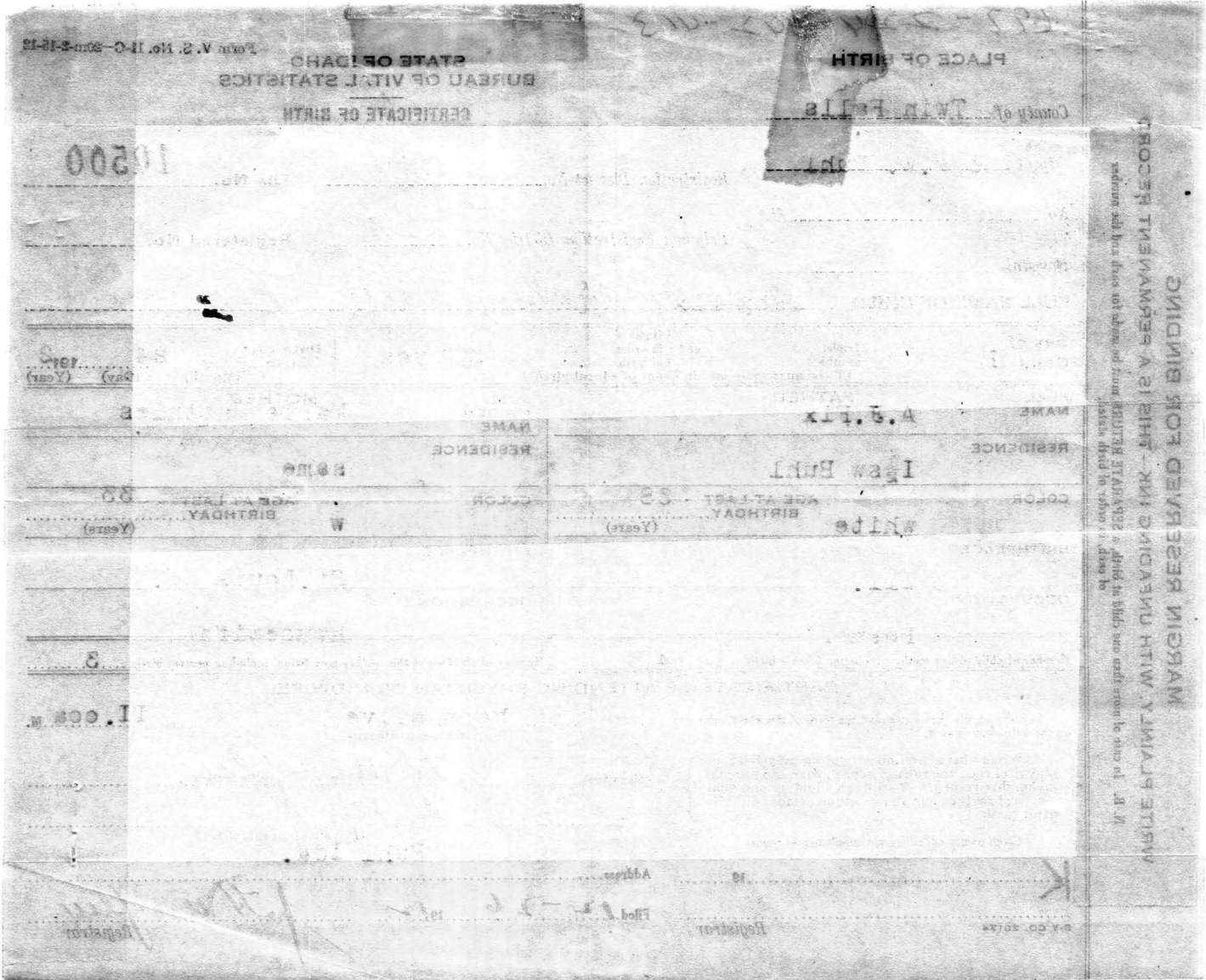
Registrar

S-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.



168-220-042-864

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

Form V. S. No. H-C—Rev. 2-15-12

CERTIFICATE OF BIRTH

County of Twi n Falls

City of 4½w. Buhl

No. ..... St.

Hospital .....

Registration District No. 2087 File No. 10501

Primary Registration District No. 23 Registered No. .....

FULL NAME OF CHILD Louella M. Johnson

Sex of Child	Twin / Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth	Legitimate?	Date of Birth
F				yes	Dec (Month) 20 (Day) 1912 (Year)

FATHER		MOTHER	
FULL NAME	F.G. Johnson	FULL MAIDEN NAME	Louise Young
RESIDENCE	4½w. Buhl	RESIDENCE	same
COLOR	white	AGE AT LAST BIRTHDAY (Years)	38
BIRTHPLACE	Omena Neb.	COLOR	white
OCCUPATION	Farmer	AGE AT LAST BIRTHDAY (Years)	34
		BIRTHPLACE	Cadalac Mich.
		OCCUPATION	housewife

Number of child of this mother, including present birth 6 Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at Ic. 8 01 P.M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report

..... 19.....

..... Registrar

(Signature) J. T. Murphy M.D.

(Physician or midwife)

Address Buhl Ida.

Filed 12-21 1912 J. T. Murphy Registrar

S-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Form V. S. No. 11-C—20m-2-15-1

PLACE OF BIRTH

County of Twin Falls

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

RESIDENCE

NAME

COLOR

BIRTHPLACE

BIRTHDAY

AGE AT LAST BIRTHDAY (Years)

239-215-022-286

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH

Form V. S. No. 11-C—20m-2-15-12

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Twin Falls

City of 7s. Buhl

No. ..... St.

Hospital .....

Registration District No. 2087 File No. 10502

Primary Registration District No. 23 Registered No. .....

FULL NAME OF CHILD Baby Strunk.

Sex of Child	Twin Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
F			yes	Dec 15 1912

FATHER		MOTHER	
FULL NAME	S.M. Strunk	FULL MAIDEN NAME	Elna Shoub.
RESIDENCE	7s. Buhl	RESIDENCE	same
COLOR	white	COLOR	white
AGE AT LAST BIRTHDAY	27 (Years)	AGE AT LAST BIRTHDAY	21 (Years)
BIRTHPLACE	Mo.	BIRTHPLACE	Cal.
OCCUPATION	Farmer	OCCUPATION	housewife

Number of child of this mother, including present birth 2

Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or Stillborn) at 2.30 A.M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J.D. Murphy M.D.

(Physician or midwife)

Buhl Ida.

Address .....

Given names added from a supplemental report

..... 19.....

Filed 12-16 1912 J.D. Murphy Registrar

..... Registrar

S-Y CO. 20174

Form V. S. No. 11-O—20m-2-18-12

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

PLACE OF BIRTH

County of

RESIDENCE

COLOR

BIRTHPLACE

AGE AT LAST BIRTHDAY (Years)

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

U. S. Dept. of Commerce and Labor, BUREAU OF THE CENSUS
Form and Specifications approved by Director of the Census

983-229-042-295

PLACE OF BIRTH

Form V. S. No. 11-C—20m-2-15-12

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Twin Falls

City of Buhl.

No. ..... St.

Hospital .....

Registration District No. 2087. File No. 10503

Primary Registration District No. 23 Registered No. .....

FULL NAME OF CHILD Ihler.

Sex of Child	Twin Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
female			yes	Dec. 29 1912

FATHER		MOTHER	
FULL NAME	Emil B. Ihler.	FULL MAIDEN NAME	Billy Bueick
RESIDENCE	Buhl.	RESIDENCE	Buhl
COLOR	white	AGE AT LAST BIRTHDAY (Years)	35
BIRTHPLACE	Ind.	BIRTHPLACE	Ind.
OCCUPATION	farmer.	OCCUPATION	housewife

Number of child of this mother, including present birth 4 Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive at 10 P M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Chas. Wetherbee M.D.

(Physician or midwife)

Address Buhl Ida

Given names added from a supplemental report

..... 19.....

Filed 12-30 1912 J. T. Mumby Registrar

..... Registrar

8-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

K

FEB 1 1 1969

523-204-042-613

Form V. S. No. 11-C—20m-2-15-12

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH

County of Twin Falls.

City of Buhl.

No. ..... St.

Hospital ..... Leona

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 2087 File No. 10504

Primary Registration District No. 23. Registered No. .....

FULL NAME OF CHILD Elsie A Estes

Sex of Child	Twin / Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Fem.			yes	Dec 4 1912

FATHER		MOTHER	
FULL NAME	Jesse R. Estes	FULL MAIDEN NAME	Josephine Wallace
RESIDENCE	Buhl	RESIDENCE	Buhl
COLOR	white	COLOR	white
AGE AT LAST BIRTHDAY (Years)	28	AGE AT LAST BIRTHDAY (Years)	26
BIRTHPLACE	Wash.	BIRTHPLACE	Wash.
OCCUPATION	Painter & paperhanger	OCCUPATION	housewife

Number of child of this mother, including present birth 4 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive, at 10 P M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Chas. Welkerberg M.D.
(Physician or midwife)

Address Buhl Ida.

Given names added from a supplemental report

..... 19.....

Filed Dec 8 1912 J. W. Murphy
Registrar

..... Registrar

S-Y CO. 20174

MAR 2 3 1973

IDAHO DEPARTMENT OF HEALTH

BUREAU OF VITAL STATISTICS

Affidavit to Correct or Amend An Original Certificate of Birth or Death

RECEIVED
BUREAU OF
VITAL STATISTICS
JUN 20 9 25 AM '77

State of ..... } ss.
County of ..... }

Certificate No. 10504

Date Filed .....

The undersigned does solemnly swear that certain facts on the certificate of birth (Birth or Death)
for Elsie Estes (Name on Original Certificate) who was born (Was Born or Died) on Dec 4, 1912 (Date of Event)
in Buhl, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts are shown by ..... (Bible Record, Insurance Policy, Etc.) prepared on ..... (Give Date), are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
Child;s name	Elsie Estes	Elsie Leona Estes

Subscribed and sworn to before me this ..... day of
....., 19.....

Signed .....
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

Notary Public, residing at .....
My commission expires .....
(Seal)

..... (Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Oregon }
County of Marion } ss.

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 4th day of
May, 1973

C. B. Anderson

Notary Public, residing at Silverton
My commission expires May 17, 1974
(Seal)

Signed Margaret A Olsen
(Signature of Any Credible Person)

Rte.1 Box 348, Silverton, Oregon. 973
(Street Address, City, State)

99381

FORM DH 60-155 CL 3/21/73

Holy Sacrament of Baptism gives name as Elsie Leona Estes child of Jess R. Estes and Josephine Wallace. born Nov 4, 1912 and Baptized Apri 22, 1920. ~~we~~ by VS

AUG 22 1977

XXXX Diploma from St. Mary's Academy, Portland, Oregon gives name as Elsie Leona Estes. dated June 8, 1931. viewed by V. S.

291-230-042-667

PLACE OF BIRTH

Form V. S. No. 11—10m-2-15-12

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Twin Falls.

City of Burl. Registration District No. 23 File No. 10505

No. ..... St. Primary Registration District No. 2087 Registered No. .....

Hospital .....

FULL NAME OF CHILD Helen May Brackett

Sex of Child	Twin / Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Female			Yes	Dec. 30 1913

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	Edward Brackett	Nellie Fox
RESIDENCE	Burl, Idaho	Burl, Ida
COLOR	White	White
AGE AT LAST BIRTHDAY (Years)	34	22
BIRTHPLACE	Colorado	Missouri
OCCUPATION	Rancher	Housewife

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 2 a.m. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) H. W. Clouch M.D.
(Physician or midwife)

Address Twin Falls Ida

Given names added from a supplemental report

..... 19.....

Filed 1-8 19 13 John A. Bagley
Registrar

..... Registrar

S-Y CO. 20175

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

JAN 7 1957

453-112-025-399

[redacted] CE OF BIRTH

Form V. S. No. 11-C—20m-2-15-12

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Idaho

City of Grangeville

Registration District No. 10 File No. 10506

No. ..... St.

Primary Registration District No. 1001 Registered No. 234

Hospital .....

FULL NAME OF CHILD Cletus John Melkmus

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Male			Yes	Dec 12 1912

FATHER		MOTHER	
FULL NAME	Chester Melkmus	FULL MAIDEN NAME	Ethel Criddlebaugh
RESIDENCE	Grangeville	RESIDENCE	Grangeville
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	23 (Years)	AGE AT LAST BIRTHDAY	21 (Years)
BIRTHPLACE	Nebraska	BIRTHPLACE	Nebraska
OCCUPATION	Teamster	OCCUPATION	Housewife

Number of child of this mother, including present birth 1

Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive at 8 P M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) W H Turner

(Physician or ~~midwife~~)

Address Grangeville

Given names added from a supplemental report

..... 19.....

Filed Jan 10 1913 G S Stockton
Registrar

..... Registrar

S-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Form V. S. No. 11-C—20m-2-15-12

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

PLACE OF BIRTH

(County of)

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of twins state one child as born, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Address

Filed 19

Registrar

S-Y CO. 20174

469-123-025-251

PLACE OF BIRTH

County of Idaho

City of Mt Idaho

No. ____ St.

Hospital ____

Form V. S. No. 11-C—20m-2-15-12

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 10 File No. 10507

Primary Registration District No. 2044 Registered No. 233

FULL NAME OF CHILD John Andrew Mann

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Male			Yes	Dec. 23 1918

FATHER		MOTHER	
FULL NAME	Bert L. Mann	FULL MAIDEN NAME	Mildred Mann
RESIDENCE	Mt Idaho	RESIDENCE	Mt Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	36 (Years)	AGE AT LAST BIRTHDAY	19 (Years)
BIRTHPLACE	Denver Colo	BIRTHPLACE	Colton Wash.
OCCUPATION	Miner	OCCUPATION	Home Keeper

Number of child of this mother, including present birth 1

Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive, at 6 a. 1 M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) W H Warner

(Physician or midwife)

Given names added from a supplemental report

....., 19.....

Registrar.

5-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

APR 3 1958

Registered No. 233

Registrar

212-216-025-281

Form V. S. No. 11-C—20m-2-15-12

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH

County of Idaho

City of Grangeville

No. ..... St.

Hospital .....

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 10 File No. 10508

Primary Registration District No. 2044 Registered No. 232

FULL NAME OF CHILD Helen Jeanette Baker.

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Female			Yes	Dec 16 1912

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	Ben Baker	Lillian Shadduck
RESIDENCE	Grangeville	Grangeville
COLOR	White	White
AGE AT LAST BIRTHDAY (Years)	31	29
BIRTHPLACE	Iowa	Iowa
OCCUPATION	Farmer	Housewife

Number of child of this mother, including present birth 5

Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 10 - a. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) G. S. Stockton

(Physician or ~~midwife~~)

Address Grangeville Ida

Filed Jan 4 1913 G S Stockton Registrar

Given names added from a supplemental report

..... 19.....

..... Registrar

S-Y CO. 20174

Dup of 1912-332271

351-111-025-859

Form V. S. No. 11-C—20m-2-15-12

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Idaho

City of Kenterville P.O.

Registration District No. 2042 File No. 10509

No. ——— St.

Primary Registration District No. 10 Registered No. 231

Hospital

FULL NAME OF CHILD Claude Virgil Reaser

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Male	—	One	Yes	Dec 11 1912

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	Marshall A. Reaser	Cora Herrick
RESIDENCE	Kenterville	Kenterville
COLOR	White	White
AGE AT LAST BIRTHDAY (Years)	29	30
BIRTHPLACE	Wash.	Mo
OCCUPATION	Stockman	Housewife

Number of child of this mother, including present birth One

Number of children of this mother now living, including present birth One

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 2 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Russell Truitt Phys

(Physician or midwife)

Address Cottonwood Idaho

Given names added from a supplemental report

..... 19.....

Filed Dec 20 1912 G. S. Stockton Registrar

..... Registrar

S-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Form V. S. No. 11-C—20m-2-15-12

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

PLACE OF BIRTH

AUG 19 1954

WRITE PLAINLY, WITH UNFADING INK. THIS IS A PERMANENT RECORD

MARGIN RESERVED FOR BINDING

238-202-025-264

Form V. S. No. 11-C—30m-2-15-12

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Idaho

City of Cottonwood

No. ..... St.

Hospital .....

Registration District No. 2042 File No. 10510

Primary Registration District No. 10 Registered No. 230

FULL NAME OF CHILD Roy Schocker.

Sex of Child	Twin / Triplet or other? (To be answered only in event of plural births)	and — Number in order of birth	Legitimate?	Date of Birth
Female			yes	Nov 2 (Month) (Day) 1914 (Year)

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	Chris Schocker	Margaret Kraus.
RESIDENCE	Cottonwood	Cottonwood
COLOR	White	White
AGE AT LAST BIRTHDAY	45 (Years)	44 (Years)
BIRTHPLACE	Germany	Wisconsin
OCCUPATION	Rancher	Housewife

Number of child of this mother, including present birth 12

Number of children of this mother now living, including present birth 11

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Alive (Born alive or stillborn), at 7 P. M. on the date above stated.

(Signature) J. D. Shinnick, M.D.

(Physician or ~~midwife~~)

Address Cottonwood Idaho

Filed Dec 15 1914 G S Stockton per Blake Registrar

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report

..... 19.....

..... Registrar

S-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Form V. S. No. 11-C—20m-3-15-12

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

PLACE OF BIRTH

County of

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth, stated.

MARGIN RESERVED FOR BINDING

Elv Co. 20134

194-220-025-412

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, with UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Form V. S. No. 11-C—20m-2-15-12

PLACE OF BIRTH

County of Idaho

City of Cottonwood

No. ..... St.

Hospital .....

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 2042 File No. 10511

Primary Registration District No. 10 Registered No. 229

FULL NAME OF CHILD Philomina Anna Arnzen

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Female			Yes	Dec 20, 1912

FATHER		MOTHER	
FULL NAME	John H. Arnzen	FULL MAIDEN NAME	Katherine Dasenbrock
RESIDENCE	Cottonwood, Idaho	RESIDENCE	Cottonwood, Ida
COLOR	White	AGE AT LAST BIRTHDAY (Years)	38
BIRTHPLACE	Ill.		25
OCCUPATION	Farmer	COLOR	White
		BIRTHPLACE	Ill.
		OCCUPATION	Housewife

Number of child of this mother, including present birth 4

Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) on the date above stated, at 9-30 A.M.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. W. Turner (Physician or ~~midwife~~)

Address Cottonwood, Idaho

Given names added from a supplemental report

..... 19.....

..... Registrar

Filed Dec 29 1912 G. S. Stockton Registrar per Blake

S-Y CO. 20174

STATE OF IDAHO

BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

PLACE OF BIRTH

NAME

RESIDENCE

COLOR

AGE AT LAST BIRTHDAY

(Years)

MARION RESERVED FOR BINDING

VISITING PHYSICIAN, WITH [illegible] IS A PERMANENT RECORD

297-119-025-819

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH

County of Idaho

City of Cottonwood

No. _____ St.

Hospital _____

Form V. S. No. 11-C 20m-8-15-12

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 2042 File No. 10512

Primary Registration District No. 10 Registered No. 228

FULL NAME OF CHILD Virgie Newton

Sex of Child	Twin / Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Male			Yes	Dec. 19 1912

FATHER

FULL NAME Harvey Right

RESIDENCE Cottonwood, Ida.

COLOR White AGE AT LAST BIRTHDAY 38 (Years)

BIRTHPLACE Minn.

OCCUPATION Photographer

MOTHER

FULL MAIDEN NAME Lulu Hardman

RESIDENCE Cottonwood, Ida

COLOR White AGE AT LAST BIRTHDAY 22 (Years)

BIRTHPLACE Oreg.

OCCUPATION Housewife

Number of child of this mother, including present birth 2

Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) on the date above stated, at 10-10 A.M.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. H. Turner

(Physician or midwife)

Address Cottonwood, Idaho

Given names added from a supplemental report

....., 19.....

Filed Dec 28 1912 G S Stockton per Clerk Registrar

.....
Registrar

8-Y CO. 20174

OCT 10 1956

OCT 7 1975

433-203-025-296

Form V. S. No. 11-C—20m-2-15-12

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

PLACE OF BIRTH

County of Idaho

City of Cottonwood

No. _____ St.

Hospital _____

Registration District No. 2042 File No. 10513

Primary Registration District No. 10 Registered No. 227

FULL NAME OF CHILD Doris Nadine McClaskey

Sex of Child	Twin / Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Female				Yes	Dec 3 1912

FATHER		MOTHER	
FULL NAME	Joseph McCaskey	FULL MAIDEN NAME	Hattie Brown
RESIDENCE	Cottonwood, Idaho	RESIDENCE	Cottonwood, Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	29	AGE AT LAST BIRTHDAY (Years)	28
BIRTHPLACE	Mo.	BIRTHPLACE	Mo.
OCCUPATION	Undertaker	OCCUPATION	Housewife

Number of child of this mother, including present birth 2

Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 12 25 P.M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. W. Turner

(Physician or ~~midwife~~)

Address Cottonwood Idaho

Given names added from a supplemental report

..... 19.....

..... Registrar

Filed Dec 12 1912 G. S. Stockton Registrar
per Blake

S-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

DEC 31 1930

154-218-025-695

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Form V. S. No. 11-C—20m-2-15-12

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Idaho

City of Kentonville — Registration District No. 2042 — File No. 10514

No. ____ St. — Primary Registration District No. 10 — Registered No. 226

Hospital ____

FULL NAME OF CHILD Clara Andree

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
female			yes	Nov 18 1912

FATHER		MOTHER	
FULL NAME	Martin P Andree	FULL MAIDEN NAME	Celia Magdalena Winkler
RESIDENCE	Kentonville Idaho	RESIDENCE	Same
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	50	AGE AT LAST BIRTHDAY (Years)	31
BIRTHPLACE	Wis	BIRTHPLACE	Minn
OCCUPATION	Engineer	OCCUPATION	House

Number of child of this mother, including present birth 6 — Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 5 P M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Martin P. Andree

Father of Child

(Physician or midwife)

Address Kentonville Idaho

Given names added from a supplemental report

....., 19.....

.....
Registrar

Filed Dec 31 19 12 G S Stockton
per B
Registrar

S-Y CO. 20174

JUN 1 3 1974

168-118-025-381

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Form V. S. No. 11-C—20m-2-15-12

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

PLACE OF BIRTH

County of Idaho

City of Green Creek

Registration District No. 10 File No. 10515

No. ..... St.

Primary Registration District No. 2044 Registered No. 225

Hospital .....

FULL NAME OF CHILD Elmer Russell Johnson

Sex of Child	Twin / Triplet or other? (To be answered only in event of plural births)	and { Number in order of birth }	Legitimate?	Date of Birth (Month) (Day) (Year)
Male			Yes	Dec 14 1912

FATHER		MOTHER	
FULL NAME	John A Johnson	FULL MAIDEN NAME	LeVerna S Chase
RESIDENCE	Green Creek	RESIDENCE	Green Creek
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	37	AGE AT LAST BIRTHDAY (Years)	26
BIRTHPLACE	Missouri	BIRTHPLACE	Texas
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 4

Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 11-9 35 P.M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) G. S. Stricklin

(Physician or ~~midwife~~)

Address Grangeville Ida

Given names added from a supplemental report

..... 19.....

..... Registrar

Filed Jan 4 1913 G S Stricklin Registrar

S-Y CO. 20174

11/29/40 L. B.

219-223-025-483

PLACE OF BIRTH

County of Idaho

City of Grangeville

No ____, ____ St.

Hospital ____

Form V. S. No. 11-C—10m-8-7-11

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

Registration District No. 10 File No. 10516

Primary Registration District No. 1001 Registered No. 224

FULL NAME OF CHILD ____

Sex of Child	Twin—Triplet or other? (To be answered only in event of plural births)	and Number in order of birth 2nd	Legitimate?	Date of birth (Month) (Day) (Year)
female			yes	Dec 23 1912

FATHER		MOTHER	
FULL NAME	Garry Allan Karnes	FULL MAIDEN NAME	Katherine Annie Ishling
RESIDENCE	Grangeville	RESIDENCE	Grangeville
COLOR	white	AGE AT LAST BIRTHDAY (Years)	25
COLOR	white	AGE AT LAST BIRTHDAY (Years)	24
BIRTHPLACE	Washington	BIRTHPLACE	Montana
OCCUPATION	Laborer	OCCUPATION	Housewife

Number of child of this mother, including present birth 2

Number of children, of this mother, now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn) on the date above stated., at 9 P. M.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) O. N. Shearer M. D.

(Physician or Midwife)

Address Grangeville Ida

Given names added from a supplemental report

....., 19.....

Filed Jan 4 1913 G S Stockton

SYMS - YORK CO., PTRS. & BDRS. 17826

Registrar

Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

PLACE OF BIRTH

793-225-025-751

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

Form V. S. No. 11-C—10m-8-7-11

PLACE OF BIRTH

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

County of Idaho

City of Grangeville

No. ____, ____ St.

Hospital ____

Registration District No. 10 File No. 10517

Primary Registration District No. 1001 Registered No. 223

FULL NAME OF CHILD Katherine Adelaide ~~Bacon~~ Gilbertson

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
female		2	yes	Dec 25 1912

FATHER		MOTHER	
FULL NAME	Hans Gilbertson	FULL MAIDEN NAME	Bella Melbourne Pearson
RESIDENCE	Grangeville	RESIDENCE	Grangeville
COLOR	white	COLOR	white
AGE AT LAST BIRTHDAY	38 (Years)	AGE AT LAST BIRTHDAY	27 (Years)
BIRTHPLACE	Grangeville	BIRTHPLACE	Grangeville
OCCUPATION	Printer	OCCUPATION	Housewife

Number of child of this mother, including present birth 2

Number of children, of this mother, now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn), at 7:30 A. M. on the date above stated.

(Signature) C. N. Slusser M. D.

(Physician or ~~Midwife~~)

Address Grangeville Ida

Filed Jan 4 1913 G S Stockton Registrar

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report .

....., 19.....

Registrar

SYMS - YORK CO., PTRS. & BDRS. 17326

MAR 1 2 1943

763-116-025-462

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

Form V. S. No. 11-C—10m-8-7-11

PLACE OF BIRTH

County of Idaho

City of Grangeville

No. ____, ____ St.

Hospital ____

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

Registration District No. 10 File No. 10518

Primary Registration District No. 1001 Registered No. 222

FULL NAME OF CHILD Wayborn William Golzinger

Sex of Child	Twin, Triplet or other?	Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Male	(To be answered only in event of plural births)	1st	yes	Dec. 16, 1912

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	John Golzinger	Anna Josephine Sobner
RESIDENCE	Grangeville Ida	Grangeville Ida
COLOR / AGE AT LAST BIRTHDAY (Years)	white — 34	white — 21
BIRTHPLACE	Germany	Austria-Hungary
OCCUPATION	Miller	Housewife

Number of child of this mother, including present birth 1

Number of children, of this mother, now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) on the date above stated, at 6.30 P. M.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) C. N. Slusser M.D.

(Physician or Midwife)

Address Grangeville Ida

Given names added from a supplemental report

....., 19.....

Filed Jan 4 1913 G.S. Stockton

Registrar

SYMS - YORK CO., PTRS. & BDRS. 17326

Registrar

PLACE OF BIRTH

STATE OF IDAHO

Bureau of Vital Statistics

Form V. S. No. 11-C—10m-9-7-11

438-101-025-864

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

Form V. S. No. 11-C—10m-8-7-11

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

PLACE OF BIRTH

County of Idaho

City of

No. ——, St.

Hospital

Registration District No. 10 File No. 10519

Primary Registration District No. 2044 Registered No. 221

FULL NAME OF CHILD Howard Welch

Sex of Child	Twin, Triplet or other?	Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Male	(To be answered only in event of plural births)	1st	yes	Dec 1 1912

FATHER		MOTHER	
FULL NAME	Maurice Joseph McHugh	FULL MAIDEN NAME	Ella Eudora Horning
RESIDENCE	Idaho County	RESIDENCE	Idaho County
COLOR	white	COLOR	white
AGE AT LAST BIRTHDAY (Years)	33	AGE AT LAST BIRTHDAY (Years)	26
BIRTHPLACE	Iowa	BIRTHPLACE	Idaho
OCCUPATION	Rancher	OCCUPATION	Housewife

Number of child of this mother, including present birth 1

Number of children, of this mother, now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive at 11.45 A.M. on the date above stated.

(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) C. N. Strasser M.D.

(Physician or ~~Midwife~~)

Address Grangeville Ida

Given names added from a supplemental report

....., 19.....

Filed Jan 4 1913 G B Stockton

Registrar

Registrar

SYMS - YORK CO., PTRS. & BDRS 17326

MAR 19 1942

NOV 12 1965

NOV 8 1974

369-118-025-713

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Form V. S. No. 11-C—20m-2-15-12

PLACE OF BIRTH

County of Idaho

City of Kooskia

No. ..... St.

Hospital .....

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 10 File No. 10520

Primary Registration District No. 2101 Registered No. 220

FULL NAME OF CHILD Arthur Correll

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Male			yes	Nov 18 1912

FATHER		MOTHER	
FULL NAME	Mick Correll	FULL MAIDEN NAME	Birdie Patterson
RESIDENCE	Kooskia - Idaho	RESIDENCE	Kooskia - Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	33 (Years)	AGE AT LAST BIRTHDAY	33 (Years)
BIRTHPLACE	Kansas	BIRTHPLACE	Kansas
OCCUPATION	Merchant	OCCUPATION	Housewife

Number of child of this mother, including present birth 4 Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 10:30 A. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. M. Verbeck M.D.

(Physician or ~~midwife~~)

Address Kooskia - Idaho

Given names added from a supplemental report

..... 19.....

Filed Dec 16 19 12 G. S. Stockton

Registrar

S-Y CO. 20174

Registrar

11-12-41

133 - 106-025-549

Form V. S. No. 11-C—20m-2-15-12

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH

County of Idaho

City of Grangeville

No. ..... St.

Hospital .....

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 10 File No. 10521

Primary Registration District No. 2044 Registered No. 219

FULL NAME OF CHILD Elmer Tillman Allison

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and (Number in order of birth)	Legitimate?	Date of Birth (Month) (Day) (Year)
Male			Yes	Dec 6 1912

FATHER		MOTHER	
FULL NAME	Elmer E Allison	FULL MAIDEN NAME	Effie Marie Nuzum
RESIDENCE	Grangeville	RESIDENCE	Grangeville
COLOR	white	COLOR	white
AGE AT LAST BIRTHDAY (Years)	27	AGE AT LAST BIRTHDAY (Years)	16
BIRTHPLACE	Washington	BIRTHPLACE	Idaho
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 1

Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 6 15 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) G S Stockton

(Physician or midwife)

Address Grangeville Idaho

Given names added from a supplemental report

..... 19.....

Filed Dec 9 1912 G S Stockton

Registrar

8-Y CO. 20174

Registrar

213-205-025-215

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Form V. S. No. 11-C—20m-2-15-12

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

PLACE OF BIRTH

County of Idaho

City of Grangeville

No. ____ St.

Hospital ____

Registration District No. 10 File No. 10522

Primary Registration District No. 2044 Registered No. 218

FULL NAME OF CHILD Edna Ellen

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Female			Yes	Dec 3 1912

FATHER		MOTHER	
FULL NAME	Alfred E Bailles	FULL MAIDEN NAME	Ellen Sand
RESIDENCE	Grangeville	RESIDENCE	Grangeville
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	44	AGE AT LAST BIRTHDAY (Years)	34
BIRTHPLACE	Illinois	BIRTHPLACE	Sweeden
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 6

Number of children of this mother now living, including present birth 5

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 4-30 P M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) G S Sloan

(Physician or midwife)

Address Grangeville Idaho

Given names added from a supplemental report

K ____ 19____

Filed Dec 9 1912 G S Sloan Registrar

Registrar

S-Y CO. 20174

MAR 2 6 1942

466-103-025-895

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Form V. S. No. 11-C—20m-2-15-12

PLACE OF BIRTH

County of Idaho

City of Grangeville

No. ..... St.

Hospital .....

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 10 File No. 10523

Primary Registration District No. 2044 Registered No. 217

FULL NAME OF CHILD Russel Wellington Moffitt

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Male			Yes	Dec 3 1912

FATHER		MOTHER	
FULL NAME	Clyde E Moffitt	FULL MAIDEN NAME	Rosa Hinkenmeister
RESIDENCE	Grangeville	RESIDENCE	Grangeville
COLOR	White	AGE AT LAST BIRTHDAY (Years)	31
BIRTHPLACE	Illinois	COLOR	White
OCCUPATION	Farmer	AGE AT LAST BIRTHDAY (Years)	26
		BIRTHPLACE	Illinois
		OCCUPATION	Housewife

Number of child of this mother, including present birth 2

Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 9 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) G B Stockton

(Physician or ~~midwife~~)

Address Grangeville Idaho

Given names added from a supplemental report

..... 19.....

Filed Dec 10 19 12 G B Stockton Registrar

..... Registrar

S-Y CO. 20174

152-201-025-996

Form V. S. No. 11-C—20m-2-15-12

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Idaho

City of Grangeville — Registration District No. 10 — File No. 10524

No. ____ St. — Primary Registration District No. 1001 — Registered No. 216

Hospital ____

FULL NAME OF CHILD Eva May Jesse

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Female			Yes	Dec 1 1912

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	P. J. Jesse	Julie E Irwin
RESIDENCE	Grangeville	Grangeville
COLOR	White	White
AGE AT LAST BIRTHDAY (Years)	33	33
BIRTHPLACE	Missouri	Missouri
OCCUPATION	Farmer	Housewife

Number of child of this mother, including present birth 1 — Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 6 30 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) G S Stockton

(Physician or ~~midwife~~)

Address Grangeville Idaho

Given names added from a supplemental report

....., 19.....

Filed Dec 10 1912 G S Stockton

Registrar

S-Y CO. 20174

Registrar

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MAY 18 1966

995-202-025-796

Form V. S. No. 21-C—20m, 2-15-12

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Idaho

City of Grangeville Registration District No. 10 File No. 10525

No. ____ St. Primary Registration District No. 1001 Registered No. 215

Hospital ____

FULL NAME OF CHILD Nancy Jane Ring

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of Birth
Female			Yes	Nov 2 1912 (Month) (Day) (Year)

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	George V Ring	Lena Gross
RESIDENCE	Grangeville	Grangeville
COLOR	white	white
AGE AT LAST BIRTHDAY (Years)	35	24
BIRTHPLACE	Washington	Washington
OCCUPATION	Forest Supervisor	Housewife

Number of child of this mother, including present birth 4 Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 1 a. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) G. B. Stockton

(Physician or midwife)

Address G B Stockton

Given names added from a supplemental report

....., 19.....

Filed Dec 10 1912 G B Stockton

S-Y CO. 20174 Registrar Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Form V. S. 1905 11-8 Rev. 3-15-12

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

PLACE OF BIRTH

County of Boise

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

M. B. In case of more than one child at birth, a separate return must be made for each birth number of each, in order of birth stated.

Registrar

Filed Nov 19 19 12

Address

19

Registrar

Rev. 2014

AFFIDAVIT

STATE OF IDAHO,)
ss
County of Nez Perce,)

George V.Ring,being first duly sworn upon oath deposes and says;that he is a citizen of the United States of America and of the State of Washington,over the age of 2I years and in all respects competent to make this affidavit;that he is the father of Nancy Jane Ring,who was born at Grangeville, Idaho,on December 2nd,I9I2,a daughter of your affiant and Lena Gross Ring,affiant's then and present wife;that the physician attending upon said birth was G.S.Stockton,of Grangville,Idaho,now deceased;that said birth was recorded in the State of Idaho Dept.of Vital Statistics under the name Mary Jane Ring,which record is in error in that the true and correct name of said child is and was Nancy Jane Ring; That affiant has made application to the State of Idaho, for corrected birth certificate,but that same has not been received at this time,but should be forthcoming in due time.

George V. Ring

Subscribed and sworn to before me this I4th day of Oct.I942.

John L. Phillips

Notary Public for Idaho,Lewiston,Idaho

OCT 21 1942

849 - 222-025-433

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Idaho

City of Kooskia

No. ..... St.

Hospital .....

Registration District No. 10 File No. 10526

Primary Registration District No. 2101 Registered No. 214

FULL NAME OF CHILD Mary Margaret Quenlan

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Female			yes	Nov 21 1912

FATHER		MOTHER	
FULL NAME	John J. Quenlan	FULL MAIDEN NAME	Alma McCalester
RESIDENCE	Kooskia - Idaho	RESIDENCE	Kooskia Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	30 (Years)	AGE AT LAST BIRTHDAY	33 (Years)
BIRTHPLACE	Minnesota	BIRTHPLACE	Iowa
OCCUPATION	Merchant	OCCUPATION	

Number of child of this mother, including present birth 1

Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 11:45 A.M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J.M. Terbenhouse

(Physician or midwife)

Address Kooskia - Idaho

Given names added from a supplemental report

..... 19.....

Filed Dec 10 1912 G.S. Stockton

..... Registrar

S-Y CO. 20174

Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

Form V. S. No. 11-C—20m-2-15-12

CERTIFICATE OF BIRTH

County of

RESIDENCE

COLOR

AGE AT LAST BIRTHDAY

MAIDEN NAME

RESIDENCE

COLOR

AGE AT LAST BIRTHDAY

Address

Filed

Registrar

WRITE PLAINLY, WITH UNFADING INK. THIS IS A PERMANENT RECORD.

N. B. In case of more than one child at birth, a separate certificate must be made for each and the number of each in order of birth must be stated.

319 - 117-025-795

Form V. S. No. 11-C—20m-2-15-12

PLACE OF BIRTH

County of Idaho

City of Kidder Ridge

No. ..... St.

Hospital .....

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 10 File No. 10527

Primary Registration District No. 2101 Registered No. 213

FULL NAME OF CHILD Raymond Arthur Carlberg

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births) and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Male		yes	Nov 17 1912

FATHER		MOTHER	
FULL NAME	Frederick Carlberg	FULL MAIDEN NAME	Helen Green
RESIDENCE	Kootenai, Kidder Ridge	RESIDENCE	Kidder Ridge
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	24 (Years)	AGE AT LAST BIRTHDAY	23 (Years)
BIRTHPLACE	Iowa	BIRTHPLACE	N. DaKota
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 2

Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) on the date above stated, at 9 40 a M.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. M. Verbeck Crane

(Physician or midwife)

Address Kootenai - Idaho

Given names added from a supplemental report

..... 19.....

Filed Dec 10 1912 G S Stockton

..... Registrar

Registrar

8-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

JUN 5 1970

315-207-025-318

PLACE OF BIRTH

Form V. S. No. 11-C—20m-2-15-12

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Idaho

City of Clearwater

No. ..... St.

Hospital .....

Registration District No. 10 File No. 10528

Primary Registration District No. 2101 Registered No. 212

FULL NAME OF CHILD May Lansing

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Female			yes	Nov 9 1912

FATHER	MOTHER
FULL NAME: Harry Lansing	FULL MAIDEN NAME: Ella Taylor
RESIDENCE: Clearwater - Idaho	RESIDENCE: Clearwater - Idaho
COLOR: White	COLOR: White
AGE AT LAST BIRTHDAY: 37 (Years)	AGE AT LAST BIRTHDAY: 33 (Years)
BIRTHPLACE: Iowa	BIRTHPLACE: Kansas
OCCUPATION: Farmer	OCCUPATION: Housewife

Number of child of this mother, including present birth 3

Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 11:5 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. M. Verbeck

(Physician or midwife)

Address Kooskia - Idaho

Given names added from a supplemental report

..... 19.....

Filed Dec 10 1912 G. B. Blackburn

Registrar

..... Registrar

S-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY. WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

APR 10 1951

437-221-025-433

PLACE OF BIRTH

STATE OF IDAHO

Form V. S. No. 11-C—15m-6-20-11

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

County of Idaho

City of Whitebird Registration District No. 10 File No. 10529

No. ____, ____ St. Primary Registration District No. 2041 Registered No. 211

Hospital ____

FULL NAME OF CHILD Dorthy Deane McGaffee

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
F	—	—	yes	Nov 21, 191[illegible]

FATHER		MOTHER	
FULL NAME	Fred McGaffee	FULL MAIDEN NAME	Phygenia McCorie
RESIDENCE	Whitebird	RESIDENCE	Whitebird
COLOR	White	AGE AT LAST BIRTHDAY (Years)	36
COLOR	White	AGE AT LAST BIRTHDAY (Years)	30
BIRTHPLACE	California	BIRTHPLACE	Missouri
OCCUPATION	Rancher	OCCUPATION	Housewife

Number of child of this mother, including present birth 1

Number of children, of this mother, now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born Alive (Born alive or stillborn) at 7 P M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) W A Foskett

Physician (Physician or Midwife)

Address Whitebird Ida

Given names added from a supplemental report

....., 19.....

Filed Dec 10 1912 G B Stockton

Registrar

S-Y CO., 16670

Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

PLACE OF BIRTH

County of Idaho

Registration District No. ____ File No. ____

No. ____ St. ____

Primary Registration Dist. No. ____ Registered No. ____

Hospital ____

FULL NAME OF CHILD

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

U. S. law requires that a birth certificate must be filed for every child born in the United States. If there were more than one child at birth, a SEPARATE RETURN must be made for each child, and the number of each, in order of birth, stated.

MARGIN RESERVED FOR BINDING

Number of child of this mother, including present child ____ Number of children now living, including this one, born to this mother ____

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was ____ born ____ at ____

Filed ____ 19____ Address ____

Registrar

Form V. S. No. 1903—Form 630-M

693-227-025-319

PLACE OF BIRTH

Form V. S. No. 11-C—15m-6-20-11

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

County of Idaho

City of Whitebird — Registration District No. 10 — File No. 10530

No. ____, ____ St. — Primary Registration District No. 2041 — Registered No. 210

Hospital ____ Dorothy

FULL NAME OF CHILD Dorothy Elizabeth Wilson

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
F	—		yes	Nov 27, 1912

FATHER		MOTHER	
FULL NAME	Charles Wilson	FULL MAIDEN NAME	Edith Carlson
RESIDENCE	Whitebird	RESIDENCE	Whitebird
COLOR	white	COLOR	white
AGE AT LAST BIRTHDAY	43 (Years)	AGE AT LAST BIRTHDAY	26 (Years)
BIRTHPLACE	Illinois	BIRTHPLACE	Sweden
OCCUPATION	Saloon	OCCUPATION	Housewife

Number of child of this mother, including present birth 3

Number of children, of this mother, now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 4P M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) W. A. Foskett, Physician (Physician or Midwife)

Address Whitebird Idaho

Given names added from a supplemental report

..... 19.....

..... Registrar

Filed Dec 10 19 12 G S Stockton Registrar

S-Y CO., 16670

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

APR 26 1967

234-221-025-618

PLACE OF BIRTH

Form V. S. No. 11-C—10m-8-7-11

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

County of Idaho

City of Grangeville

No ....., ... St.

Hospital .....

Registration District No 10 File No. 10531

Primary Registration District No. 1001 Registered No. 209

FULL NAME OF CHILD ~~Not Named~~

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
female		1st	yes	Oct 21, 1912

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	Wm H. Shuler	Grace Ruth Waymire
RESIDENCE	Idaho County	Idaho County
COLOR	White	white
AGE AT LAST BIRTHDAY (Years)	23	23
BIRTHPLACE	Colorado	Washington
OCCUPATION	Rancher	housewife

Number of child of this mother, including present birth 1

Number of children, of this mother, now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn) at 9 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) C. V. Slusser M. D.

(Physician or Midwife)

Address Grangeville Idaho

Given names added from a supplemental report

....., 19.....

Filed Dec 10, 1912 G. S. Stockton

Registrar

SYMS - YORK CO., PTRS. & SDRS. 17326

Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

MARGIN RESERVED FOR BINDING

WRITE PLAINLY. WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and this number

of each, in order of birth added.

PLACE OF BIRTH

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

Registration District No.

Primary Registration No.

Hospital

FULL NAME OF CHILD

Sex of Child

Number of child in order of birth

FULL NAME

RESIDENCE

AGE AT LAST BIRTHDAY

(Years)

(Years)

COLOR OR RACE

Given names added from a supplemental report

CERTIFICATE OF ATTENDANT AT BIRTH

I hereby certify that I attended the birth of this child, who was born alive at the place and time of birth stated above.

(Signature)

(Address)

Registrar

Form V. S. No. 11-C—10m-8-7-11

391 [redacted] 18-515

Form V. S. No. 11-C—20m-2-15-12

BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of [redacted]nte

City of Orofino

No. ..... St.

Hospital .....

Registration District No. 17 File No. 10532

Primary Registration District No. 2078 Registered No. 60

FULL NAME OF CHILD GLENN E. CRAIG

Sex of Child	Twin / Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Male				yes	Dec 14 1912

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	Stephen M. Craig	Vivian Van Hise
RESIDENCE	Orofino, Ida	Orofino, Ida
COLOR	White	White
AGE AT LAST BIRTHDAY (Years)	33	26
BIRTHPLACE	Kansas	Neb
OCCUPATION	Farmer	Housewife

Number of child of this mother, including present birth 3

Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 1 A. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. M. Fairly M.D.

Physician

(Physician or midwife)

Address Orofino Ida

Filed Dec 14 19 12 J. M. Fairly Registrar

Given names added from a supplemental report

..... 19.....

..... Registrar

S-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

JUN 1 8 1974

Amended 9/24/69 018-314

Form [illegible] No. 11-C—Rev-2-15-12

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Clearwater

City of Orofino

Registration District No. 17 File No. 10533

No. ____ St.

Primary Registration District No. 078 Registered No. 66

Hospital ____

FULL NAME OF CHILD ELMA FAY Snyder

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Female			Yes	Dec 9 1912

FATHER		MOTHER	
FULL NAME	Amos J. Snyder	FULL MAIDEN NAME	Bessie N Ladd
RESIDENCE	Orofino, Idaho	RESIDENCE	Orofino, Ida
COLOR	White	AGE AT LAST BIRTHDAY (Years)	26
COLOR	White	AGE AT LAST BIRTHDAY (Years)	22
BIRTHPLACE	W. Va.	BIRTHPLACE	Nebr.
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 3

Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at ✓ M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) ✓ None

✓ (Physician or midwife)

Given names added from a supplemental report

....., 19.....

..... Registrar

Address .....

Filed Dec 16 1912 J M Davis Registrar

S-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

SEP 12 1969

IDAHO DEPARTMENT OF HEALTH

BUREAU OF VITAL STATISTICS

Affidavit to Correct or Amend an Original Certificate of Birth or Death

RECEIVED
SEP 23 1969
Bureau of Vital Statistics

State of ..... } ss.
County of ..... }

Certificate No. 10533

Date Filed .....

The undersigned does solemnly swear that certain facts on the certificate of birth (Birth or Death)
for Edna C. Snyder (Name on Original Certificate) who was born (Was Born or Died) on Dec. 19, 1912 (Date of Event)
in Orofino, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts are shown by ..... (Bible Record, Insurance Policy, Etc.) prepared on ..... (Give Date) are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
Child's name	Edna C. Snyder	Elma Fay Snyder

Subscribed and sworn to before me this 19th day of September, 19 69

Dorothy Hunter

Notary Public, residing at Orofino

My commission expires Dec 1, 1970

(Seal)

X Signed Dorothy Hunter, N. Public
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

..... (Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of ..... } ss.
County of ..... }

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this ..... day of ....., 19.....

.....

Notary Public, residing at .....

My commission expires .....

(Seal)

Signed .....
(Signature of Any Credible Person)

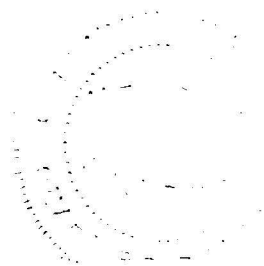
..... (Street Address, City, State)

FORM DH 60-155 CL 9/12/69

Family Record Book Gives namea as Elma Fay Snyder Born Dec. 9, 1912. in Clearwater County, Idaho. Parents names are Amos James and Betsy Ann (Ladd) Snyder.
Viewed by V. S.

SEP 24 1969

School State ment ~~gx~~ gives name as Elma Snyder. Attended school at age 9. Dated Oct. 4, 1922. Signed by Gayle Hayden, Clerk of the District Court, Clearwater County, Ida
Viewed by V. S.



289-219-018-859

Form V. S. No. 11-C—20m-2-15-12

PLACE OF BIRTH

County of Clearwater

City of Orofino

No. ..... St.

Hospital

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 17 File No. 10534

Primary Registration District No. 2078 Registered No. 67

FULL NAME OF CHILD Mary Winifred Shroyer

Sex of Child	Twin / Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Female			Yes	Dec 14 1912

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	Frank N. Shroyer	Catherine A. Heiburger
RESIDENCE	Orofino, Ida	Orofino Ida
COLOR	White	White
AGE AT LAST BIRTHDAY (Years)	36	32
BIRTHPLACE	Va	Iowa
OCCUPATION	Clerk	Housewife

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 12 P.M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. M. Tinsley

Physician

(Physician or midwife)

Address Orofino, Ida

Given names added from a supplemental report

..... 19.....

..... Registrar

Filed Dec 20 19 J. M. Tinsley Registrar

R-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

OCT 26 1972

719-121-018-251

Form V. S. No. 11-C—20m-2-15-12

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Nezperce

City of Orofino

Registration District No. 17 File No. 10535

No. ____ St.

Primary Registration District No. 2028 Registered No. 68

Hospital ____

FULL NAME OF CHILD LUTHER AMBROSE Parks

Sex of Child	Twin Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Male			Yes	Dec 21 1912

FATHER		MOTHER	
FULL NAME	Ambrose B. Parks	FULL MAIDEN NAME	Minnie Adams
RESIDENCE	Orofino, Ida	RESIDENCE	Orofino, Ida
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	40 (Years)	AGE AT LAST BIRTHDAY	34 (Years)
BIRTHPLACE	Ky.	BIRTHPLACE	Ark.
OCCUPATION	Attendant Insane Asylum	OCCUPATION	Housewife

Number of child of this mother, including present birth 4

Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 4 A. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. M. Fairley

Physician

(Physician or midwife)

Address Orofino Ida

Given names added from a supplemental report

....., 19.....

Filed Dec 21 1912 J. M. Fairley

Registrar

Registrar

S-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Form V.S. No. [illegible]—20m-2-15-12

STATE OF IDAHO—

BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

PLACE OF BIRTH

County of

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of Oregon
County of Umatilla } ss.

FEB 9 1942

Certificate No. 10535

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of Luther Ambrose Parks (Birth or Death)
for Andrew Parks, (Name on Original Certificate) who was Born (Was Born or Died) on Dec. 21 1912, (Date of Event)
in Orofino, Idaho, (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts are shown by Bible, (Family) (Bible Record, Insurance Policy, Etc.) prepared on Cant say (Give Date), are:

FACTS TO BE CORRECTED ("Name", "Birth Date", "Cause of Death", Etc.)	FROM (As on Original)	TO (The Correct Facts)
name	Andrew Parks	Luther Ambrose Parks

That I am the Father of Luther Ambrose Parks,

Subscribed and sworn to before me this
day of February, 1942.

Notary Public, residing at Pendleton, Oregon,
My commission expires July 15 1944.
(Seal)

Signed Ambrose. B. Parks
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)
915 SE Byers St. Pendleton, Oregon,
Avenue, (Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Oregon
County of Umatilla } ss.

[This Affidivat MUST Also be Executed.
(See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this
day of February, 1942.

Notary Public, residing at Pendleton, Oregon,
My commission expires July 15 1944
(Seal)

Signed Theodore Claude Parks
(Signature of Any Credible Person Other Than Previous Year)
915 Byers Avenue SE.
Pendleton, Oregon
(Street Address, City, State)

FEB 14 1942

SEP 11 1972

219-123-018-318

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH

County of Clearwater

City of Orofino,

No. ..... St.

Hospital .....

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

Form No. H-C—20m-2-15-12

CERTIFICATE OF BIRTH

Registration District No. 17 File No. 1053b

Primary Registration District No. 2628 Registered No. 69

FULL NAME OF CHILD Edward Justinus Sargent

Sex of Child	Twin / Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Male				Yes	Dec 23 1912

FATHER

FULL NAME: Eldur Sargent

RESIDENCE: Orofino, Ida

COLOR: White AGE AT LAST BIRTHDAY: 24 (Years)

BIRTHPLACE: Norway

OCCUPATION: Laborer

MOTHER

FULL MAIDEN NAME: Geneva Taylor

RESIDENCE: Orofino, Ida

COLOR: White AGE AT LAST BIRTHDAY: 20 (Years)

BIRTHPLACE: Canada

OCCUPATION: Housewife

Number of child of this mother, including present birth: 2

Number of children of this mother now living, including present birth: 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 1 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. M. Darby

Physician (Physician or midwife)

Address Orofino, Idaho

Given names added from a supplemental report

..... 19.....

Filed Dec 23 19 12 J. M. Darby Registrar

..... Registrar

8-Y CO. 20174

STATE OF IDAHO

BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

FEB 17 1942

File No. 10536

Registration District No.

Primary Registration District No.

Registered No.

PLACE OF BIRTH

County of

City of

No. St.

Hospital

FULL NAME OF CHILD

DEC 27 1955

PERMANENT RECORD

PLACE OF BIRTH Amended Sept 11, 1961

315 - 2225 - 018 - 138

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Clearwater

City of Orofino

No. ..... St.

Hospital .....

Registration District No. 17 File No. 10537

Primary Registration District No. 2078 Registered No. 70

FULL NAME OF CHILD Edna Bell Langdon
(Certificate of no value without full name of child.)

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of birth
Female			Yes	Dec. 25, 1912 (Month) (Day) (Year)

What bactericidal solution was used in eyes? .....

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

FATHER	MOTHER
FULL NAME: Eugene Langdon	FULL MAIDEN NAME: Frances Atherton
RESIDENCE: Orofino, Ida.	RESIDENCE: Orofino, Ida.
COLOR: White	COLOR: White
AGE AT LAST BIRTHDAY: 29 (Years)	AGE AT LAST BIRTHDAY: 19 (Years)
BIRTHPLACE: Mo.	BIRTHPLACE: Mo.
OCCUPATION: Farmer	OCCUPATION: Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 9 a. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. M. Fairly

Physician
(Physician or midwife)

Address Orofino, Idaho

Give names added from a supplemental report.

....., 192.....

..... Registrar.

Filed Dec. 25, ~~192~~ 1912 J. M. Fairly
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Form V. S. No. 11-C

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of [illegible]

City of Orofino

Registration District No. 14

File No. 10537

No. ____ St.

Primary Registration District No. 2028

Registered No. 70

Hospital ____

FULL NAME OF CHILD Ora Langdon

Sex of Child: Female

Twin, Triplet or other? ____ and Number in order of birth ____ (To be answered only in event of plural births)

Legitimate? Yes

Date of Birth: Dec. 25 (Month) (Day) 1912 (Year)

FATHER	MOTHER
FULL NAME: George Langdon	FULL MAIDEN NAME: Frances A Thorton
RESIDENCE: Orofino, Ida	RESIDENCE: Orofino, Ida
COLOR: White	COLOR: White
AGE AT LAST BIRTHDAY: 29 (Years)	AGE AT LAST BIRTHDAY: 19 (Years)
BIRTHPLACE: Mo	BIRTHPLACE: Mo
OCCUPATION: Farmer	OCCUPATION: Housewife

Number of child of this mother, including present birth: 1

Number of children of this mother now living, including present birth: 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 9 A.M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. M. Tarbet
by Mary Anderson
(Physician or midwife)

Address Orofino Idaho

Given names added from a supplemental report

....., 19.....

Filed Dec 25, 1912 J. M. Tarbet
Registrar

S-Y CO. 20174

Registrar

Form V. S. No. 11-C—20m-2-15-12

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

PLACE OF BIRTH

County of 1961

City of ..... SEP 15 1961

No. ..... St.

Hospital .....

FULL NAME OF CHILD .....

Primary Registration District No. ..... Registered No. .....

Registration District No. ..... File No. .....

Sex of Child	Twin, Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth ..... 19.. (Month) (Day) (Year)

	FATHER	MOTHER
FULL NAME		FULL MAIDEN NAME
RESIDENCE		RESIDENCE
COLOR	AGE AT LAST BIRTHDAY ..... (Years)	COLOR AGE AT LAST BIRTHDAY ..... (Years)
BIRTHPLACE		BIRTHPLACE
OCCUPATION		OCCUPATION

Number of child of this mother, including present birth ..... Number of children of this mother now living, including present birth .....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was ..... at ..... M.
on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) .....

(Physician or midwife) .....

Given names added from a supplemental report

Address .....

Filed ..... 19.. Registrar .....

Registrar .....

S-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY. WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Photocopy of page from Family Bible gives name as Edna Bell Langdon born Dec. 25, 1912. viewed by V.S.
Own child's birth certificate on file Idaho, #422863, gives name as Edna Bell Langdon.

AFFIDAVIT

STATE OF IDAHO)
) ss.
County of Lewis)

EUGENE LANGDON, being first duly sworn on oath, deposes and says:

That I am the father of Edna Bell Langdon Stalnaker, whose maiden name was Edna Bell Langdon; that the mother of Edna Bell Langdon was Frances Atherton Langdon, her maiden name being Frances Atherton;

That the said Edna Bell Langdon was born the lawful issue of the marriage of myself and the aforementioned mother on the 25th day of December, 1912 within the County of Clearwater, State of Idaho; that a doctor was in attendance at said birth, said doctor being J. M. Fairley;

That the said Edna Bell Langdon is the same person to whom a certificate of birth was issued showing her name to be Ora Langdon, being Registration District No. 17, Primary Registration District No. 2078, File Number 10537, and Registered No. 70, State of Idaho, County of Clearwater, City of Orofino;

That, through oversight, error or neglect, the name on the said birth certificate was shown as Ora Langdon instead of Edna Bell Langdon as it should have been; that your affiant believes the doctor in attendance made this error due to the fact that another relative of the family was present at the birth of Edna Bell Langdon which said other relative's name was Ora Langdon;

That the said Edna Bell Langdon was christened at

birth by her mother and myself as Edna Bell Langdon and that she has been known all of her life as Edna Bell Langdon; that, your affiant, in support of said allegations, attachs hereto and makes a part and parcel of this Affidavit the same as though fully set forth herein, an actual photograph of a page from your affiant's family Bible with said page showing records of births of your affiant's children; that your affiant has personal knowledge that the matters written and shown in the attached photograph were entered in said family Bible shortly after the birth as shown opposite the names of the several children; that the said Edna Bell Langdon is recorded in the family Bible of your affiant as having been born on December 25, 1912 in Clearwater County, Idaho, and christened Edna Bell Langdon; that your affiant has personal knowledged that said entry in your affiant's family Bible was made more than forty (40) years ago and in fact, shortly after the birth of Edna Bell Langdon.

DATED this 9 day of ~~July~~ August, 1961.

Eugene Langdon
Eugene W Langdon
Eugene Langdon

SUBSCRIBED AND SWORN to before me this 9 day of ~~July~~ August, 1961.

E O Tennell
Notary Public in and for the State of Idaho, residing at Nezperce, therein.

(SEAL)

Comm. expires: May 24 1963

AFFIDAVIT

STATE OF IDAHO)
) ss.
County of Clearwater)

EDNA BELL LANGDON STALNAKER, being first duly sworn on oath, deposes and says:

That her maiden name was Edna Bell Langdon; that she was born the issue of Eugene Langdon, her father, and Frances Langdon, whose maiden name was Frances Atherton, her mother, being born near Orofino, within the County of Clearwater, State of Idaho; that she was born on the 25th day of December, 1912;

That the doctor in attendance, whose name was J. M. Fairley, through negligence or oversight listed the name on the birth certificate issued by the State of Idaho, Bureau of Vital Statistics, showing registration District Number 17, Primary Registration District No. 2078, File Number 10537, and Registered No. 70; that affiant has always gone by the name of Edna Bell Langdon and affiant is informed and believes and therefore alleges that the doctor in attendance at affiant's birth placed the name of Ora Langdon on the said certificate of birth through an oversignt in that you affiant's grandmother, who was present at the time, was known as Ora Atherton.

DATED this 1st day of August, 1961.

Edna Bell Langdon Stalnaker
Edna Bell Langdon Stalnaker

SUBSCRIBED AND SWORN to before me this 1st day of August, 1961.

Ralph Haley
Ralph Haley, Notary Public in and for the State of Idaho, residing at Orofino, therein.
Comm. expires: June 16, 1962.

(SEAL)

719-208-018-381

Form V. S. No. 11-C—20m-2-15-12

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Clearwater

City of Oro Fino

Registration District No. 17 File No. 10538

No. ____ St.

Primary Registration District No. 2075 Registered No. 71

Hospital ____

FULL NAME OF CHILD County Parent

Sex of Child	Twin, Triplet or other?	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Female	X	X	Yes	Dec 8 1912

(To be answered only in event of plural births)

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	Louis P. Parent	Margaret Charbon
RESIDENCE	Oro Fino Ida	Oro Fino
COLOR	White	White
AGE AT LAST BIRTHDAY (Years)	41	40
BIRTHPLACE	Canada	Canada
OCCUPATION	Station Agent	Housewife

Number of child of this mother, including present birth 7

Number of children of this mother now living, including present birth 7

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 4 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Erle W. Horswill M.D.

Oro Fino Ida

(Physician or midwife)

Given names added from a supplemental report

....., 19.....

Registrar

Address ____

Filed Dec 31 19 12 J. M. Faucett Registrar

S-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

MARGIN RESERVED FOR BINDING

WHITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Form V. S. No. 11-C—20m-2-15-19

RESIDENCE

COLOR | AGE AT LAST BIRTHDAY (Years)

BIRTHPLACE

Amended 5/17/71

35-3-215-018-195

(Be sure the information is complete and accurate)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 10539
Local Reg. No.
Reg. Dist. No. 17

1. PLACE OF BIRTH

a. COUNTY: Clearwater

b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN: Orofino

c. FULL NAME OF (If NOT in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION:

2. USUAL RESIDENCE OF MOTHER (Where does mother live?)

a. STATE: Idaho b. COUNTY: Clearwater

c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN: near Orofino

d. STREET ADDRESS (If rural, give location):

3. CHILD'S NAME (Type or print)

a. (First): Esther b. (Middle): May c. (Last): LeClerc

4. SEX: Female

5a. THIS BIRTH: SINGLE X TWIN ____ TRIPLET ____

5b. IF TWIN OR TRIPLET (This child born) 1st ____ 2nd ____ 3rd ____

6. DATE OF BIRTH (Month) (Day) (Year): Dec. 15, 1912

FATHER OF CHILD

7. FULL NAME

a. (First): Ernest b. (Middle): c. (Last): LeClerc

8. AGE (At time of this birth): 31 YEARS

9. BIRTHPLACE (State or foreign country) (City or Town): Canada

10. USUAL OCCUPATION: Farmer

11. KIND OF BUSINESS OR INDUSTRY:

MOTHER OF CHILD

12. FULL MAIDEN NAME

a. (First): Ririe b. (Middle): c. (Last): Arnold

13. AGE (At time of this birth): 19 YEARS

14. BIRTHPLACE (State or foreign country) (City or Town): Missouri

15. CHILDREN PREVIOUSLY BORN TO THIS MOTHER (Do NOT include this child)

a. How many OTHER children are now living?

b. How many OTHER children were born alive but are now dead?

c. How many children were stillborn (born dead after 20 wks. pregnancy?)

16. INFORMANT'S SIGNATURE OR NAME (Relationship):

I hereby certify that this child was born alive on the date stated above.

17. SIGNATURE: Erle W. Horswill, M. D.

18. ATTENDANT AT BIRTH: M.D. X MIDWIFE ____ OTHER (Specify) ____

19. ADDRESS: Orofino, Idaho

20. DATE SIGNED:

21. DATE REC'D BY LOCAL REG.: Dec. 30, 1912

22. REGISTRAR'S SIGNATURE: J. M. Fairly

23. DATE ON WHICH GIVEN NAME ADDED BY ____ Registrar

...rict where the birth occurred WITHIN 10 days after the date of birth of the child. Address ...ITAL STATISTICS, BOISE, IDAHO.

IDAHO DEPARTMENT OF HEALTH

BUREAU OF VITAL STATISTICS

Affidavit to Correct or Amend An Original Certificate of Birth or Death

State of ..... } ss.

County of ..... }

Certificate No. 10539

Date Filed .....

RECEIVED
APR 23 1971
Bureau of Vital Statistics

The undersigned does solemnly swear that certain facts on the certificate of Birth (Birth or Death)

for Ester May LaClair (Name on Original Certificate) was born (Was Born or Died) on Dec. 15, 1912 (Date of Event)

in Orofino, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the true facts are shown by ..... (Bible Record, Insurance Policy, Etc.) prepared on ..... (Give Date), are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
Full Name of Child	Ester May LaClair	Esther May LeClerc
Full Name of Father	Earnest LaClair	Ernest LeClerc
		A.K.A.

Subscribed and sworn to before me this 14th day of April, 1971

JOYCE C. SNELL
NOTARY PUBLIC
Principal Office, San Diego Co. Calif.
My Commission Expires March 4, 1972

Notary Public residing at .....
My commission expires .....
(Seal)

Signed Ruth Guneius (Ruia)
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

4940 - Gary St. San Diego, California 92116
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of California }
County of San Diego } ss.

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 13th day of April, 1971

JOYCE C. SNELL
NOTARY PUBLIC
Principal Office, San Diego Co. Calif.
My Commission Expires March 4, 1972

Notary Public residing at San Diego, Calif.
My commission expires March 4, 1972
(Seal)

Signed Constance E. Summers (Victor)
(Signature of Any Credible Person)

728 S. 8th St. Springfield Ill.
(Street Address, City, State)

FORM DH 60-135 CL 5-24-61. nm

Copy of Marriage Return from Washington. Place of Marriage Pasco, WA. Groom's name Ernest Leclerc, age 29, Residence, Slater WA. Brides name Ririe Arnold, age 18, Residence Slater, WA. Date of Marriage Nov. 14, 1911. Viewed by V. S.

Family Record made in 1955 gives child's name as Esther May LeClerc born Dec. 15, 1912 at Orofino, Idaho. Father's name as Ernest LeClerc and mother's name as Ririe Lee Arnold. Viewed by V. S.

Nortification of Birth Registration from Portland, Oregon gives child;s name as Dona Marlene Thomas. Born Feb. 18, 1934 at Astoria, Oregon. Father's name as Arthur Richard Thomas and Mother's name as Esther May Le Clerc. Viewed by V. S.

Form V. S. No. 11-C—20m-2-15-12

PLACE OF BIRTH

County of Clearwater

City of Oro Fino

No. ..... St.

Hospital .....

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 17 File No. 10539

Primary Registration District No. 2098 Registered No. 72

FULL NAME OF CHILD Ester May La Claire

Sex of Child	Twin, Triplet or other?	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Female	X (To be answered only in event of plural births)	X	Yes	Dec 15 1912

FATHER		MOTHER	
FULL NAME	Earnest La Claire	FULL MAIDEN NAME	Rosie Arnold
RESIDENCE	Near Oro Fino Ida	RESIDENCE	Near Oro Fino Ida
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	31 (Years)	AGE AT LAST BIRTHDAY	19 (Years)
BIRTHPLACE	Canada	BIRTHPLACE	Missouri
OCCUPATION	Farmer	OCCUPATION	Housework

Number of child of this mother, including present birth .....

Number of children of this mother now living, including present birth .....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 11 a M. on the date above stated.

(Signature) Earle W. Horsnell M.D.

Oro Fino Ida (Physician or midwife)

Address .....

Filed Dec 30 1912 J. M. Gourley Registrar

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report

..... 19.....

..... Registrar

S-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

MAY 17 1971

258 - 118-018-695

Form V. S. No. 11-C—20m-2-15-12

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Clearwater

City of Weippe

No. ____ St.

Hospital ____

Registration District No. 17 File No. 10540

Primary Registration District No. 3078 Registered No. 73

FULL NAME OF CHILD Robert Lee SNYDER

Sex of Child	Twin, Triplet or other?	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Male	____	____	Yes	Dec 18 1912

(To be answered only in event of plural births)

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	Denver Snyder	Sylvia Trad
RESIDENCE	Weippe Ida	Weippe Ida
COLOR	White	White
AGE AT LAST BIRTHDAY	24 (Years)	14 (Years)
BIRTHPLACE	West Virginia	Weippe Ida
OCCUPATION	Farmer	Housewife

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born Alive, at 12 A. M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Eric V. Horswill M.D.

Orofino Ida
(Physician or midwife)

Address ____

Given names added from a supplemental report

....19....

Registrar

Filed Dec 30 1912 J. M. Sanders
Registrar

S-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Form V. S. No. 11-C—Rev. 2-15-12

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

PLACE OF BIRTH

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

RESIDENCE

COLOR — ABE AT LAST BIRTHDAY (Years)

BIRTHPLACE

Address

Registrar

465- [redacted] 19 - 723

PLA[redacted]

County of [redacted]

City of [redacted]kay

No. ____, ____ St.

Hospital ____

Form V. S. No. 11-C—15m-6-20-11

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

Registration District No. 14 File No. 10541

Primary Registration District No. 2064 Registered No. 71

FULL NAME OF CHILD Gladys Montgomery

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Female			Yes	12 - 22 - 1912

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	Chas. W. Montgomery	Ella Gillett
RESIDENCE	Macclay, Idaho	Macclay, Id.
COLOR	Wh	Wh
AGE AT LAST BIRTHDAY (Years)	49	34
BIRTHPLACE	Idaho	Illinois
OCCUPATION	Cook	Wife

Number of child of this mother, including present birth 6

Number of children, of this mother, now living, including present birth 4

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 1 A M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) F. P. Richards, M.D.

(Physician or Midwife)

Address Macclay, Idaho

Given names added from a supplemental report

....., 19.....

Registrar

Filed Jan 9th 1913 C. B. Kirtley

Registrar

S-Y CO., 16670

MAR 22 1943

JUL 17 1945

365-221-019-966

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Custer

City of Mackay

No. ____ St.

Hospital ____

Registration District No. 14 File No. 10542

Primary Registration District No. 2067 Registered No. 69

FULL NAME OF CHILD Bernice Longhurst

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births) and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Girl		yes	Dec 21 1912

FATHER	MOTHER
FULL NAME Grant Longhurst	FULL MAIDEN NAME Luella Rowberry
RESIDENCE Mackay	RESIDENCE Mackay
COLOR white	COLOR white
AGE AT LAST BIRTHDAY 27 (Years)	AGE AT LAST BIRTHDAY 24 (Years)
BIRTHPLACE Gardnerville Utah	BIRTHPLACE Ogden Utah
OCCUPATION Farmer	OCCUPATION housewife

Number of child of this mother, including present birth 3

Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born Alive Dec 21, at 8 P.M. (Born alive or stillborn) on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Sarah J Runeberg

Abstention (Physician or midwife)

Address Deer Island Boneville Co

Given names added from a supplemental report

....., 19.....

Filed Dec 29 1913 C. E. Kirtley Registrar

.....
Registrar

S-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY—WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child a SEPARATE RETURN must be made for each and the number of each in order of birth stated.

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

Form V. S. No. 11-C—20m-2-15-12

PLACE OF BIRTH

County of

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Address

19

Filed

19

Registrar

(Signature)

S-Y CO. 20124

993 - 226 - 019 - 365

Form V. S. No. 11-C—20m-2-15-12

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH

County of Custer

City of Lesley

No. ..... St.

Hospital .....

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 14 File No. 10543

Primary Registration District No. 2064 Registered No. 76

FULL NAME OF CHILD Ruth Killian

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
girl			yes	Nov 26 1912

FATHER		MOTHER	
FULL NAME	Marion D Killian	FULL MAIDEN NAME	Dru Longwest
RESIDENCE	Lesley	RESIDENCE	Lesley
COLOR	white	COLOR	white
AGE AT LAST BIRTHDAY (Years)	24	AGE AT LAST BIRTHDAY (Years)	20
BIRTHPLACE	Glenwood Service Co Utah	BIRTHPLACE	Iona Idaho
OCCUPATION	Lumber Laborer	OCCUPATION	Housewife

Number of child of this mother, including present birth 1

Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born Alive (Born alive or stillborn) Nov 26, at 3 P M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Sarah J Rowberry

Obstetrician (Physician or midwife)

Address Iona Bonneville Co Idaho

Given names added from a supplemental report

..... 19.....

Filed Dec 29th 1912 C. L. Hurtley Registrar

..... Registrar

8-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY. WITH UNFADING INK. THIS IS A PERMANENT RECORD.

U. S. In case of more than one child delivered, a SEPARATE RETURN must be made for each and the number of each child should be given.

PLACE OF BIRTH

(County of

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Form V. S. No. 11-C—20m-9-15-12

CHILD.

FATH

Address

19

Filed

Registrar

396-108-032

PLACE OF BIRTH

Form V. S. No. 11-C—20m-5-31-12

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Lincoln

City of Near Heyburn

Registration District No. 29 File No. 10544

No. ____ St.

Primary Registration District No. 2102 Registered No. 98

Hospital ____

FULL NAME OF CHILD Croft

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Male			yes	12 - 8 1912

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	W. P. Croft	Ida Harris
RESIDENCE	Heyburn, Idaho	Heyburn, Idaho
COLOR	White	White
AGE AT LAST BIRTHDAY (Years)	26	27
BIRTHPLACE	Utah	Utah
OCCUPATION	Farmer	

Number of child of this mother, including present birth 3

Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 2 a. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Dr. J. E. Patterson M. D.

(Physician or midwife)

Address Burley, Idaho

Given names added from a supplemental report

....., 19.....

Filed Jan. 12 1913 V. R. Tillery Registrar

.....
Registrar

S-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF IDAHO

BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Form V. S. No. 11-C—20m-2-15-12

PLACE OF BIRTH

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD.

If a child of more than one child is born, a SEPARATE RETURN must be made for each and the number of each in order of birth must be stated.

689 - 208-932-689

Form V. S. No. 11-C—20m-8-15-12

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Lincoln

City of Acequia

No. ..... St.

Registration District No. 29 File No. 10545

Primary Registration District No. 2015 Registered No. 92

Hospital .....

FULL NAME OF CHILD Grace Millvina Whitworth

Sex of Child	Twin / Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Female			Yes	Dec 8 1912

FATHER	MOTHER
FULL NAME Jesse Whitworth	FULL MAIDEN NAME Millie Whittle
RESIDENCE Acequia	RESIDENCE Acequia
COLOR White	COLOR White
AGE AT LAST BIRTHDAY 29 (Years)	AGE AT LAST BIRTHDAY 25 (Years)
BIRTHPLACE Pioneer Oregon	BIRTHPLACE Marshall Co Iowa
OCCUPATION Laborer	OCCUPATION Housewife

Number of child of this mother, including present birth 3 2nd

Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was ..... (Born alive ~~or stillborn~~) at 2 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. A. Scott M. D.

Rupert Idaho

(Physician ~~or midwife~~)

Given names added from a supplemental report

..... 19.....

Address .....

Filed Jan. 12 1913 V. R. Killam

..... Registrar

Registrar

S-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

JUN 1 3 1974

389-205-032-319

PLACE OF BIRTH

County of Lincoln

City of Acquia

No. ..... St.

Hospital .....

[redacted] BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 29 File No. 10546

Primary Registration District No. 2015 Registered No. 91

FULL NAME OF CHILD Alice Marie Christean

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Female			Yes	Dec 5 1912

FATHER	MOTHER
FULL NAME Lorn Christean	FULL MAIDEN NAME Elna Larson
RESIDENCE Acequia Ida	RESIDENCE Acequia
COLOR White	COLOR White
AGE AT LAST BIRTHDAY 30 (Years)	AGE AT LAST BIRTHDAY 23 (Years)
BIRTHPLACE Colo.	BIRTHPLACE Utah
OCCUPATION Mail Carrier	OCCUPATION Housewife

Number of child of this mother, including present birth 3rd

Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was ..... (Born alive ~~or stillborn~~) at 8 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) P. A. Scott

Luther Dela (Physician ~~or midwife~~)

Given names added from a supplemental report

..... 19.....

..... Registrar

Address .....

Filed Jan. 12 1913 W. R. Kilburn Registrar

S-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth, stated.

SEP 1 8 1972

FORM NO. 23 — ACKNOWLEDGMENT
STEVENS-NESS LAW PUB. CO., PORTLAND, ORE.

STATE OF OREGON,
County of Jackson } ss.

BE IT REMEMBERED, That on this 15th day of November, 1972, before me, the undersigned, a Notary Public in and for said County and State, personally appeared the within named ROBERT L. CHRISTEAN

known to me to be the identical individual..... described in and who executed the within instrument and acknowledged to me that.....executed the same freely and voluntarily.

IN TESTIMONY WHEREOF, I have hereunto set my hand and affixed my official seal the day and year last above written.

Edmund Ramsay
EDMUND RAMSAY
NOTARY PUBLIC — OREGON
My Commission Expires Oct. 15, 1973

Notary Public for Oregon.
My Commission expires.....

IDAHO DEPARTMENT OF HEALTH
BUREAU OF VITAL STATISTICS

RECEIVED
BUREAU OF
VITAL STATISTICS
DEC 13 9 29 AM '72

Affidavit to Correct or Amend An Original Certificate of Birth or Death

State of OREGON } ss.
County of JACKSON }

Certificate No. 10546

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of birth (Birth or Death)
for unnamed female Christean (Name on Original Certificate) who was born (Was Born or Died) on December 5, 1912 (Date of Event)
in Acquia, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts are shown by (Bible Record, Insurance Policy, Etc.) prepared on (Give Date), are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
name of child	Unnamed	Alice Marie Christean

Subscribed and sworn to before me this 15th day of November, 1972

Edmund Grayson
Notary Public, residing at Jacksonville Ore
My commission expires Oct 15, 1973
(Seal)

Signed Robert L. Christean
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

670 THUMBLEWEED TRAIL, JACKSONVILLE, ORE. 97530
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Oregon } ss.
County of Curry }

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 6th day of December, 1972

Shirley K. Anders
Notary Public, residing at
My commission expires
(Seal)

NOTARY PUBLIC - OREGON
My Commission Expires 4/23/76 9-15-72

Signed H.W. Christean
(Signature of Any Credible Person)

Box 1000 Brookings Ore
(Street Address, City, State)

FORM DH 60-155 "C"

DEC 13 1972

Marriage Certificate from Calif. gives groom's name as Don M. Brown and the birde's name as Alice Marie Carter. DatedSept. 12, 1947. Viewed by V. S

Return of Marrige gives groom's name as Chester Ed Carter and Alice Marie Christ[redacted]. Dated Aug. 28, 1930. Viewed by V. S. (from Oregon)

Social Secuirty Card gives name as Alice Marie Brown (#541-14-3108.) Viewed by VS

365-204-032-318

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Form V. S. No. 11-C—20m-3-16-12

PLACE OF BIRTH

County of Lincoln

City of Acequia

No. ..... St.

Hospital .....

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 29 File No. 10547

Primary Registration District No. 2015 Registered No. 90

FULL NAME OF CHILD Cornelia Catherine Lovin

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Female			Yes	12 4 1912

FATHER

FULL NAME R. N. Lovin

RESIDENCE Acequia

COLOR White AGE AT LAST BIRTHDAY 29 (Years)

BIRTHPLACE Tennessee

OCCUPATION Farmer

MOTHER

FULL MAIDEN NAME Dora Taylor

RESIDENCE Acequia

COLOR White AGE AT LAST BIRTHDAY 36 (Years)

BIRTHPLACE Tennessee

OCCUPATION Housewife

Number of child of this mother, including present birth 3

Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 12 M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. B. Kyger

Physician

(Physician or midwife)

Address Rupert

Given names added from a supplemental report

..... 19.....

..... Registrar

Filed Jan. 12 1913 V. R. Killen Registrar

8-Y CO. 20174

JAN 24 1975

593-128-032-655

Form V. S. No. 11-C 20m-2-15-12

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Lincoln

City of Rupert

No. ..... St.

Hospital .....

Registration District No. 29 File No. 10548

Primary Registration District No. 2015 Registered No. 97

FULL NAME OF CHILD .....

Sex of Child	Twin / Triplet or other? (To be answered only in event of plural births) and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Male		Yes	12 28 1912

FATHER	MOTHER
FULL NAME: Will Nelson	FULL MAIDEN NAME: May Fenton
RESIDENCE: Mc Minnville Ore	RESIDENCE: Mc Minnville Ore
COLOR: White	COLOR: White
AGE AT LAST BIRTHDAY: 20 (Years)	AGE AT LAST BIRTHDAY: 19 (Years)
BIRTHPLACE: Colo	BIRTHPLACE: Kans
OCCUPATION: Farmer	OCCUPATION: Housewife

Number of child of this mother, including present birth: 1

Number of children of this mother now living, including present birth: 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 6:30 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J B Kenaga

Physician

(Physician or midwife)

Address Rupert Idaho

Given names added from a supplemental report

..... 19.....

Filed Jan. 12 1913 J. P. Killeen

Registrar

..... Registrar

S-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

PLACE OF BIRTH

(County of)

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK. THIS IS A PERMANENT RECORD.

RESIDENCE

COLOR — AGE AT LAST BIRTHDAY (Years)

BIRTHPLACE

RESIDENCE

COLOR — AGE AT LAST BIRTHDAY (Years)

BIRTHPLACE

19 Address

Filed 19 Registrar

231-124-032-712

Form V. S. No. 11-C—20m-2-15-12

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Lincoln

City of Rupert

No. ____ St.

Hospital ____

Registration District No. 29 File No. 10549

Primary Registration District No. 2015 Registered No. 96

FULL NAME OF CHILD J. Spencer Black

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth
Male			Yes	Dec 24 (Month) (Day) 1912 (Year)

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	Daniel E Black	Lavinia Paskett
RESIDENCE	Rupert	Rupert
COLOR	White	White
AGE AT LAST BIRTHDAY	37 (Years)	32 (Years)
BIRTHPLACE	Utah	Utah
OCCUPATION	Farmer	Housewife

Number of child of this mother, including present birth 6 Number of children of this mother now living, including present birth 6

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive, at 3 p. M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. B. Kepaugh
Physician
(Physician or midwife)

Address Rupert Idaho

Given names added from a supplemental report

..... 19.....

Filed Jan. 12 1913 F. P. Killam
Registrar

..... Registrar

8-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

SEP 7 1976

DECEASED

IDAHO DEPARTMENT OF HEALTH
BUREAU OF VITAL STATISTICS

RECEIVED
BUREAU OF
VITAL STATISTICS
APR 22 10 39 AM '77

Affidavit to Correct or Amend An Original Certificate of Birth or Death

State of Idaho
County of Cassia } ss.

Certificate No. 10549
Date Filed

The undersigned does solemnly swear that certain facts on the certificate of birth (Birth or Death)
for Unnamed Black (Male) (Name on Original Certificate) who was born (Was Born or Died) on Dec 24, 1912 (Date of Event)
in Rupert, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts are shown by Bible Record (Bible Record, Insurance Policy, Etc.) prepared on Dec 24, 1912 (Give Date), are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
child's name	Unnamed	J. Spencer Black

Subscribed and sworn to before me this 19 day of April 19 77

Betty Perry

Notary Public, residing at Albion, Idaho
My commission expires 1-28-79
(Seal)

Signed Wilace B. Perry
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting

Box 141 - Albion, Ida 83311
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Idaho
County of Cassia } ss.

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 19 day of April 19 77

Betty Perry

Notary Public, residing at Albion, Idaho
My commission expires 1-28-79
(Seal)

Signed Leone Tyler
(Signature of Any Credible Person)

1344 - 18th St. Heyburn Ida 83336
(Street Address, City, State)

FORM DH 50-158 CL 9/7/76

MAY 1 0 1977

Insurance policy from Business Men's Assurance Co, of American gives name as J. Spencer Black age 25. dated Sept 16, ~~1935~~ 1937. Policy No. L 234846. viewed by V. S.

Marriage license and certif from Idaho gives groom's name as J. Spencer Black and the bride's name Erica Dee Lowe. dated June 8, 1935; viewed by VS

685-109-032-493

Form V. S. No. 11-C—20m-2-15-12

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH

County of Lincoln

City of Rupert

No. ..... St.

Hospital .....

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 29 File No. 10550

Primary Registration District No. 2015 Registered No. 93

FULL NAME OF CHILD CHARLES WAYNE WHEELER

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Male			Yes	Dec. 9 1912

FATHER	MOTHER
FULL NAME Chas. M Wheeler	FULL MAIDEN NAME Pearl Dickson
RESIDENCE Rupert	RESIDENCE Rupert
COLOR White AGE AT LAST BIRTHDAY 36 (Years)	COLOR White AGE AT LAST BIRTHDAY 26 (Years)
BIRTHPLACE Iowa	BIRTHPLACE Mo.
OCCUPATION Farmer	OCCUPATION Housewife

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 4:30 a. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. B. Kennedy M.D.

(Physician or midwife)

Address Rupert Idaho

Given names added from a supplemental report

..... 19.....

Filed Jan. 12 1913 W. K. Killen

Registrar

..... Registrar

S-Y CO. 20174

PLACE OF BIRTH

RESIDENCE

COLOR

AGE AT LAST BIRTHDAY (Years)

BIRTHPLACE

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of Idaho } ss. JAN 29 1942 Certificate No. 10550
County of Minidoka } Date Filed

The undersigned does solemnly swear that certain facts on the certificate of birth (BIRTH OR DEATH)
for Charles Wayne Wheeler (NAME ON ORIGINAL CERTIFICATE) who was born (WAS BORN OR DIED) on December 9, 1912 (DATE OF EVENT)
in Rupert, Idaho (PLACE OF EVENT) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts as shown by Physician's record (BIBLE RECORD, INSURANCE POLICY, ETC.) prepared on December 9, 1912 (GIVE DATE), are:

FACTS TO BE CORRECTED ("NAME", "BIRTH DATE", "CAUSE OF DEATH", ETC.)	FROM (AS ON ORIGINAL)	TO (THE CORRECT FACTS)
Name	Unnamed Wheeler	Charles Wayne Wheeler

Subscribed and sworn to before me this 28th
day of January, 19 42
~~Probate Judge~~
~~Notary Public~~, residing at Rupert, Idaho
My commission expires
(SEAL)

Signed Mrs C. M. Wheeler -nee- Pearl Alice Dickson
(SIGNATURE OF PARENT OR ATTENDANT IF CORRECTING A BIRTH RECORD; OF ATTENDANT, FUNERAL DIRECTOR, INFORMANT IF CORRECTING A DEATH RECORD; OR OTHER CREDIBLE PERSON.)
R#3, Rupert, Idaho
(STREET ADDRESS, CITY, STATE)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Idaho } ss.
County of Minidoka }

[THIS AFFIDAVIT MUST ALSO BE EXECUTED. (SEE CHAPTER 138, 1937 IDAHO SESSION LAWS.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.
Subscribed and sworn to before me this 14th
day of Jan., 1942
~~Notary Public~~, residing at Rupert
My commission expires Probate Judge
(SEAL)

Signed Horace Bennett
(SIGNATURE OF ANY CREDIBLE PERSON OTHER THAN PREVIOUS AFFIANT.)
Rt # 3 Rupert, Idaho
(STREET ADDRESS, CITY, STATE)

Received for filing on JAN 29 1942 By
(REGISTRAR'S SIGNATURE)

212-223-032-713

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, ~~other answers hereunder~~ must be made for each and the number of each, in order of birth stated

PLACE OF BIRTH

Form V. S. No. 11-C—10m-8-7-11

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

County of [illegible]

City of [illegible]

No ....., ... St.

Registration District No. 29 File No. 10551

Primary Registration District No. 2102 Registered No. 94

Hospital .....

FULL NAME OF CHILD EDITH MERL Velma Hark Baker

Sex of Child: Female	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth: 2	Legitimate? Yes	Date of birth: Dec (Month) 23 (Day) 1912 (Year)

FATHER		MOTHER	
FULL NAME	John Elmer Baker	FULL MAIDEN NAME	Ruth Pate
RESIDENCE	Heyburn Ida	RESIDENCE	Heyburn Ida
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	40 (Years)	AGE AT LAST BIRTHDAY	41 (Years)
BIRTHPLACE	Union Fork Utah	BIRTHPLACE	St Lake Co Utah
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 2

Number of children, of this mother, now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 6 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. M. Minton M.D.

(Physician or Midwife)

Address Burley Ida

Given names added from a supplemental report

....., 19.....

Filed Jan. 12 1913 J. R. Killen

Registrar

SYMS - YORK CO., PTRS. & BDRS. 17326

Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

If a child of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each in order of birth noted.

PLACE OF BIRTH

STATE OF IDAHO

Form V. S. No. 11-C—10m-8-7-11

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of Utah } ss.
County of Salt Lake }

SEP 10 1947

Certificate No. 10551

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of Birth (BIRTH OR DEATH)
for Velma Ruth Baker (NAME ON ORIGINAL CERTIFICATE) who was born (WAS BORN OR DIED) on Dec. 23, 1912 (DATE OF EVENT)
in Hepburn, Idaho (PLACE OF EVENT) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts as shown by ..... (BIBLE RECORD, INSURANCE POLICY, ETC.) prepared on ..... (GIVE DATE), are:

FACTS TO BE CORRECTED ("NAME", "BIRTH DATE", "CAUSE OF DEATH", ETC.)	FROM (AS ON ORIGINAL)	TO (THE CORRECT FACTS)
name	Velma Ruth Baker	Christened Edith Merl Baker,

Subscribed and sworn to before me this 7th day of September 1947

Notary Public, residing at Salt Lake City, Utah

My commission expires Nov 7-1947

(SEAL)

Signed Elizabeth J. Pate Snare
(SIGNATURE OF PARENT OR ATTENDANT IF CORRECTING A BIRTH RECORD; OF ATTENDANT, FUNERAL DIRECTOR, INFORMANT IF CORRECTING A DEATH RECORD, OR OTHER CREDIBLE PERSON.)

755 E 6 South Salt Lake City Utah
(STREET ADDRESS, CITY, STATE)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Utah } ss.
County of Salt Lake }

[THIS AFFIDAVIT MUST ALSO BE EXECUTED. (SEE CHAPTER 139, 1937 IDAHO SESSION LAWS.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 7th day of September, 1947

Notary Public, residing at Salt Lake City Utah

My commission expires Nov 7-1947

(SEAL)

Signed Mrs Alice P. Sloates
(SIGNATURE OF ANY CREDIBLE PERSON OTHER THAN PREVIOUS AFFIANT.)

57 O St Salt Lake City Utah
(STREET ADDRESS, CITY, STATE)

Received for filing on ..... By .....
(REGISTRAR'S SIGNATURE)

SEP 22 1942

DEC 4 1944

141-22-03-286

PLACE OF BIRTH Amended Feb. 9, 1959

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Lincoln

City of Heyburn

No. ____ St.

Hospital ____

Registration District No. 29 File No. 10552

Primary Registration District No. 2102 Registered No. 95

FULL NAME OF CHILD VIRGINIA MARIAN ADAMS
(Certificate of no value without full name of child.)

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of birth
FEMALE			YES	DECEMBER 24, 1912 (Month) (Day) (Year)

What bactericidal solution was used in eyes? ____

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

FATHER		MOTHER	
FULL NAME	Frank H. Adams	FULL MAIDEN NAME	Clara Shodde
RESIDENCE	Heyburn	RESIDENCE	Heyburn
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	32 (Years)	AGE AT LAST BIRTHDAY	28 (Years)
BIRTHPLACE	Illinois	BIRTHPLACE	--
OCCUPATION	Merchant	OCCUPATION	--

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born Alive (Born alive or stillborn) at 11:40 M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) V. R. Killen

Physician
(Physician or midwife)

Address ____

Give names added from a supplemental report.

...., 192....

.... Registrar.

Filed Jan 12 1913 V. R. Killen
192.. Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Form V. S. No. 11-C—20m-2-15-12

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Lincoln

City of _____ Registration District No. 29 File No. 10552

No. _____ St. Primary Registration District No. 2102 Registered No. 95

Hospital _____

FULL NAME OF CHILD _____

Sex of Child	Twin / Triplet / or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
female			Yes	Dec. 23 1912

FATHER		MOTHER	
FULL NAME	Frank H. Adams	FULL MAIDEN NAME	Clara Rhodde
RESIDENCE	Hayburn	RESIDENCE	Hayburn
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	32	AGE AT LAST BIRTHDAY (Years)	28
BIRTHPLACE	Illinois	BIRTHPLACE	
OCCUPATION	Merchant	OCCUPATION	

Number of child of this mother, including present birth 2

Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born Alive (Born alive or stillborn), at 11 45 M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) V. R. Killen

Physician (Physician or midwife)

Given names added from a supplemental report

_____ 19____

_____ Registrar

Address _____

Filed Jan. 12 1913 V. R. Killen Registrar

S-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

FEB 9 1959

Statement regarding a church record from First Presbyterian Church Twin Falls, Idaho dated Feb 6, 1959: Baptized on March 8, 1925 viewed by V.S. Full name given, date of birth and birthplace. Mother's Maiden name not given

IDAHO STATE BOARD OF HEALTH

DIVISION OF VITAL STATISTICS

Twin Falls High School Record, date of entrance Sept 12, 1927 gives birthdate as Dec 24, 1912 viewed by V.S.

Affidavit to Correct or Amend An Original Certificate of Birth or Death

State of Idaho
County of Twin Falls } ss.

Certificate No. 10552

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of Birth (Birth or Death)
for Unnamed Adams (Name on Original Certificate) who born (Was Born or Died) on Dec. 23, 1912 (Date of Event)
in Lincoln County, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the true facts are shown by child's birth certificate on file, Idaho #285064 gives full name and birthplace (Bible Record, Insurance Policy, Etc.) prepared on (Give Date), are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
Full Name of Child	Not given	Virginia Marian Adams
Birthplace	Not given	Heyburn, Idaho
Mother's Maiden Name	Clara Shodde	Clara Schodde
BIRTH DATE	Dec, 23, 1912	Dec, 24, 1912

Subscribed and sworn to before me this 6th day of February, 19 59

T. M. Barberton

Notary Public, residing at Twin Falls, Idaho

My commission expires Jan 4, 1962

(Seal)

Signed Clara Schodde Adams

(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

407 7th Ave. North Twin Falls, Idaho

(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Idaho
County of Twin Falls } ss.

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 6th day of February, 19 59

T. M. Barberton

Notary Public, residing at Twin Falls, Idaho

My commission expires Jan 4, 1962

(Seal)

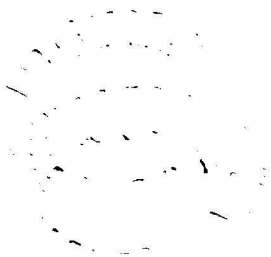
Signed Vera C. O'Leary

(Signature of Any Credible Person)

336 Fifth Ave. No. Twin Falls, Idaho

(Street Address, City, State)

FORM DPH 55.155 CL 2-4-59. 2 copies pd.



296-115-004-343

Form V. S. No. 11-C 20m 8-15-12

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. MARGIN RESERVED FOR BINDING

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH

County of Bear Lake

City of Montpelier

No. ..... St.

Hospital .....

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

Registration District No. 24 File No. 10554

Primary Registration District No. 2098 Registered No. 301

FULL NAME OF CHILD Frank William Brookshire

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Boy			Yes	Dec 15 1912

FATHER

FULL NAME E V Brookshire

RESIDENCE Montpelier

COLOR W AGE AT LAST BIRTHDAY 30 (Years)

BIRTHPLACE Ida

OCCUPATION C S L Engineer

MOTHER

FULL MAIDEN NAME Lida Callon

RESIDENCE Montpelier

COLOR W AGE AT LAST BIRTHDAY 23 (Years)

BIRTHPLACE Bloomington Ida

OCCUPATION W

Number of child of this mother, including present birth 1

Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive at 3P M. on the date above stated.

(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Leslie Woodcock

(Physician or midwife)

Address Montpelier

Given names added from a supplemental report

..... 19.....

Filed Jun 12 19 13 J W Lay ward Registrar

..... Registrar

S-Y CO. 20174

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

PLACE OF BIRTH

RESIDENCE

COLOR

AGE AT LAST BIRTHDAY (Years)

BIRTHPLACE

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

331-115-004-299

PLACE OF BIRTH

County of Bear Lake

City of Montpelier

No. ____ St.

Hospital ____

Form V. S. No. 11-C—20m-2-15-13

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 24 File No. 10555

Primary Registration District No. 2098 Registered No. 302

FULL NAME OF CHILD Frank Maxwell Clark

Sex of Child	Twin / Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
M			Yes	Dec 15 1912

FATHER	MOTHER
FULL NAME F W Clark	FULL MAIDEN NAME Nancy Ward
RESIDENCE Montpelier	RESIDENCE Montpelier
COLOR W	COLOR W
AGE AT LAST BIRTHDAY 36 (Years)	AGE AT LAST BIRTHDAY 36 (Years)
BIRTHPLACE New York	BIRTHPLACE Pingle Ida
OCCUPATION Engineer	OCCUPATION ____

Number of child of this mother, including present birth 3

Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 7 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Goldy Carey

(Physician or midwife)

Address Montpelier

Given names added from a supplemental report

....., 19.....

Registrar

Filed Jan. 12, 1913 J. W. Lyon

Registrar

S-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

FEB 28 1952

249-120-004-849

Form V. S. No. 11-C—20m-2-15-12

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Bear Lake

City of Montpelier

Registration District No. 24 File No. 10556

No. ____ St.

Primary Registration District No. 2095 Registered No. 299

Hospital ____

FULL NAME OF CHILD Vernon A.

Sex of Child	Twin / Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Boy			Yes	Dec 20 1912

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	Lee A Smith	Lena Hunsaker
RESIDENCE	Montpelier	Montpelier
COLOR	W	W
AGE AT LAST BIRTHDAY (Years)	36	35
BIRTHPLACE	Bear Lake	Montpelier
OCCUPATION	Laborer	H

Number of child of this mother, including present birth 6

Number of children of this mother now living, including present birth 6

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 12 M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Lucy Ann Woody

(Physician or midwife)

Address Montpelier

Given names added from a supplemental report

....., 19.....

Filed Jan 12 1913 J. W. Henry Registrar

.....
Registrar

S-Y CO. 20174

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. MARGIN RESERVED FOR BINDING

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

JUL 20 1961

396-114-004-396

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Form V. S. No. 11-C—20m-2-15-12

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

PLACE OF BIRTH

County of Bear Lake

City of Montpelier — Registration District No. 24 — File No. 10557

No. ____ St. — Primary Registration District No. 2098 — Registered No. 303

Hospital ____

FULL NAME OF CHILD E. A. E.

Sex of Child	Twin / Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
M			Yes	Dec 14 1912

FATHER		MOTHER	
FULL NAME	Edward Crockett	FULL MAIDEN NAME	Lida A Crockett
RESIDENCE	Montpelier	RESIDENCE	Montpelier
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY (Years)	26	AGE AT LAST BIRTHDAY (Years)	23
BIRTHPLACE	New York	BIRTHPLACE	Montpelier
OCCUPATION	Shoemaker	OCCUPATION	None

Number of child of this mother, including present birth 3

Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 29 M. on the date above stated.

(Signature) Lilly Crockett

(Physician or midwife)

Address ____

Filed Jan 12 1913 — J. E. Clayward Registrar

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report

....., 19.....

..... Registrar

8-Y CO. 20174

Form V. S. No. 11-C—20m-8-12

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

PLACE OF BIRTH

County of .....

RESIDENCE

COLOR

AGE AT LAST BIRTHDAY (Years)

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N.B.—In case of more than one child at a birth, a separate certificate must be made for each and the number of each stated.

Address .....

Filed ..... 19 .....

Registrar

8-Y CO. 20174

666 - 223 - 004 - 434

Form V. S. No. 11-C—20m-2-15-12

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH

County of Bear Lake

City of Paris

No. ..... St.

Hospital .....

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 24 File No. 10558

Primary Registration District No. 2092 Registered No. 300

FULL NAME OF CHILD Thelma M.

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
F			yes	Dec 23 1912

	FATHER	MOTHER
FULL NAME	Ira Fowler	Ella E. McDonald
RESIDENCE	Paris	Paris
COLOR	W	W
AGE AT LAST BIRTHDAY (Years)	23	22
BIRTHPLACE	Ind	Alpine
OCCUPATION	Planing	W

Number of child of this mother, including present birth 1

Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 3 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Isabel McCoy

(Physician or midwife)

Address Montpelier

Given names added from a supplemental report

..... 19.....

..... Registrar

Filed Jan 12 1913 J. W. Hanyward Registrar

S-Y CO. 20174

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

PLACE OF BIRTH

MARGIN RESERVED FOR BINDING

WRITE PLAINLY. WITH UNFADING INK. THIS IS A PERMANENT RECORD

N. B. In case of more than one child born at a birth, a separate certificate must be made for each and the number

229-123-004-054

Form V. S. No. 11-C—20m-2-15-12

PLACE OF BIRTH

County of Bear Lake

City of Bonnon

No. Amended 3-3-76 St.

Hospital

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 24 File No. 10559

Primary Registration District No. 2095 Registered No. 305

FULL NAME OF CHILD MARCELLA SKINNER

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Female		2nd	Yes	Dec 23 1912

FATHER	MOTHER
FULL NAME Jesse Skinner	FULL MAIDEN NAME Nellie Anderson
RESIDENCE Bonnon	RESIDENCE Bonnon
COLOR White	COLOR White
AGE AT LAST BIRTHDAY 26 (Years)	AGE AT LAST BIRTHDAY 21 (Years)
BIRTHPLACE Paris	BIRTHPLACE North Dakota
OCCUPATION Farmer	OCCUPATION H W.

Number of child of this mother, including present birth 2nd

Number of children of this mother now living, including present birth 2nd

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn), at 4 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Ashley H Cooley

(Physician or midwife)

Address Paris

Given names added from a supplemental report

.....19.....

.....
Registrar

Filed Jan 12 1913 J W Kingwood
Registrar

6-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK. THIS IS A PERMANENT RECORD

N. B. In case of twins or triplets, this RETURN must be made for each and the number

PLACE OF BIRTH

County of

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Form V. S. No. 11-C—20m-2-15-12

RESIDENCE

COLOR — AGE AT LAST BIRTHDAY (Years)

BIRTHPLACE

RESIDENCE

COLOR — AGE AT LAST BIRTHDAY (Years)

BIRTHPLACE

19

Address

Filed 19

Registrar

Deputy Registrar

3 2 76

IDAHO DEPARTMENT OF HEALTH

BUREAU OF VITAL STATISTICS

RECEIVED
BUREAU OF
VITAL STATISTICS

Affidavit to Correct or Amend Original Certificate of Birth or Death

State of Idaho
County of } ss. MAR 3 11 17 AM '76

Certificate No. 10559

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of birth (Birth or Death)
for Unnamed Skinner (Name on Original Certificate) who was born (Was Born or Died) on Dec. 23, 1912 (Date of Event)
in Nounan, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts are shown by (Bible Record, Insurance Policy, Etc.) prepared on (Give Date), are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
Name	Omitted	Marcella Skinner
Mothers name	Nellie Jackson	Nellie Anderson

Subscribed and sworn to before me this 3rd day of March, 1976.

Florence Cartright
Notary Public, residing at Boise
My commission expires
(Seal)

Signed Marvin R. Peterson
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

7215 W. Ustick R. Meridian, Id.
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Idaho
County of Ada } ss.

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 3rd day of March, 1976.

Florence Cartright
Notary Public, residing at Boise
My commission expires 4-20-79
(Seal)

Signed
(Signature of Any Credible Person)

(Street Address, City, State)

MAR 3 1976

Sisters birth certificate Carolyn Skinner born March 28, 1923 at Nounan, Idaho State File # 110586 gives fathers name as Jesse Kelsey Skinner and mothers name as Nellie Anderson.
Viewed by VS

Family Genealogy Record gives name of child as Marcella Skinner born October 23, 1912. in Nounan, Bear Lake County, Idaho. Shows mother of Marcella as Annie Nellie Aned Anderson.
Viewed by V.S.

Childs birth certificate of Marcella, gives name of mother as Marcella Skinner Child born December 11, 1942 in Yakima Washington. State File # 1204
Viewed by V.S.
Marriage certificate for Marcella gives her full maiden name as Marcella Skinner License issued by Bear Lake County, Idaho, Married November 20, 1934.
Viewed by V.S. Witness to marriage, was mother Nellie Anderson Skinner

847-106-032-855

PLACE OF BIRTH

STATE OF IDAHO

Form V. S. No. 11-C—15m-6-20-11

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

County of Lincoln

City of Hendell

No. —, St.

Hospital —

Registration District No. 5th

File No. 10560

Primary Registration District No. 2018

Registered No. 198

FULL NAME OF CHILD Robert Homer Hughes Jr.

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of birth (Month) 11 (Day) 6 (Year) 1912
M				

FATHER		MOTHER	
FULL NAME	Luther J Hughes	FULL MAIDEN NAME	Mary Jane Hensley
RESIDENCE	Hendell	RESIDENCE	Hendell
COLOR		COLOR	
AGE AT LAST BIRTHDAY (Years)	41	AGE AT LAST BIRTHDAY (Years)	40
BIRTHPLACE	Mo	BIRTHPLACE	Kas
OCCUPATION	School teacher	OCCUPATION	Housewife

Number of child of this mother, including present birth 5

Number of children, of this mother, now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Alive (Born alive or stillborn) at 3 A. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) H. C. Lamb

Physician

(Physician or Midwife)

Address Hendell, Idaho

Given names added from a supplemental report

....., 19.....

.....
Registrar

Filed Nov 17 1912

H. C. Lamb
Registrar

S-Y CO., 16670

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

MARGIN RESERVED FOR BINDING

WRITE PLAINLY. WITH DUPLICATE RECORD

PLACE OF BIRTH

033-127-032-413

Form V. S. No. 11-C—20m-2-15-12

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Amended 12/17/75

County of Lincoln

City of Wendell

No. _____ St.

Hospital _____

Registration District No. 5th

Primary Registration District No. 2018

File No. 10561

Registered No. 282

FULL NAME OF CHILD George Wallace McClelland

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth
Male			yes	12 (Month) 27 (Day) 1912 (Year)

FATHER	MOTHER
FULL NAME: George McClelland	FULL MAIDEN NAME: Ruth Mae Carr
RESIDENCE: Wendell	RESIDENCE: Wendell
COLOR: White	COLOR: White
AGE AT LAST BIRTHDAY: 21 (Years)	AGE AT LAST BIRTHDAY: 19 (Years)
BIRTHPLACE: Kansas	BIRTHPLACE: Nebr
OCCUPATION: Clerk in store	OCCUPATION: Housewife

Number of child of this mother, including present birth: 1

Number of children of this mother now living, including present birth: 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn), at 12-30 A. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) H E Lamb M.D. (Physician or midwife)

Address Wendell

Given names added from a supplemental report

..... 19.....

..... Registrar

Filed Jan 7 1913 H E Lamb Registrar

S-Y CO. 20674

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

DEC 2 1964

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

PLACE OF BIRTH

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child in birth, a SEPARATE ENTRY must be made for each and the number of each child in order of birth stated.

RESIDENCE

COLOR

AGE AT LAST BIRTHDAY (Years)

BIRTHPLACE

12 11 75

IDAHO DEPARTMENT OF HEALTH

BUREAU OF VITAL STATISTICS

RECEIVED
BUREAU OF
VITAL STATISTICS
DEC 11 10 18 AM '75

Affidavit to Correct or Amend An Original Certificate of Birth or Death

State of Idaho } ss.
County of

Certificate No. 10561

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of birth (Birth or Death)
for George Wallas McClellan (Name on Original Certificate) who was born (Was Born or Died) on Dec. 27, 1912 (Date of Event)
in Wendell, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts are shown by (Bible Record, Insurance Policy, Etc.) prepared on (Give Date), are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
Name	George Wallas McClellan	George Wallace McClelland
Fathers name	McClellan	McClelland

Subscribed and sworn to before me this 15th day of DECEMBER, 19 75
STATE OF OREGON
Notary Public, residing at St. Helens, Columbia County
My commission expires April 9, 1977
(Seal)

Signed Mrs. Ernestine McClelland
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

134 Mt. Authure Blvd
(Street Address, City, State)
St. Helens Oregon

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of OREGON } ss.
County of Columbia

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 15th day of DECEMBER, 1975
Notary Public, residing at St. Helens Columbia Co.
My commission expires April 9, 1977
(Seal)

Signed Dr. Lyle L. Ackerman
(Signature of Any Credible Person)

204 No. 2nd Street
(Street Address, City, State)
St. Helens, OREGON

Brothers birth certificate Joseph Richard McClelland born Jan. 28, 1917 at Burley, Idaho , State file # 230634 gives fathers name as George Parmiter McClelland.
Viewed by VS

DEC 17 1975

Own childs hospital birth certificate - St. Helen's General Hospital, St. Helen's Oregon - Barbara Jean McClelland born July 2, 1944, father George Wallace McClelland, mother Ernestine Isiah.
Viewed by VS

DEC 19 1975

Baptismal Certificate - Roman Catholic Church , St. Frederic, St. Helens, Oregon, Pastor - S. N. Brutenstein, George Wallace McClelland born Dec. 27,1912 at Wendall, Idaho, Father George McClelland, mother Ruth Carr. Baptized Dec. 24, 1963.
Viewed by VS

713-125-032-15-4

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

Form V. S. No. 11-C—10m-8-7-11

PLACE OF BIRTH

County of Lincoln

City of Wendell

No. ..... St.

Hospital .....

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

Registration District No. 5th File No. 10562

Primary Registration District No. 2014 Registered No. 284

FULL NAME OF CHILD George Henry Patterson

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth
male		6	yes	11 (Month) 23 (Day) 1912 (Year)

FATHER	MOTHER
FULL NAME: Geo Peterson Patterson	FULL MAIDEN NAME: Martha Anderson
RESIDENCE: Wendell	RESIDENCE: Wendell
COLOR: White	COLOR: White
AGE AT LAST BIRTHDAY: 37 (Years)	AGE AT LAST BIRTHDAY: [illegible] (Years)
BIRTHPLACE: Kan	BIRTHPLACE: N. C.
OCCUPATION: Farmer	OCCUPATION: Housework

Number of child of this mother, including present birth: 6

Number of children, of this mother, now living, including present birth: 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Alive (Born alive or stillborn), at [illegible] M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report

..... 19.....

..... Registrar

(Signature) H. Doctor

H. E. Lamb M. D. (Physician or Midwife)

Address Wendell Idaho

Filed Nov. 25 1912 H. E. Lamb Registrar

SYMS - YORK CO., PTRS. & BDRS. 17826

Form V. S. No. 11-C—10m-8-41

STATE OF IDAHO

Bureau of Vital Statistics

FEB 21 1942

PLACE OF BIRTH

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

M. E. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth, stated.

RESIDENCE

COLOR

AGE AT LAST BIRTHDAY.....(Years)

BIRTHPLACE

(Day) (Year)

(Give a name added from a supplemental report)

(Physician or Midwife)

Address

Filed ..... 19.....

Registrar

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of Idaho }
County of Gooding } ss.

Certificate No. 10562

Date Filed MAR 2 1942

The undersigned does solemnly swear that certain facts on the certificate of birth (Birth or Death)
for (Name on Original Certificate) who born (Was Born or Died) on Nov. 25, 1912 (Date of Event)
in Wendell, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts are shown by (Bible Record, Insurance Policy, Etc.) prepared on (Give Date), are:

FACTS TO BE CORRECTED ("Name", "Birth Date", "Cause of Death", Etc.)	FROM (As on Original)	TO (The Correct Facts)
name	Henry George Paterson	George Henry Patterson
father's name	Ora Paterson	Ora Patterson
		Martha E. Patterson

Subscribed and sworn to before me this 24th
day of February, 1942

F. F. Brekenridge
Notary Public, residing at Gooding Ida
My commission expires May - 1944
(Seal)

Signed Martha E Patterson
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

Gooding, Idaho
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Idaho }
County of Gooding } ss.

[This Affidivat MUST Also be Executed.
(See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 27th
day of February, 1942

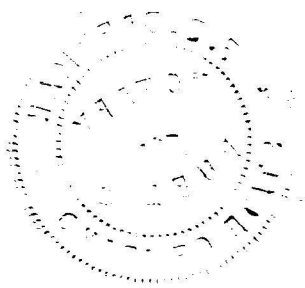
M. F. Ryan
Notary Public, residing at Gooding
My commission expires Dec. 8, 1943
(Seal)

Signed W. A. Thompson
(Signature of Any Credible Person Other Than Previous Year)

Gooding Idaho
(Street Address, City, State)

MAR 2 1942

MAR 3 1942



414 - 220-032 -493

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

Form V. S. No. 11-C—15m-6-20-11

PLACE OF BIRTH

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

County of Lincoln

City of Wendell

No. ——, ——— St.

Registration District No. 5th File No. 10563

Primary Registration District No. 2018 Registered No. 230

Hospital ———

FULL NAME OF CHILD Florence Fahrene Maddux

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Female		2	Yes	Nov 20, 1912

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	George Maddux	Bessie Barbara Mulkey
RESIDENCE	Wendell	Wendell
COLOR / AGE AT LAST BIRTHDAY (Years)	White / 36	White / 25
BIRTHPLACE	Oregon	Kansas
OCCUPATION	Farmer	Housewife

Number of child of this mother, including present birth 2

Number of children, of this mother, now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Alive (Born alive or stillborn), at 7 P M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) H E Lamb

Physician (Physician or Midwife)

Address Wendell, Idaho

Given names added from a supplemental report

....., 19.....

Registrar

Filed Nov 21 19 12 H E Lamb

Registrar

S-Y CO., 16670

1/15/41/ EA

286-128-032-396

PLACE OF BIRTH

STATE OF IDAHO

Form V. S. No. 11-C—15m-6-20-11

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

County of Lincoln

City of Wendell

Registration District No. 5th

File No. 10564

No. ____, ____ St.

Primary Registration District No. 2018

Registered No. 329

Hospital ____

FULL NAME OF CHILD Elmer Wilbur Shontz

Sex of Child Male

Twin, Triplet, or other? and Number in order of birth 3

(To be answered only in event of plural births)

Legitimate? yes

Date of birth 11 (Month) 28 (Day), 1913 (Year)

FATHER	MOTHER
FULL NAME Joseph Shontz	FULL MAIDEN NAME Mamie Trent
RESIDENCE Wendell	RESIDENCE Wendell
COLOR White	COLOR
AGE AT LAST BIRTHDAY 28 (Years)	AGE AT LAST BIRTHDAY 26 (Years)
BIRTHPLACE Ida	BIRTHPLACE Ida
OCCUPATION Farmer	OCCUPATION Housewife

Number of child of this mother, including present birth 3

Number of children, of this mother, now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn) at 5-30 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) H. E. Lamb M.D. (Physician or Midwife)

Address Wendell Idaho

Given names added from a supplemental report

....., 19.....

Filed Dec 14 19 13 H. E. Lamb Registrar

.....
Registrar

S-Y CO., 16670

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

PLACE OF BIRTH

NAME

RESIDENCE

COLOR?

AGE AT LAST BIRTHDAY

BIRTHPLACE

BIRTH DAY

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

543 - 218 - 033 - 719

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Form V. S. No. 11-C—20m-2-15-12

PLACE OF BIRTH

County of Lincoln

City of Wendell

No. ..... St.

Hospital .....

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 5th File No. 10565

Primary Registration District No. 2018 Registered No. 228

FULL NAME OF CHILD Genevra Nielsen

Sex of Child: Female

Twin, Triplet or other? ..... and Number in order of birth: 3 (To be answered only in event of plural births)

Legitimate? Yes

Date of Birth: 12 (Month) 18 (Day) 1912 (Year)

FATHER		MOTHER	
FULL NAME	Charles H Nielsen	FULL MAIDEN NAME	Kate May Garrison
RESIDENCE	Wendell	RESIDENCE	Wendell
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	30 (Years)	AGE AT LAST BIRTHDAY	23 (Years)
BIRTHPLACE	Utah	BIRTHPLACE	Ga
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth: 3

Number of children of this mother now living, including present birth: 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn), at 2:20 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) A. E. Lamb M. D. (Physician or midwife)

Address Wendell Idaho

Given names added from a supplemental report

..... 19.....

..... Registrar

Filed Jan 7 1913 A. E. Lamb Registrar

S-Y CO. 20174

819- 131-032-415

PLACE OF BIRTH

County of Lincoln

City of Wendell

No. —, St.

Hospital —

STATE [redacted]O

Bureau of V[redacted]stics

CERTIFICATE OF BIRTH

Form V. S. No. 11-C—15m-6-20-11

Registration District No. 3ibs File No. 10566

Primary Registration District No. 2018 Registered No. 227

FULL NAME OF CHILD James Earl Harrington

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
M			Yes	12 31 1912

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	Ambrose Harrington	Helen Davenport
RESIDENCE	Wendell	Wendell
COLOR	W	W
AGE AT LAST BIRTHDAY (Years)	22	22
BIRTHPLACE	Dakota	Kansas
OCCUPATION	R.R. Section Foreman	Housewife

Number of child of this mother, including present birth 1

Number of children, of this mother, now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born Alive (Born alive or stillborn), at 10.30a M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J P Fahrenbrun M D

(Physician or Midwife)

Address Wendell Idaho

Given names added from a supplemental report

....., 19.....

.....
Registrar

Filed Jan. 6 19 13 H E Farnell
Registrar

S-Y CO., 16670

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

OCT 15 1942

Dupl 1/12 Ed Pd

813 44

249 + 209-032-319

PLACE OF BIRTH

County of Lincoln

City of Hendrell

No. ——, ——— St.

Hospital ———

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

Form V. S. No. 11-C—15m-6-20-11

Registration District No. 6th File No. 10567

Primary Registration District No. 2018 Registered No. 226

FULL NAME OF CHILD Alice L Smith

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Girl			Yes	Dec 9, 1912

FATHER	MOTHER
FULL NAME: Ford E. Smith	FULL MAIDEN NAME: Edna M. Carr
RESIDENCE: Hendrell	RESIDENCE: Hendrell
COLOR: White	COLOR: White
AGE AT LAST BIRTHDAY: 34 (Years)	AGE AT LAST BIRTHDAY: 34 (Years)
BIRTHPLACE: Antioch Ill	BIRTHPLACE: Springstown Ill
OCCUPATION: Farmer	OCCUPATION: —

Number of child of this mother, including present birth: 4

Number of children, of this mother, now living, including present birth: 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 12 M. on the date above stated.

(Signature) J R Johnston M D

(Physician or Midwife)

Address Hendrell Idaho

Filed Jan 6 1913 H E Fowler Registrar

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report

..... 19.....

..... Registrar

S-Y CO., 16670

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

DEC 9 1912

Dup
1912 -
49376

314-131-032-253

Form V. S. No. 11-C—15m-6-20-11

PLACE OF BIRTH

County of Lincoln

City of Wendell

No. ____, ____ St.

Hospital ____

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

Registration District No. 32b File No. 10568

Primary Registration District No. 2018 Registered No. 225

FULL NAME OF CHILD Arthur Eugene Cammack

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Male			Yes	Oct 31, 1912

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	Fred Cammack	Clara Peck
RESIDENCE	Wendell	Wendell
COLOR	W.	W.
AGE AT LAST BIRTHDAY (Years)	37	36
BIRTHPLACE	Indiana	Missouri
OCCUPATION	Farmer	Housewife

Number of child of this mother, including present birth 3

Number of children, of this mother, now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 12 P M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. R. Culbertson M.D.

(Physician or Midwife)

Address Wendell Idaho.

Given names added from a supplemental report

..... 19.....

Registrar

Filed Jan 6 1913 P. E. Lamb M.D.

Registrar

...Y CO., 16670

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

MARGIN RESERVED FOR BINDING

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

Dup # 1912-
49377

Dup. #

STATE OF IDAHO

DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

RECEIVED NOV 8 - 1943 Bureau of Vital Statistics

State of Oregon } ss.
County of Multnomah }

Certificate No. 10568

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of Birth (BIRTH OR DEATH)
for Arthur Eugene Cammack (NAME ON ORIGINAL CERTIFICATE) who Born (WAS BORN OR DIED) on Oct 31, 1912 (DATE OF EVENT)
in Kendall, Idaho (PLACE OF EVENT) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts as shown by Bible Record (BIBLE RECORD, INSURANCE POLICY, ETC.) prepared on Nov. 30, 1912 (GIVE DATE), are:

FACTS TO BE CORRECTED ("NAME", "BIRTH DATE", "CAUSE OF DEATH", ETC.)	FROM (AS ON ORIGINAL)	TO (THE CORRECT FACTS)
Name	Arthur	Arthur Eugene Cammack

Subscribed and sworn to before me this 15th
day of February, 1943.

Edw Towers

Notary Public, residing at Portland Oregon

My commission expires MY COMMISSION EXPIRES THE 17th DAY OF JANUARY, 1944
(SEAL)

Signed Clara Emma Peck Cammack
(SIGNATURE OF PARENT OR ATTENDANT IF CORRECTING A BIRTH RECORD: OF ATTENDANT, FUNERAL DIRECTOR, INFORMANT IF CORRECTING A DEATH RECORD; OR OTHER CREDIBLE PERSON.)

1033 S W Mill st. Portland Ore
(STREET ADDRESS, CITY, STATE)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Oregon } ss.
County of Multnomah }

[THIS AFFIDAVIT MUST ALSO BE EXECUTED. (SEE CHAPTER 139, 1937 IDAHO SESSION LAWS.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 15th
day of February, 1943.

Edw Towers

Notary Public, residing at Portland, Oregon

My commission expires MY COMMISSION EXPIRES THE 17th DAY OF JANUARY, 1944
(SEAL)

Signed Mrs Addie Usher
(SIGNATURE OF ANY CREDIBLE PERSON OTHER THAN PREVIOUS AFFIANT.)

1033 S W Mill Portland Ore
(STREET ADDRESS, CITY, STATE)

Received for filing on ..... By .....
(REGISTRAR'S SIGNATURE)

Standard Application for Certified copy of Birth Certificate from Oregon dated Jan 8 1941. Child's name Constance Louisa Cammack. Born April 11, 1936. Father's name given as Arthur Eugene Cammack and mother's name as Louisa Maude Hudson, Viewed by VS

NOV 22 1971

Marriage License from Idaho gives name of groom as Arthur E. Cammack and the bride's name as Louisa M. Hudson. Dated April 6, 1935. Viewed by V. S.

715-231-032-338

Form V. S. No. 11-C—15m-6-20-11

PLACE OF BIRTH

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

County of Lincoln

City of Wendell

Registration District No. 6th File No. 10569

No. ——, ——— St.

Primary Registration District No. 2018 Registered No. 224

Hospital ——

FULL NAME OF CHILD Kerr, Genievieve Garrison

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
girl		one	yes	10, 31st, 1912

FATHER		MOTHER	
FULL NAME	Coke Rufus Garrison	FULL MAIDEN NAME	Ella Myrtle Clyde
RESIDENCE	Wendell, Idaho	RESIDENCE	Wendell, Idaho
COLOR	white	COLOR	white
AGE AT LAST BIRTHDAY	26 (Years)	AGE AT LAST BIRTHDAY	19 (Years)
BIRTHPLACE	Athens, Georgia	BIRTHPLACE	Springville, Utah
OCCUPATION	Fireman on Rail Road	OCCUPATION	Housewife

Number of child of this mother, including present birth 2

Number of children, of this mother, now living, including present birth two

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 10 P M. on the date above stated.

(Signature) J P Fahrenthorn, MD

(Physician or Midwife)

Address Wendell Idaho

Filed Jan 6 1913 H C Pond Registrar

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report

....., 19.....

Registrar

S-Y CO., 16670

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

1912 - 99372

Dup.

959-224-032415

PLACE OF BIRTH

County of Lincoln

City of Wendell

No. ____, ____ St.

Hospital ____

STATE OF IDAHO

Bureau of Vital Statistics

Form V. S. No. 11-C—15m-6-20-11

CERTIFICATE OF BIRTH

Registration District No. 516 File No. 10570

Primary Registration District No. 2016 Registered No. 228

FULL NAME OF CHILD Ethelyn Edith Runnels

Sex of Child	Twin, Triplet, or other?	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Female	—	—	Yes	Nov. 24, 1912

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	H. Ernst Runnels	FULL MAIDEN NAME	Celia Jansen
RESIDENCE	Wendell	RESIDENCE	Wendell
COLOR	W.	AGE AT LAST BIRTHDAY (Years)	47
COLOR	W.	AGE AT LAST BIRTHDAY (Years)	37
BIRTHPLACE	Germany	BIRTHPLACE	Germany
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 5

Number of children, of this mother, now living, including present birth 5

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive. (Born alive or stillborn) at 10 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) H. Ernst Runnels

J. R. Stevenson M. D. (Physician or Midwife)

Address Wendell Idaho

Given names added from a supplemental report

....., 19.....

Filed Jan 6 1913 H E Lamb M.D. Registrar

.....

Registrar

S-Y CO., 16670

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

DUP OF 12-49378

565-206-032-415

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

Form V. S. No. 11-C—15m-6-20-11

PLACE OF BIRTH

County of Lincoln

City of Wendell

No. —, —St.

Hospital —

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

Registration District No. 5th File No. 10571

Primary Registration District No. 2018 Registered No. 922

FULL NAME OF CHILD Dorothy Mae Von Weller

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Female			Yes	12–6, 1912

FATHER		MOTHER	
FULL NAME	Geo. Von Weller	FULL MAIDEN NAME	Alice May Davis
RESIDENCE	Wendell	RESIDENCE	Wendell
COLOR	W.	COLOR	W.
AGE AT LAST BIRTHDAY (Years)	39	AGE AT LAST BIRTHDAY (Years)	29
BIRTHPLACE	Logansport Ind.	BIRTHPLACE	Rochelle N.Y.
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 4

Number of children, of this mother, now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 4.20a M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. P. Fahrenhorst M. D.

(Physician or Midwife)

Address Wendell Idaho

Given names added from a supplemental report

....., 19.....

Filed Jan 6 1913 H. E. Lamb

Registrar

S-Y CO., 16670

Registrar

FEB 23 1965

Dup of
1913 - 49371

793 - 101 - 032 - 331

PLACE OF BIRTH

Form V. S. No. 11—10m-6-20-11

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

County of Lincoln

City of Jerome

No. ____, ____ St.

Hospital ____

Registration District No. 5

File No. 10572

Primary Registration District No. 2017

Registered No. 201

FULL NAME OF CHILD — — Pickens

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Male		5	Yes	Dec. 1, 1912

FATHER		MOTHER	
FULL NAME	John L Pickens	FULL MAIDEN NAME	Elsie Claar
RESIDENCE	Jerome	RESIDENCE	Jerome
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	27 (Years)	AGE AT LAST BIRTHDAY	26 (Years)
BIRTHPLACE	Kansas	BIRTHPLACE	Kansas
OCCUPATION	Painter	OCCUPATION	Housewife

Number of child of this mother, including present birth 5

Number of children, of this mother, now living, including present birth 4

of each, in order of birth stated

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Alive (Born alive ~~or stillborn~~), at 2 30a M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) John F. Schmenabaeuer

(Physician or Midwife)

Address Jerome Ida.

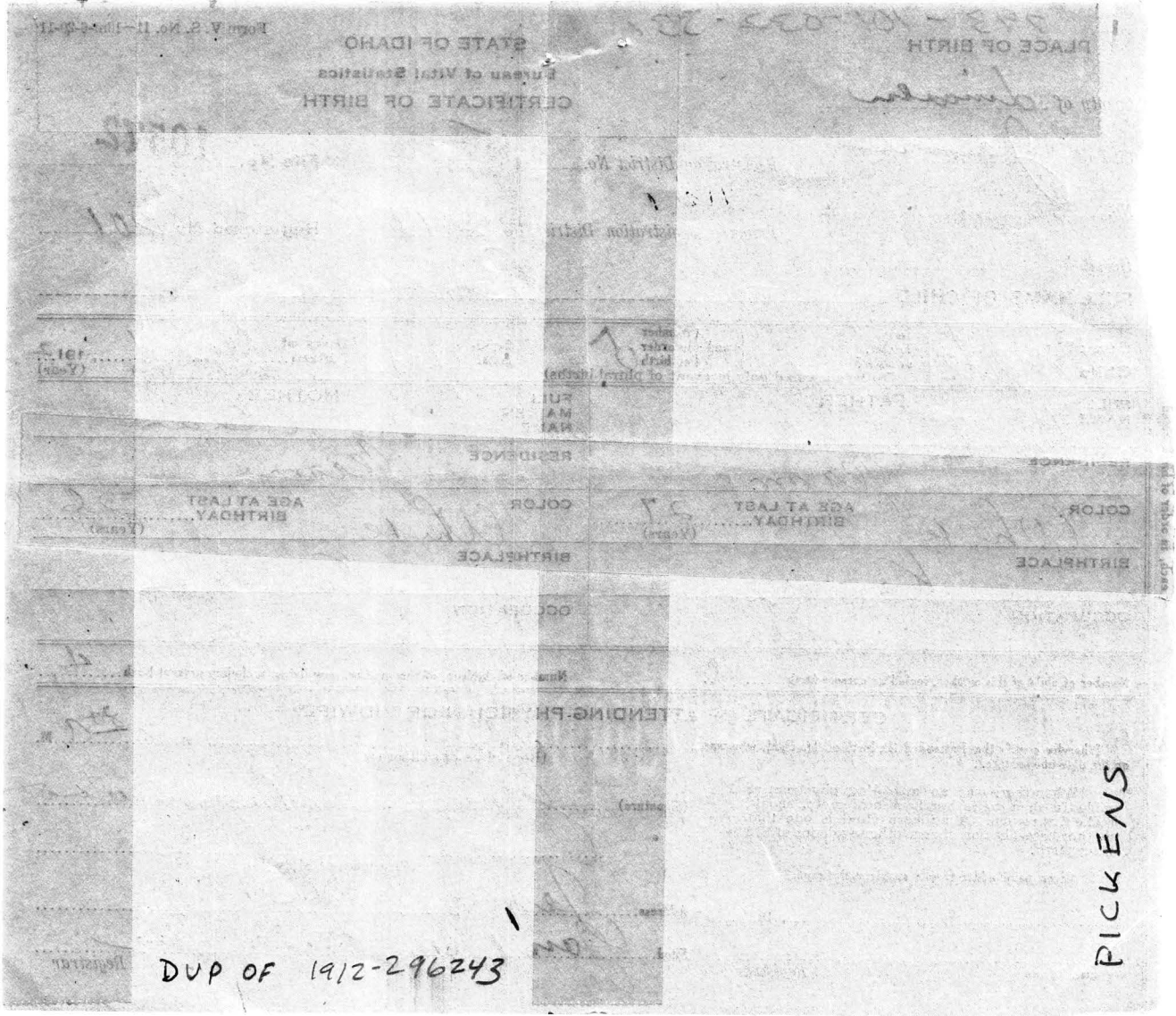
Given name added from a supplemental report

....., 19.....

.....
Registrar

Filed Jan 1 1913 E. D. Pyper
Registrar

S-Y CO., 16669



DUP OF 1912-296243

PICKENS

238-127-032-493

PLACE OF BIRTH

Form V. S. No. 11—10m-6-20-11

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

County of Lincoln

City of Jerome

Registration District No. 6

File No. 10573

No. ....., ... St.

Primary Registration District No. 2017

Registered No. 200

Hospital .....

FULL NAME OF CHILD Peter Clark Schmenkall

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day), 191 (Year)
Male		1	Yes	Nov 27, 191 2

FATHER		MOTHER	
FULL NAME	John F Schmenkall	FULL MAIDEN NAME	Agnes L Miller
RESIDENCE	Jerome	RESIDENCE	Jerome
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	26 (Years)	AGE AT LAST BIRTHDAY	25 (Years)
BIRTHPLACE	Penna	BIRTHPLACE	Colorado
OCCUPATION	Physician	OCCUPATION	Housewife

Number of child of this mother, including present birth 1

Number of children, of this mother, now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive, at 2:35 P. M. on the date above stated.

(Born alive ~~or stillborn~~)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) E. D. Piper M.D

(Physician or Midwife)

Address Jerome

Given name added from a supplemental report

....., 19.....

Filed Jan 1 1913. E. D. Piper

Registrar

S-Y CO., 16669

Registrar

JUN 18 1942

7/9-222-032-296

Form V. S. No. 11-C—15m-6-20-11

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

PLACE OF BIRTH

County of Lincoln

City of Jerome

No. ____, ____ St.

Hospital ____

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

Registration District No. 5 File No. 10574

Primary Registration District No. 2017 Registered No. 208

FULL NAME OF CHILD Ruth Rose Garriteon

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
F	X	X	Yes	Dec 22, 1912

FATHER

FULL NAME Frank S Garriteon

RESIDENCE 4 mi. N. W. of Jerome

COLOR wh. AGE AT LAST BIRTHDAY 39 (Years)

BIRTHPLACE Illinois

OCCUPATION Farmer

MOTHER

FULL MAIDEN NAME Nora Isabel Brown

RESIDENCE 4 mi. N. W. of Jerome

COLOR White AGE AT LAST BIRTHDAY 38 (Years)

BIRTHPLACE Illinois

OCCUPATION Housewife

Number of child of this mother, including present birth 5

Number of children, of this mother, now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 6 P. M. on the date above stated.

(Signature) E. D. Piper M.D.

(Physician or Midwife)

Address Jerome Ida

Filed Dec 30 1912 E. D. Piper

Registrar

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report

..... 19.....

..... Registrar

S-Y CO., 16670

8-20-41

AUG 27 1942

128-106-032-556

Form V. S. No. 11-C—15m-6-20-11

PLACE OF BIRTH

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

County of Lincoln

City of Jerome

Registration District No. 5

File No. 10575

No. ____, ____ St.

Primary Registration District No. 2017

Registered No. 202

Hospital ____

FULL NAME OF CHILD Louis Ashenfelter

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Male			yes	12/6/1913

FATHER		MOTHER	
FULL NAME	Louis R. Ashenfelter	FULL MAIDEN NAME	Alice Nelson
RESIDENCE	Jerome	RESIDENCE	Jerome
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	26 (Years)	AGE AT LAST BIRTHDAY	19 (Years)
BIRTHPLACE	Oregon	BIRTHPLACE	Wisconsin
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 1

Number of children, of this mother, now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 9 P. M. on the date above stated.

(Signature) Edward D. Piper M. D.

(Physician or Midwife)

Address Jerome

Filed Jan 1 1913 E. D. Piper Registrar

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report

....., 19.....

Registrar

S-Y CO., 16670

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

MARGIN RESERVED FOR BINDING

PLACE OF BIRTH

STATE OF IDAHO

CERTIFICATE OF BIRTH

FULL NAME

FATHER

FULL MAIDEN NAME

RESIDENCE

COLOR

AGE AT LAST BIRTHDAY

COLOR

AGE AT LAST BIRTHDAY

Adress

Filed

Registrar

245-218-032-453

Form V. S. No. 11-C—15m-6-20-11

PLACE OF BIRTH

County of Lincoln

City of Jerome

No. ____, ____ St.

Hospital ____

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

Registration District No. 5 File No. 10576

Primary Registration District No. 2017 Registered No. 204

FULL NAME OF CHILD Ora Elizabeth Blanch BUNCH

Sex of Child	Twin, Triplet, or other?	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
F	X (To be answered only in event of plural births)	X	Yes	Dec 19th 1912

FATHER	MOTHER
FULL NAME David Sylvester Bunch	FULL MAIDEN NAME Amelia Deck
RESIDENCE Jerome	RESIDENCE Jerome
COLOR W	COLOR W
AGE AT LAST BIRTHDAY 44 (Years)	AGE AT LAST BIRTHDAY 24 (Years)
BIRTHPLACE Idaho	BIRTHPLACE Montana
OCCUPATION Farmer	OCCUPATION House wife

Number of child of this mother, including present birth 4

Number of children, of this mother, now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 9 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Edward D Piper M.D.

(Physician or Midwife)

Address Jerome Ida

Given names added from a supplemental report

....., 19.....

Filed Dec 30 1912 E. D. Piper

Registrar

S-Y CO., 16670

Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

K

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

P. S. In case of more than one child at birth, a separate return must be made for each and the number of each, in order of birth, stated.

PLACE OF BIRTH

(County of)

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

Form V. S. No. U-C—15m-9-21

FULL NAME OF FATHER	
FULL MAIDEN NAME OF MOTHER	
RESIDENCE	
COLOR	AGE AT LAST BIRTHDAY (Years)

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of _____ }ss.
County of _____ }

Certificate No. 10576

Date Filed _____

The undersigned does solemnly swear that certain facts on the certificate of _____ (Birth or Death)
for _____ (Name on Original Certificate) who _____ (Was Born or Died) on _____ (Date of Event)
in _____ (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts are shown by _____ (Bible Record, Insurance Policy, Etc.) prepared on _____ (Give Date), are:

FACTS TO BE CORRECTED ("Name", "Birth-Date", "Cause of Death", Etc.)	FROM (As on Original)	TO (The Correct Facts)
Mother's Name	Dek	Deck
Date	Dec. 20th	Dec. 19, 1912

Subscribed and sworn to before me this 11th
day of June, 1942
Frida M. Larson
Notary Public, residing at Seattle
My commission expires October 3 - 1943
(Seal)

Signed Amelia Deck Goodner
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)
820 W. Main Ave Puyallup Wn
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Washington }ss.
County of King }

[This Affidivat **MUST** Also be Executed.
(See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

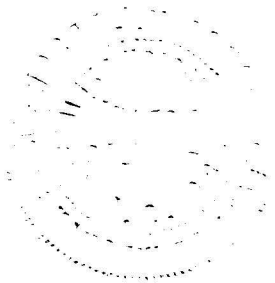
Subscribed and sworn to before me this 11th
day of June, 1942
Frida M. Larson
Notary Public, residing at Seattle
My commission expires Oct 3rd - 1943
(Seal)

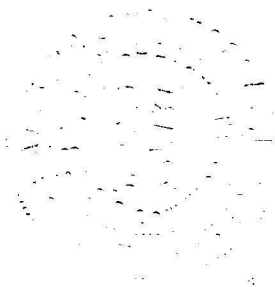
Signed Ernest Larson
(Signature of Any Credible Person Other Than Previous Year)
5964 Calif Ave. Seattle Wn.
(Street Address, City, State)

JUN 13 1942

APR 3 1962

JUN 17 1942





655-229-032-689

PLACE OF BIRTH

Form V. S. No. 11—10m-6-20-11

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

County of Lincoln

City of Jerome

No. ____, ____ St.

Hospital ____

Registration District No. 5 File No. 10577

Primary Registration District No. 2017 Registered No. 205

FULL NAME OF CHILD Weech

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
female			yes	Sept. 29, 1912

FATHER		MOTHER	
FULL NAME	D. Arthur Weech	FULL MAIDEN NAME	Mabel A White
RESIDENCE	Jerome	RESIDENCE	Jerome
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	23	AGE AT LAST BIRTHDAY (Years)	25
BIRTHPLACE	Illinois	BIRTHPLACE	Illinois
OCCUPATION	farmer	OCCUPATION	housewife

Number of child of this mother, including present birth 1

Number of children, of this mother, now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was (Born alive ~~or stillborn~~) at 7 a. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) John F Schmershale

(Physician or Midwife)

Address Jerome Ida

Given name added from a supplemental report

..... 19.....

Filed Jan 1 1913 E. D. Chen

Registrar

..... Registrar

S-Y CO., 16669

799 - 208-032-415

PLACE OF BIRTH

Form V. S. No. 11—10m-6-20-11

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

County of Lincoln

City of Jerome

No. ....., ... St.

Hospital —

Registration District No. 3

File No. 10578

Primary Registration District No. 2017

Registered No. 206

FULL NAME OF CHILD — Grisham

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Female			Yes	Sept 8, 191.7

FATHER		MOTHER	
FULL NAME	W A Grisham	FULL MAIDEN NAME	Anna Davis
RESIDENCE	Jerome Ida	RESIDENCE	Jerome Ida
COLOR	White	AGE AT LAST BIRTHDAY (Years)	30
COLOR	White	AGE AT LAST BIRTHDAY (Years)	24
BIRTHPLACE	Missouri	BIRTHPLACE	Arkansas
OCCUPATION	farmer	OCCUPATION	housewife

Number of child of this mother, including present birth 3

Number of children, of this mother, now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was ..... (Born alive ~~or stillborn~~) at 4:30 a M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) John F. Schwenkler M.D.

(Physician or Midwife)

Address Jerome

Filed Jan 1 1918 E. D. Pope

Registrar

Given name added from a supplemental report

....., 19.....

Registrar

S-Y CO., 16669

K

APR 1 6 1969

275-107-032-457

PLACE OF BIRTH

Form V. S. No. 11—10m-6-20-11

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

County of Lincoln

City of Jerome

No. ____, ____ St.

Hospital ____

Registration District No. 5 File No. 10579

Primary Registration District No. 2017 Registered No. 209

FULL NAME OF CHILD — — Speakman

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Male			yes	Sept 7, 191[illegible]

FATHER	MOTHER
FULL NAME: Arthur L Speakman	FULL MAIDEN NAME: Ethel Meginnis
RESIDENCE: Jerome Ida	RESIDENCE: Jerome Ida
COLOR: White	COLOR: W
AGE AT LAST BIRTHDAY: 30 (Years)	AGE AT LAST BIRTHDAY: 28 (Years)
BIRTHPLACE: Illinois	BIRTHPLACE: Illinois
OCCUPATION: farmer	OCCUPATION: housewife

Number of child of this mother, including present birth: 3

Number of children, of this mother, now living, including present birth: 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was ..... at 4 A. M. on the date above stated.

(Born alive ~~or stillborn~~)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Chas F Schmershau MD

(Physician or Midwife)

Address Jerome Ida

Given name added from a supplemental report

..... 19.....

..... Registrar

Filed Jan 1913 E. D. Pipes

Registrar

S-Y CO., 16669

194-205-032-639

Form V. S. No. 11-C—15m-6-20-11

PLACE OF BIRTH

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

County of Lincoln

City of Jerome

No. ....., ... St.

Registration District No. 5 File No. 10580

Primary Registration District No. 2017 Registered No. 408

Hospital .....

FULL NAME OF CHILD Mary Marjorie Armstrong

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	and	Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
F	X		X	Yes	Nov 5, 1912

FATHER		MOTHER	
FULL NAME	J. Alfred Armstrong	FULL MAIDEN NAME	May O. Alver
RESIDENCE	Jerome	RESIDENCE	Jerome
COLOR	White	COLOR	W
AGE AT LAST BIRTHDAY (Years)	33	AGE AT LAST BIRTHDAY (Years)	32
BIRTHPLACE	Ill	BIRTHPLACE	Indiana
OCCUPATION	Clothier + Furnishing Merc.	OCCUPATION	Housewife

Number of child of this mother, including present birth 1

Number of children, of this mother, now living, including present birth .. 1 .....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive, at 11 P. M. on the date above stated.

(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Edward D. Pope M.D.

(Physician or Midwife)

Address Jerome Ida

Given names added from a supplemental report

....., 19.....

Filed Dec 1 19 12 E. D. Pope

Registrar

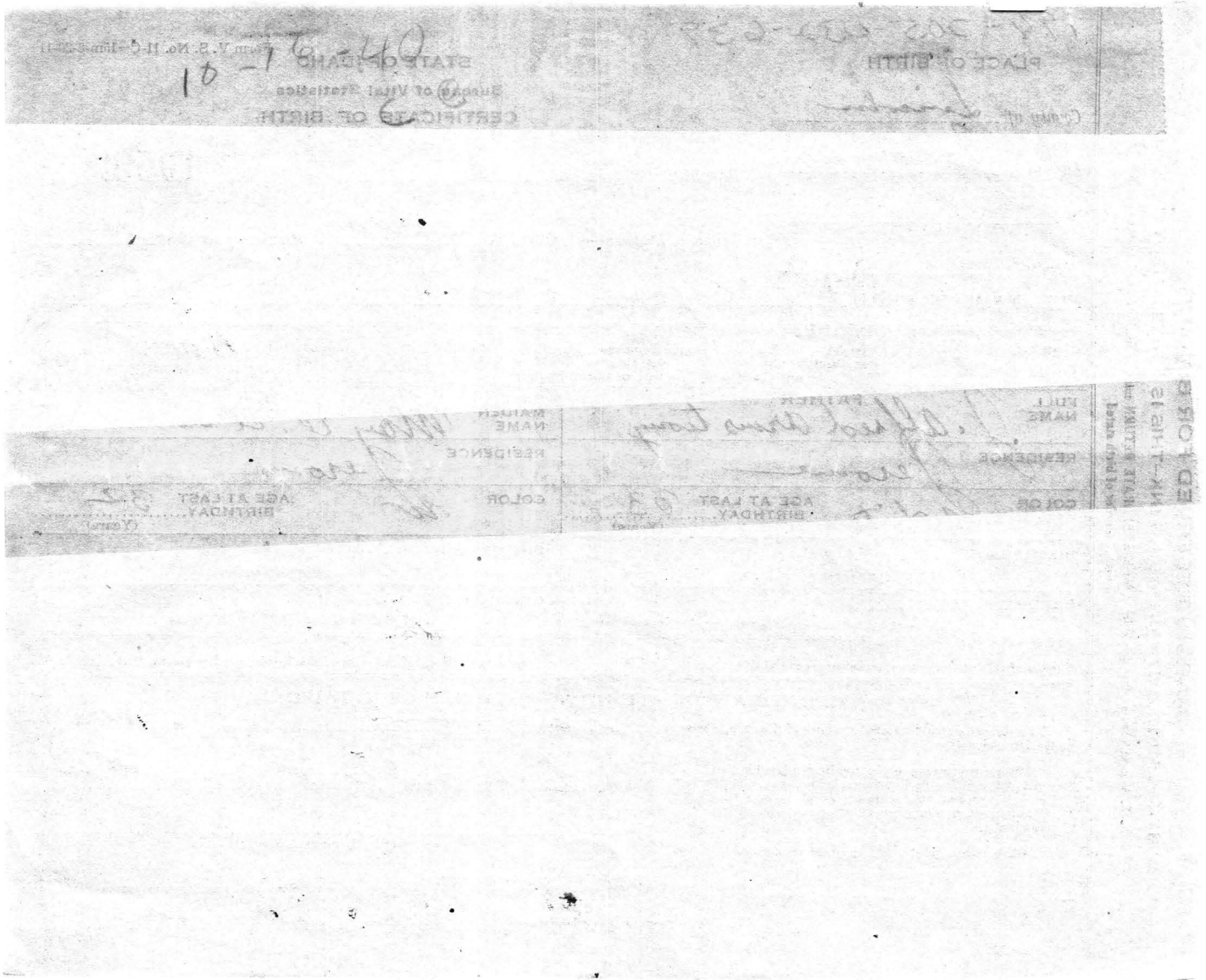
S-Y CO., 16670

Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated



286 - 213-032-683

Form V. S. No. 11—10m-6-20-11

PLACE OF BIRTH

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

County of Lincoln

City of Jerome

No. ____, ____ St.

Hospital ____

Registration District No. 5 File No. 10581

Primary Registration District No. 2017 Registered No. 209

FULL NAME OF CHILD LaVERNE VELMA Shawver

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
female			yes	Dec 13, 1912

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	E E Shawver	Agnes Arycoff
RESIDENCE	Jerome	Jerome
COLOR	White	White
AGE AT LAST BIRTHDAY (Years)	35	31
BIRTHPLACE	Iowa	Illinois
OCCUPATION	Asst Watermaster	Housewife

Number of child of this mother, including present birth 4

Number of children, of this mother, now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was ____ (Born alive or stillborn) at 9 45 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) John F. Schmeckebier M.D.

(Physician or Midwife)

Address Jerome Idaho

Given name added from a supplemental report

____, 19____

Filed Jan 1 1913 E. D. Pike

Registrar

S-Y CO., 16669

Registrar

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

PLACE OF BIRTH

County of

RESIDENCE	
COLOR	AGE AT LAST BIRTHDAY ..... (Years)
BIRTHPLACE	

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of Idaho } ss. FEB 2 1942
County of Jerome }

Certificate No. 10581

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of birth (BIRTH OR DEATH)
for LaVerne Velma Shawver (NAME ON ORIGINAL CERTIFICATE) who was born (WAS BORN OR DIED) on December 13, 1912 (DATE OF EVENT)
in Jerome Idaho (PLACE OF EVENT) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts as shown by father of above named (BIBLE RECORD, INSURANCE POLICY, ETC.) prepared on January 31, 1942 (GIVE DATE) are:

FACTS TO BE CORRECTED ("NAME", "BIRTH DATE", "CAUSE OF DEATH", ETC.)	FROM (AS ON ORIGINAL)	TO (THE CORRECT FACTS)
name	unnamed	La Verne Velma Shawver

Subscribed and sworn to before me this 31st
day of January, 1942
**Earnest Coupe
Notary Public, residing at Jerome, Ida.
My commission expires January 8, 1944
(SEAL)

Signed Earnest Shawver
(SIGNATURE OF PARENT OR ATTENDANT IF CORRECTING A BIRTH RECORD; OF ATTENDANT, FUNERAL DIRECTOR, INFORMANT IF CORRECTING A DEATH RECORD; OR OTHER CREDIBLE PERSON.)
Jerome, Idaho
(STREET ADDRESS, CITY, STATE)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Idaho } ss.
County of Jerome }

[THIS AFFIDAVIT MUST ALSO BE EXECUTED. (SEE CHAPTER 139, 1937 IDAHO SESSION LAWS.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 31st
day of January, 1942
**Earnest Coupe
Notary Public, residing at Jerome, Ida.
My commission expires January 8, 1944
(SEAL)

Signed R E Jenkins
(SIGNATURE OF ANY CREDIBLE PERSON OTHER THAN PREVIOUS AFFIANT.)
Jerome, Idaho
(STREET ADDRESS, CITY, STATE)

Received for filing on FEB 2 1942 By
(REGISTRAR'S SIGNATURE)

FEB 4 1942

FEB 12 1975

127-223 amended 4/10/73
PLACE OF BIRTH 52-132

Form V. S. No. 11—10m-8-15-12

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Lincoln

City of Shoshone

Registration District No. 5

File No. 10582

No. ____ St.

Primary Registration District No. 2016

Registered No. 221

Hospital Home

FULL NAME OF CHILD Jessie Virginia Asfiturte

Sex of Child	Twin Triplet or other?	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
F.	other (To be answered only in event of plural births)	1	yes	12 – 23 1912

FATHER

FULL NAME Domingo Asfiturte

RESIDENCE Shoshone

COLOR W

AGE AT LAST BIRTHDAY 37 (Years)

BIRTHPLACE Spain

OCCUPATION Sheepherder

MOTHER

FULL MAIDEN NAME Rafaela Alberdi

RESIDENCE Shoshone

COLOR W

AGE AT LAST BIRTHDAY 30 (Years)

BIRTHPLACE Spain

OCCUPATION Housewife

Number of child of this mother, including present birth 1

Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn) at 11 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) C. F. Zeller M. D.
(Physician or midwife)

Address Shoshone, Idaho

Given names added from a supplemental report

....., 19.....

Filed 12/25 19 12 C. F. Zeller
Registrar

.....
Registrar

S-Y CO. 20175

MARGIN RESERVED FOR BIND... WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RE...D

N. B. In case of more than one child at birth, a separate certificate must be made for each and the number of each, in order of birth stated.

APR 9 - 1973

IDAHO DEPARTMENT OF HEALTH

BUREAU OF VITAL STATISTICS

Affidavit to Correct or Amend An Original Certificate of Birth or Death

State of Idaho } ss.
County of Ada

Certificate No. 10582

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of birth (Birth or Death)
for Baby Espetarte (Name on Original Certificate) who was born (Was Born or Died) on December 23, 1912 (Date of Event)
in Shoshone, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts are shown by (Bible Record, Insurance Policy, Etc.) prepared on (Give Date), are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
name of child	Baby Espetarte	Jessie Virginia Aspitarte
father's name	Domingo Espetarte	Domingo Aspitarte

Subscribed and sworn to before me this 10th day of April 19 73

Wanda Mae Larson

Notary Public, residing at Boise

My commission expires September 15, 1976

(Seal)

Signed Joe McCauley
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

Rt 3, Boise
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of } ss.
County of

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this day of , 19

Notary Public, residing at

My commission expires

(Seal)

Signed
(Signature of Any Credible Person)

(Street Address, City, State)

FORM DH 60-155

Gooding High School Diploma gives name as Jessie Virginia Aspitarte. Graduated May 14, 1931. -- viewed by V.S.

APR 1 0 1973

Own child's birth certificate on file Idaho #225619 for child born September 19, 1934 gives mother's name as Jessie Virginia Aspitarte, Age 21, born Shoshone, ID. ---viewed by V.S.

Birth certificate on file Idaho #63162 for sister Mary Jane, gives father's name as Domingo Aspitarte. -- viewed by V.S.

School record for sister Juanita from Gooding Senior High school issued 1928 gives father as Domingo Aspitarte. -- Viewed by V.S.

168-120-032-291

PLACE OF BIRTH

Form V. S. No. 11—10m-2-15-12

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Lincoln

City of Shoshone — Registration District No. 5 — File No. 10584

No. ____ St. — Primary Registration District No. 2016 — Registered No. 210

Hospital Home

FULL NAME OF CHILD Baby Anton Johan

Sex of Child	Twin Triplet or other?	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
M	other (To be answered only in event of plural births)	2	yes	Dec 20 1912

FATHER	MOTHER
FULL NAME J. Anton Johan	FULL MAIDEN NAME Katherine Kramer
RESIDENCE Shoshone	RESIDENCE Shoshone
COLOR W.	COLOR W.
AGE AT LAST BIRTHDAY 31 (Years)	AGE AT LAST BIRTHDAY 24 (Years)
BIRTHPLACE Switzerland	BIRTHPLACE Platte Center, Nebraska
OCCUPATION Rancher	OCCUPATION Housework

Number of child of this mother, including present birth 2

Number of children of this mother now living, including present birth 1

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 1:30 A. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Chas. E. Zeller M.D.
(Physician or midwife)

Address Shoshone, Idaho

Given names added from a supplemental report

....., 19.....

Filed Dec. 21 1912 C. E. Zeller
Registrar

.....
Registrar

8-Y CO. 20175

316-119-032-669

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

PLACE OF BIRTH

County of Lincoln

City of Hagerman

No. ..... St.

Hospital .....

Form V. S. No. 11-C—15m-6-20-11

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

Registration District No. 5 File No. 10585

Primary Registration District No. 2013 Registered No. 218

FULL NAME OF CHILD Ray Arthur Lawrence

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Male	/	/	Yes	Nov. 19, 1912

	FATHER	MOTHER
FULL NAME	Frank L Lawrence	Effie Ford
RESIDENCE	Hagerman, Ida	Thorn Hagerman Co.
COLOR	White	White
AGE AT LAST BIRTHDAY (Years)	46	30
BIRTHPLACE	Iowa Rockwell Co	Thorn, Sheboygan Co
OCCUPATION	Rancher & Miner	Housewife

Number of child of this mother, including present birth 1

Number of children, of this mother, now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 1 a M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) A. V. Hawkbower M.D.

(Physician or Midwife)

Address Hagerman

Filed Dec 8 1912 Rosamond Lee

Registrar

Given names added from a supplemental report

....., 19.....

Registrar

S-Y CO., 16670

DEC 20 1967

238 - 125-032-665

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

PLACE OF BIRTH

County of Lincoln

City of Hagerman

No. ..... St.

Hospital .....

Form V. S. No. 11-C—15m-6-20-11

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

Registration District No. 5 File No. 10586

Primary Registration District No. 2013 Registered No. 219

FULL NAME OF CHILD Edna Thomas Stroud

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Male	/	/	Yes	Oct 25, 1912

FATHER		MOTHER	
FULL NAME	Herbert L Stroud	FULL MAIDEN NAME	Florence Owens
RESIDENCE	Hagerman Ida	RESIDENCE	Hagerman Ida
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	23 (Years)	AGE AT LAST BIRTHDAY	26 (Years)
BIRTHPLACE	Colorado	BIRTHPLACE	Oakley Ida
OCCUPATION	Rancher	OCCUPATION	Housewife

Number of child of this mother, including present birth 1

Number of children, of this mother, now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive at 11:40 A. M. on the date above stated.

(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) A. V. Faulkner M.D.

(Physician or Midwife)

Address Hagerman Idaho.

Given names added from a supplemental report

....., 19.....

Filed Dec 18 1912 W. H. Marlow

Registrar

S-Y CO., 16670

Registrar

MAR 2 6 1973

418-101-032-494

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

Form V. S. No. 11-C—15m-6-20-11

PLACE OF BIRTH

County of Lincoln

City of Hagerman

No. ..... St.

Hospital .....

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

Registration District No. 5

File No. 10587

Primary Registration District No. 2013

Registered No. 217

FULL NAME OF CHILD Lloyd Senter Martin

Sex of Child	Twin, Triplet, or other?	Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Male	Single	1	Yes	Nov 1, 1912

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	George H Martin	FULL MAIDEN NAME	Mary E Middleton
RESIDENCE	Hagerman Ida	RESIDENCE	Hagerman Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	40 (Years)	AGE AT LAST BIRTHDAY	26 (Years)
BIRTHPLACE	New York	BIRTHPLACE	Nebraska
OCCUPATION	Merchant & Sheep	OCCUPATION	Housewife

Number of child of this mother, including present birth 1

Number of children, of this mother, now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Alive (Born alive or stillborn) on the date above stated, at 10 A.M.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) A. V. Hawkbourn

Physician

(Physician or Midwife)

Address Hagerman Idaho

Given names added from a supplemental report

....., 19.....

Registrar

Filed Dec 8 1912

Registrar

S-Y CO., 16670

JAN 9 1975

666 - 206 - 032 - 253

Amended 2-9-62

(Be sure the information is complete and accurate)

State File No. 10588
Local Reg. No. 216
Reg. Dist. No. 5

Federal Security Agency
United States Public Health Service

CERTIFICATE OF BIRTH
STATE OF IDAHO

1. PLACE OF BIRTH

a. COUNTY: Lincoln

b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Hagerman

c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital or institution, give street address or location):

2. USUAL RESIDENCE OF MOTHER (Where does mother live?)

a. STATE: Idaho b. COUNTY: Lincoln

c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Hagerman

d. STREET ADDRESS (If rural, give location):

3. CHILD'S NAME (Type or print)

a. (First): Edna b. (Middle): B. c. (Last): Fowler

4. SEX: Female

5a. THIS BIRTH: SINGLE [X] TWIN [ ] TRIPLET [ ]

5b. IF TWIN OR TRIPLET (This child born): 1ST [ ] 2ND [ ] 3RD [ ]

6. DATE OF BIRTH: (Month) Oct. (Day) 6, (Year) 1912

FATHER OF CHILD

7. FULL NAME — a. (First): Leonard b. (Middle): T. c. (Last): Fowler

8. COLOR OR RACE: White

9. AGE (At time of this birth): 36 YEARS

10. BIRTHPLACE (State or foreign country) (City or Town): Utah

11a. USUAL OCCUPATION: Rancher

11b. KIND OF BUSINESS OR INDUSTRY:

MOTHER OF CHILD

12. FULL MAIDEN NAME — a. (First): Maggie b. (Middle): May c. (Last): Kellogg

13. COLOR OR RACE: White

14. AGE (At time of this birth): 33 YEARS

15. BIRTHPLACE (State or foreign country) (City or Town): Missouri

16. CHILDREN PREVIOUSLY BORN TO THIS MOTHER (Do NOT include this child)

a. How many OTHER children are now living? 2

b. How many OTHER children were born alive but are now dead? 0

c. How many children were stillborn (born dead after 20 weeks pregnancy)? 0

17. INFORMANT'S SIGNATURE OR NAME (Relationship):

I hereby certify that this child was born alive on the date stated above.

18a. SIGNATURE: Dr. W. H. Marshall

18b. ATTENDANT AT BIRTH: M. D. [X] MIDWIFE [ ] OTHER (Specify):

18c. ADDRESS: Hagerman

18d. DATE SIGNED:

19. DATE REC'D BY LOCAL REG.: Nov. 30, 1912

20. REGISTRAR'S SIGNATURE: W.H. Marshall

21. DATE ON WHICH GIVEN NAME ADDED BY (Registrar):

DIVISION OF VITAL STATISTICS, BOISE, IDAHO

LOCAL REGISTRATION OF BIRTHS

Sec. 38-213. All births that occur in the state shall be immediately registered in the districts in which they occur, hereinafter provided.

Sec. 38-214. SAME: DUTIES OF THE PHYSICIANS AND MIDWIVES. It shall be the duty of the attending physici or midwife to file a certificate of birth, properly and completely filled out, giving all the particulars required by this artic with the local registrar of the district in which the birth occurred, within 10 days after the date of birth; and if there be attending physician or midwife, then it shall be the duty of the father or mother of the child, nurse, householder, or owner the premises, having knowledge of such birth, manager or superintendent of public or private institutions in which birth occu red, to notify the local registrar, within 10 days after the birth, of the fact of such birth having occurred. It shall then, in su case, be the duty of the local registrar to secure the necessary information and signature to make proper certificate of birt Provided, That in cities, the certificate of birth shall be filed at less intervals than 10 days after birth, if so required by mu cipal ordinances or regulations now in force, or that may hereafter be enacted.

Sec. 38-215. CERTIFICATES OF BIRTH. The certificate of birth shall be filled out as per blanks for that purpose.

Sec. 38-223. * * * * *, any physician or midwife, in attendance upon a case of confinement, or any other person charg with responsibility for reporting births, in the order named in Sec. 38-214 who shall neglect or refuse to file a proper cert cate of birth with the local registrar, within the time required by this article, shall be deemed guilty of a misdemeanor, a upon conviction thereof, shall be fined not less than $10 nor more than $300.

MEDICAL REPORT
(Not for certified copies)

(To be used for Crippled Children, Maternal and Child Health Work)

(a) Pregnancy: Complications of.....

.....

.....

(b) Labor: Complication.....

.....

..... Induced?.....

.....

(d) Did baby have any:

(1) Congenital Malformation? .....

Describe:.....

(2) Birth Injury?.....

Describe:.....

(e) Signature of Physician:

Documents listed on back -

IDAHO DEPARTMENT OF HEALTH

BUREAU OF VITAL STATISTICS

Affidavit to Correct or Amend An Original Certificate of Birth or Death

State of.....
County of..... } ss.

Certificate No. 10588

Date Filed.....

The undersigned does solemnly swear that certain facts on the certificate of Birth (Birth or Death)

for Unnamed Fowler (female child) (Name on Original Certificate) who was born (Was Born or Died) on Oct. 6, 1912 (Date of Event)

in Hagerman, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the true facts are shown by..... (Bible Record, Insurance Policy, Etc.) prepared on..... (Give Date), are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
Full Name of Child	Unnamed	Edna B. Fowler
Full Name of Father	En Fowler	Leonard T. Fowler
Mother's Maiden Name	May Kellog	Maggie May Kellogg
Mother's Birthplace	Mich.	Missouri

Subscribed and sworn to before me this 9th day of January, 1962

Marion W. Smith

Notary Public, residing at BLACKFOOT, IDAHO

My commission expires My Commission Expires 10-26-62

(Seal)

Signed L. Maggie May Fowler (Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

..... (Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of.....
County of..... } ss.

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this.....day of ....., 19.....

Notary Public, residing at.....

My commission expires.....

(Seal)

Signed..... (Signature of Any Credible Person)

..... (Street Address, City, State)

FORM DH 60-155

L 1-24-62. 1 copy pd. rec. #15281.

Own Child's Birth Cert. on file: (Idaho Birth) #227608 gives full maiden name of mother as Edna Blanche Fowler - viewed by V.S.

Another Child's Birth Cert. on file: (Idaho Birth) #100763 gives full names of parents as Leonard T. Fowler and Maggie Kellogg - mother's birthplace is given as Missouri - viewed by V.S.

Statement from Miss Helen Roth, Medical Record Librarian, Montana State Tuberculosis Sanitarium, Deer Lodge, Montana - states "Our Medical Records show that Mrs. Edna Miles was admitted to this hospital for treatment on September 30, 1943 and was discharged on November 8, 1944. At the time of admission she gave the following information: Edna Fowler, born October 6, 1912 at Bliss, Idaho to Leonard Fowler, born in Utah and Maggie May Kellogg, born in Missouri." - viewed by V.S.

Federal Census Record, taken January 1, 1920, County of Salt Lake, State of Utah gives full name as Edna B. Fowler, age 7, born in Idaho, daughter of Leonard T. and Maggie M. Fowler - viewed by V.S.

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

Form V. S. No. 11-C—15m-6-20-11

PLACE OF BIRTH

County of Lincoln

City of Hagerman

No. ____, ____ St.

Hospital ____

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

Registration District No. 5 File No. 10588

Primary Registration District No. 2013 Registered No. 216

FULL NAME OF CHILD — Fowler,

Sex of Child	Twin, Triplet, or other?	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
female	— (To be answered only in event of plural births)		yes	Oct 6 1912

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	Ira Fowler.	Mary Kellog
RESIDENCE	Hagerman	Hagerman
COLOR	wh.	wh.
AGE AT LAST BIRTHDAY (Years)	36	33
BIRTHPLACE	Utah	Mich
OCCUPATION	Rancher	Housewife

Number of child of this mother, including present birth 3

Number of children, of this mother, now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Premature (Born alive or stillborn) at 5a M. on the date above stated.

(Signature) D W Marshall

(Physician or Midwife)

Address Hagerman

Filed Nov 30 1912 D W Marshall Registrar

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report

....., 19.....

Registrar

S-Y CO., 16670

FEB 12 1962

238-202-042-000

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

Form V. S. No. 11-C—15m-6-20-11

PLACE OF BIRTH

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

County of Lincoln

City of Hagerman — Registration District No. 5 — File No. 10589

No. ____, ____ St. — Primary Registration District No. 2013 — Registered No. 215

Hospital ____

FULL NAME OF CHILD Baby School

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Female			Yes	Nov 2, 1912

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	George Schooler	—
RESIDENCE	Hagerman	Hagerman
COLOR	wh	wh
AGE AT LAST BIRTHDAY (Years)	28	28
BIRTHPLACE	Utah	Ohio
OCCUPATION	Rancher	Housewife

Number of child of this mother, including present birth 3

Number of children, of this mother, now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 3 P M. on the date above stated.

(Signature) D W Marshall

(Physician or Midwife)

Address Hagerman

Filed Nov 9 1912 D W Marshall Registrar

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report

..... 19.....

W H Marshall Registrar

S-Y CO., 16670

2- SCHOOLER

2 NO MOTHER

699-127-032-318

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

Form V. S. No. 11-C—15m-6-20-11

PLACE OF BIRTH

County of Lincoln

City of Hagerman

No. ____, ____ St.

Hospital ____

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

Registration District No. 5 File No. 10590

Primary Registration District No. 2013 Registered No. 914

FULL NAME OF CHILD ~~Frith~~ Harry Cornelius Frith

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Male			Yes	July 29, 1912

FATHER

FULL NAME	Jno Frith
RESIDENCE	Hagerman Valley
COLOR	W.
AGE AT LAST BIRTHDAY (Years)	34
BIRTHPLACE	Wis.
OCCUPATION	Rancher

MOTHER

FULL MAIDEN NAME	Lottie Taylor
RESIDENCE	Hagerman Valley
COLOR	
AGE AT LAST BIRTHDAY (Years)	39
BIRTHPLACE	Nevada
OCCUPATION	Housewife

Number of child of this mother, including present birth 8

Number of children, of this mother, now living, including present birth 8

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 2 p. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) D W H Marshall

(Physician or ~~Midwife~~)

Address Hagerman, Idaho

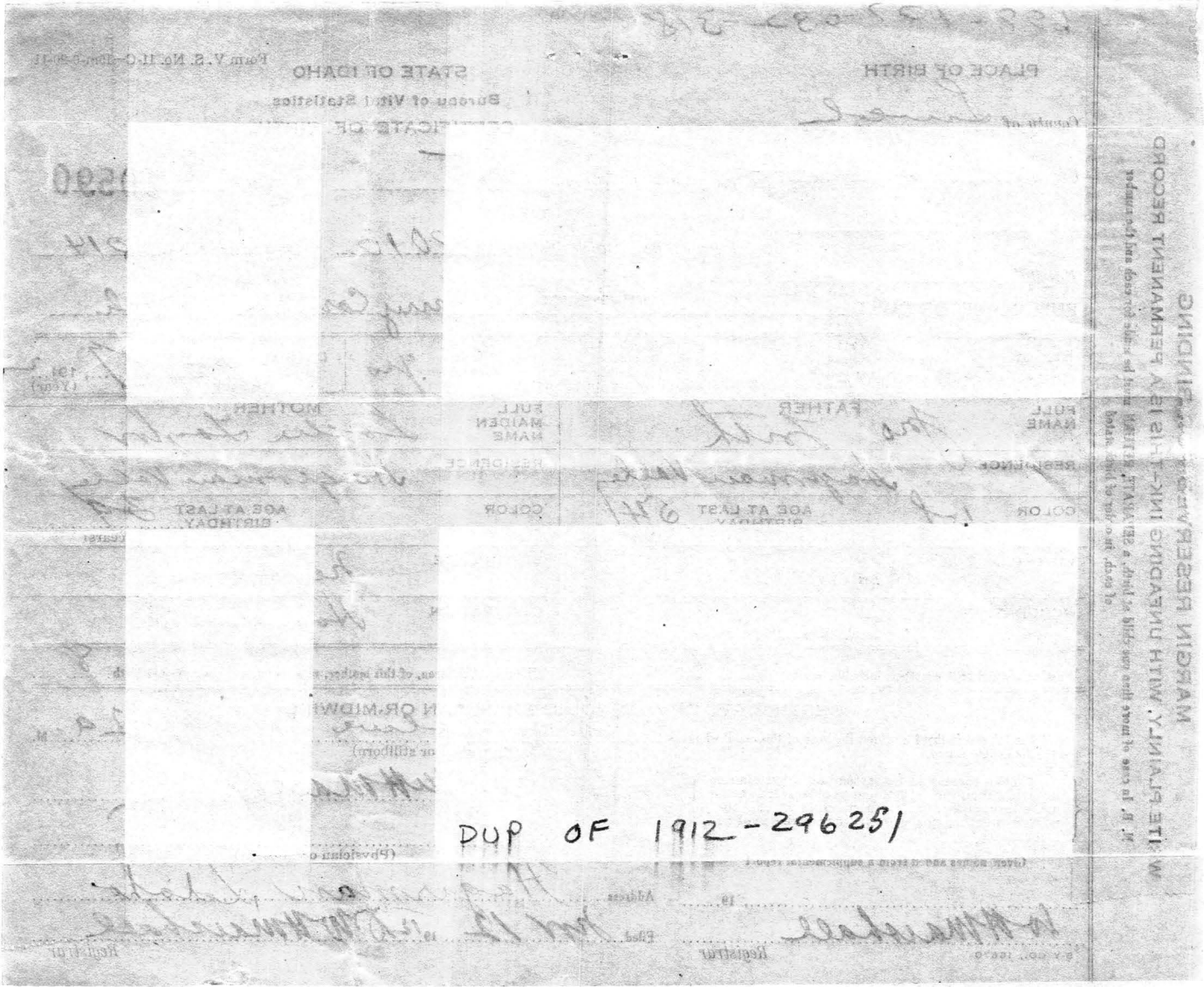
Given names added from a supplemental report

....., 19.....

W H Marshall Registrar

Filed Nov 12 1912 D W H Marshall Registrar

S-Y CO., 16670



DUP OF 1912-296251

418 - 204-032-253

Form V. S. No. 11-C—15m-6-20-11

PLACE OF BIRTH

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

County of Lincoln

City of Hagerman Registration District No. 5 File No. 10591

No. ____, ____ St.

Primary Registration District No. 2013 Registered No. 213

Hospital ____

FULL NAME OF CHILD Bertha Florence Day

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month), (Day), 191 (Year)
Female			Yes	Nov 14, 12

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	George Henry Day	Sarah Kellog
RESIDENCE	Hagerman	Hagerman
COLOR	wh.	wh.
AGE AT LAST BIRTHDAY (Years)	31	30
BIRTHPLACE	Ill.	Mich
OCCUPATION	Rancher	Housewife

Number of child of this mother, including present birth 5

Number of children, of this mother, now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 5a. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) W. H. Marshall

(Physician or Midwife)

Address Hagerman, Ida.

Given names added from a supplemental report

..... 19.....

W. H. Marshall
Registrar

Filed Nov 27 19 12

W. H. Marshall
Registrar

S-Y CO., 16670

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

AUG 25 1971

493-219-032-319

Form V. S. No. 11-C—15m-6-20-11

PLACE OF BIRTH Amended 8/19/74

STATE OF IDAHO
Bureau of Vital Statistics
CERTIFICATE OF BIRTH

County of Lincoln

City of Hagerman

Registration District No. 5 File No. 10592

No. ____, ____ St.

Primary Registration District No. 20-13 Registered No. 212

Hospital ____

FULL NAME OF CHILD Mills, Nettie Louise

Sex of Child	Twin, Triplet, or other?	and	Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
female	—	—	—	Yes	Nov 19, 191[illegible]

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	Jno Mills	FULL MAIDEN NAME	Annie Tanner
RESIDENCE	Hagerman	RESIDENCE	Hagerman
COLOR	Wh.	COLOR	
AGE AT LAST BIRTHDAY (Years)	50	AGE AT LAST BIRTHDAY (Years)	40
BIRTHPLACE	Utah	BIRTHPLACE	Utah
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 7

Number of children, of this mother, now living, including present birth 7

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 5 9. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) S W Marshall

(Physician or Midwife)

Address Hagerman

Given names added from a supplemental report

____ d ____, 19____

W H Marshall Registrar

Filed Dec 12 1912 W H Marshall Registrar

S-Y CO., 16670

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

MARGIN RESERVED FOR BINDING

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

Amended 8/1974

PLACE OF BIRTH

Mother

Louise

FATHER

MOTHER

AGE AT LAST BIRTHDAY

40

WRITE PLAINLY, WITH UNFADING INK—USE A PERMANENT RECORD

IDAHO DEPARTMENT OF HEALTH

BUREAU OF VITAL STATISTICS

Affidavit to Correct or Amend An Original Certificate of Birth or Death

State of ..... } ss.
County of ..... }

Certificate No. 10592

Date Filed .....

The undersigned does solemnly swear that certain facts on the certificate of birth (Birth or Death)
for Unnamed Mills (female) (Name on Original Certificate) who was born (Was Born or Died) on Nov. 18, 1912 (Date of Event)
in Hagerman, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts are shown by ..... (Bible Record, Insurance Policy, Etc.) prepared on ..... (Give Date), are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
child;s name	Unnamed	Nettie Louise Mills
birth date	November 18, 1912	November 19, 1912
mother's age	35	40
father's birth place	Kansas	Utah

Subscribed and sworn to before me this 19 day of August, 1974

Mrs. Nora Lowe

Notary Public, residing at Boise, Idaho

My commission expires Sept. 18, 1977

(Seal)

Signed P. E. Shellenberger

(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

2814 Elbow St. Boise, Ida

(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of ..... } ss.
County of ..... }

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this ..... day of ....., 19.....

Notary Public, residing at .....

My commission expires .....

(Seal)

Signed .....

(Signature of Any Credible Person)

.....

(Street Address, City, State)

FORM DH 60-155

Family Geneology book published in 1923 gives mother's name as Mary Argenta Tanner born Sept. 12, 1872 at South Cottonwood, Utah. Married Feb. 22, 1891 to John F. Mills. ~~xxxx~~ he was born at Pleasant Grove, Utah. gives daughter's name as Nettie born Nov. 19, 1912 at Hagerman, Idhao. viewed by V. S.

AUG 19 1974

Own child's birth certificate from Idaho (#294168) gives mother's name as Nettie Louise Mills. born at Emmett, Idaho. viewed by V. S.

861-710-032-593

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

PLACE OF BIRTH

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

County of Lincoln

City of Hagerman

No. ____, ____ St.

Registration District No. 25 File No. 10593

Primary Registration District No. 2013 Registered No. 211

Hospital ____

FULL NAME OF CHILD Murland Heath

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
boy			yes	Nov 10, 1912

	FATHER	MOTHER
FULL NAME	Charles William Heath	FULL MAIDEN NAME Julia Nickerson
RESIDENCE	Hagerman	RESIDENCE Hagerman
COLOR	White	COLOR
AGE AT LAST BIRTHDAY (Years)	32	AGE AT LAST BIRTHDAY (Years) 25
BIRTHPLACE	Elmo Ida	BIRTHPLACE Marysville Mo
OCCUPATION		OCCUPATION House Wife

Number of child of this mother, including present birth 5

Number of children, of this mother, now living, including present birth 5

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Alive (Born alive or stillborn) at 11 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report

..... 19.....

..... Registrar

(Signature) Charles William Heath, M.D.

(Physician or Midwife)

Address Hagerman Idaho,

Filed Dec 3 1912 W. Marshall Registrar

S-Y CO., 16670

DEC 4 1974

219-124-022-168

PLACE OF BIRTH.

County of Franklin

City of Victor

No. ____, ____ St.

Hospital ____

STATE OF IDAHO
Bureau of Vital Statistics
CERTIFICATE OF BIRTH

Form V. S. No. 11—10m. 6-21.

Registration District No. 7

File No. 10595

Primary Registration District No. 2037

Registered No. 83

FULL NAME OF CHILD ____

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
M			Yes.	Nov 24 1912

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	Wm Borton	Ruth Johnson
RESIDENCE	Victor	Victor
COLOR	W	W
AGE AT LAST BIRTHDAY (Years)	30	28
BIRTHPLACE	Utah	Utah
OCCUPATION	Co Janitor	Housewife

Number of child of this mother, including present birth 5

Number of children, of this mother, now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn), at 4:20 A. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Osa D. Keith

(Physician or Midwife)

Address ____

Given name added from a supplemental report

____, 19____

____ Registrar

Filed Jan 10 1913 Ray H. Fisher Registrar

S-Y CO., 15669

MARGIN RESERVED FOR BINDING

WRITE PLAINLY. WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at a birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

PLACE OF BIRTH

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

249 - 203-022-659

PLACE OF BIRTH

Form V. S. No. 11—10m-6-20-11

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

County of Fremont

City of Driggs

Registration District No. 4

File No. 10596

No. ....., ... St.

Primary Registration District No. 2037

Registered No. 833

Hospital .....

FULL NAME OF CHILD Essie Smith

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
F			Yes	Dec 3 1912

FATHER		MOTHER	
FULL NAME	Octave Smith	FULL MAIDEN NAME	Ellen Ferguson
RESIDENCE	Driggs	RESIDENCE	Driggs
COLOR	W	AGE AT LAST BIRTHDAY (Years)	34
BIRTHPLACE	Utah	BIRTHPLACE	Utah
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 3

Number of children, of this mother, now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn) at 2:30 M. on the date above stated.

(Signature) Ora D. Keith

(Physician or Midwife)

Address Driggs Idaho

Filed Jan. 10 19 13 Ray H. Tasker Registrar

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given name added from a supplemental report

....., 19.....

Registrar

S-Y CO., 16669

MARGIN RESERVED FOR BINDING

WRITE PLAINLY. WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at a birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

File No. 10539

PLACE OF BIRTH

County of

City of

No.

Registration District No.

St.

Primary Registration District No.

Registered No.

Hospital

FULL NAME OF CHILD

Sex of Child

Twin, Triplet or Quad

Number in order of birth

If illegitimate

Date of birth

MARRIED LADY, WITH UNBORN INFANT—THIS IS A PERMANENT RECORD

If child is not known by any name, write "Unknown" or "Baby"

Date filed

Address

Registrar

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of Idaho }
County of Teton } ss.

Certificate No. 10596

JUN 9 1945

Date Filed April 20

The undersigned does solemnly swear that certain facts on the certificate of birth (Birth or Death)
for Essie Smith (Name on Original Certificate) who born (Was Born or Died) on Dec. 3 - 1912 (Date of Event)
in Driggs, Idaho. (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts are shown by (Bible Record, Insurance Policy, Etc.) prepared on (Give Date), are:

FACTS TO BE CORRECTED ("Name", "Birth Date", "Cause of Death", Etc.)	FROM (As on Original)	TO (The Correct Facts)
Name	Unnamed	Essie Smith

Subscribed and sworn to before me this 20th
day of April, 19 45

Notary Public, residing at Driggs, Idaho
My commission expires May 27th 1948
(Seal)

Signed Mary G Smith Mother
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

Driggs, Idaho.
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of }
County of } ss.

[This Affidivat MUST Also be Executed.
(See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this
day of , 19

Notary Public, residing at
My commission expires
(Seal)

Signed
(Signature of Any Credible Person Other Than Previous Year)

(Street Address, City, State)

JUN 1 4 1945

386-223-022-266

PLACE OF BIRTH

County of Kootenai

City of Hayden

No. ( ) St.

Hospital

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

Form V. S. No. 11—10m-6-20-11

Registration District No. 9

File No. 10597

Primary Registration District No. 2037

Registered No. 654

FULL NAME OF CHILD Elsie Mabel Thomas

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Female	✓	✓	Yes	Nov. 23, 191?

FATHER		MOTHER	
FULL NAME	John Thomas	FULL MAIDEN NAME	Ida Kwant
RESIDENCE	Hayden	RESIDENCE	Hayden
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY (Years)	32	AGE AT LAST BIRTHDAY (Years)	23
BIRTHPLACE	Illinois	BIRTHPLACE	Idaho
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 3

Number of children of this mother, now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn) at 9 P. M. on the date above stated.

(Signature) Caroline Kennell

(Physician or Midwife)

Address Hayden

Filed Jan 10 19 13 Roy H. Fisher Registrar

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given name added from a supplemental report

..... 19.....

..... Registrar

S-Y CO., 16669

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at a birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

914 - 227
022 - 393

(Be sure the information is complete and accurate)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 10598
Local Reg. No. 853
Reg. Dist. No. 9

Amended 2-7-75

1. PLACE OF BIRTH
a. COUNTY: Fremont
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN: Hayden
c. FULL NAME OF (If NOT in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION:

2. USUAL RESIDENCE OF MOTHER (Where does mother live?)
a. STATE: Idaho
b. COUNTY: Fremont
c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN: Hayden
d. STREET ADDRESS (If rural, give location):

3. CHILD'S NAME (Type or print)
a. (First): Naioma
b. (Middle):
c. (Last): Rammell

4. SEX: Female
5a. THIS BIRTH: SINGLE X TWIN ____ TRIPLET ____
5b. IF TWIN OR TRIPLET (This child born): 1st ____ 2nd ____ 3rd ____
6. DATE OF BIRTH (Month) (Day) (Year): November 27, 1912
9 p.m.

FATHER OF CHILD

7. FULL NAME
a. (First): Alma
b. (Middle):
c. (Last): Rammell

8. AGE (At time of this birth): 32 YEARS
9. BIRTHPLACE (State or foreign country) (City or Town): Utah
10. USUAL OCCUPATION: Farmer
11. KIND OF BUSINESS OR INDUSTRY: Farming

MOTHER OF CHILD

12. FULL MAIDEN NAME
a. (First): Nora
b. (Middle):
c. (Last): Little

13. AGE (At time of this birth): 28 YEARS
14. BIRTHPLACE (State or foreign country) (City or Town): Utah
15. CHILDREN PREVIOUSLY BORN TO THIS MOTHER (Do NOT include this child)
a. How many OTHER children are now living? 4
b. How many OTHER children were born alive but are now dead? 0
c. How many children were stillborn (born dead after 20 wks. pregnancy?) 0
16. INFORMANT'S SIGNATURE OR NAME (Relationship):

I hereby certify that this child was born alive on the date stated above.

17. SIGNATURE: Caroline Rammell
18. ATTENDANT AT BIRTH: M.D. ____ MIDWIFE ____ OTHER (Specify) Midwife
19. ADDRESS:
20. DATE SIGNED: January 10, 1913
21. DATE REC'D BY LOCAL REG.: Jan.10, 1913
22. REGISTRAR'S SIGNATURE: Ray H. Fisher, M.D.
23. DATE ON WHICH GIVEN NAME ADDED BY ____ Registrar

Record typewriter ribbon in completing this certificate. This certificate MUST be filed with the district where the birth occurred WITHIN 10 days after the date of birth of the child. Address VITAL STATISTICS, BOISE, IDAHO.

MARGIN RESERVED FOR BINDING

WRITE PLAINLY. WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at a birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

PLACE OF BIRTH

County of Bonneville

City of Hayden

No. ....., ... St.

Hospital .....

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

Form V. S. No. 11—10m-6-20-11

Registration District No. 9

File No. 10598

Primary Registration District No. 2027

Registered No. 453

FULL NAME OF CHILD Lena Rommell.

Sex of Child	Twin, Triplet, or other?	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
F			Yes	Nov 27 1912

(To be answered only in event of plural births)

	FATHER	MOTHER
FULL NAME	Alma Rommell.	FULL MAIDEN NAME Nora Little.
RESIDENCE	Hayden	RESIDENCE ~~Utah~~ Hayden
COLOR	W	COLOR W.
AGE AT LAST BIRTHDAY (Years)	32	28.
BIRTHPLACE	Utah	Utah
OCCUPATION	Farmer	Housewife

Number of child of this mother, including present birth 5

Number of children, of this mother, now living, including present birth 5

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn) at 4 P. M. on the date above stated.

(Signature) Caroline Rammell.

~~Physician~~ Midwife (Physician or Midwife)

Address .....

Filed Jan 10 1913 Ray St Drake, MD Registrar

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given name added from a supplemental report

....., 19.....

..... Registrar

S-Y CO., 16669

FEB 7 1975

IDAHO DEPARTMENT OF HEALTH
BUREAU OF VITAL STATISTICS

RECEIVED
BUREAU OF
VITAL STATISTICS
FEB 7 11 06 AM '75

Affidavit to Correct or Amend An Original Certificate of Birth or Death

State of ..... } ss.
County of ..... }

Certificate No. 10598

Date Filed .....

The undersigned does solemnly swear that certain facts on the certificate of birth (Birth or Death)
for Lena Rommell (Name on Original Certificate) who was born (Was Born or Died) on November 27, 1912 (Date of Event)
in Hayden (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts are shown by ..... (Bible Record, Insurance Policy, Etc.) prepared on ..... (Give Date), are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
Childs name	Lena Rommell	Naioma Rammell
Father's last name	Rommell	Rammell

Subscribed and sworn to before me this 7th day of February, 1975.
Florence Cartright
Notary Public, residing at Borah
My commission expires 4-20-78
(Seal)

Signed James D. Rammell
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of ..... } ss.
County of ..... }

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this ..... day of
....., 19.....

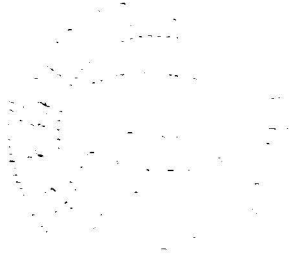
Notary Public, residing at .....
My commission expires .....
(Seal)

Signed .....
(Signature of Any Credible Person)

(Street Address, City, State)

Family Record book issued in 1958 by the Rammell and Little Family gives name of child as Naioma Rammell born November 27, 1912 in Tetonia, Idaho.
Vfi Viewed by V.S.

Marriage License, # 499 issued from County of Teton, State of Idaho gives name of bride as Naioma Rammell married to Jack Bainbridge on January 16, 1934. Father has signed as one of the witnesses, Alma Rammell. Minister, Albert Gilbert of the Richvale Ward of the L.D.S.Church.
Viewed by V.S.



753-214-022-313

PLACE OF BIRTH

Form V. S. No. 11—10m-6-20-11

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

County of Fremont

City of Victor.

Registration District No. 9 File No. 10599

No. ____, ____ St.

Primary Registration District No. 2037 Registered No. 853

Hospital ____

FULL NAME OF CHILD Amy L. Peterson.

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
F			Yes	Sept 14 191...

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	Christian Peterson	Mary L. Talley
RESIDENCE	Victor	Victor
COLOR / AGE AT LAST BIRTHDAY (Years)	W. 37	W 27
BIRTHPLACE	Utah	Utah
OCCUPATION	Farmer	Housewife

Number of child of this mother, including present birth 3

Number of children, of this mother, now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was ____ (Born alive or stillborn) at 10.35 A. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Edg. B. Curtis

(Physician or Midwife)

Address Victor.

Given name added from a supplemental report

____ 19....

Filed Jan 10 19 13 Ray N. Erb M.D.

S-Y CO., 16669 Registrar Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY. WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at a birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

669 - 104-022-295

PLACE OF BIRTH Amended Aug 4, 1958

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Fremont

City of Driggs

No. ..... St.

Hospital .....

Registration District No. 9 File No. 10600

Primary Registration District No. 2037 Registered No. 828

FULL NAME OF CHILD ELMER C. FORD

(Certificate of no value without full name of child.)

Sex of Child	Twin / Triplet / or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of birth (Month) (Day) (Year)
MALE		YES	DECEMBER 4, 1912

What bactericidal solution was used in eyes? .....

Number of child of this mother, including present birth 5 Number of children of this mother now living, including present birth 5

FATHER		MOTHER	
FULL NAME	J. W. Ford	FULL MAIDEN NAME	Emma Kingan
RESIDENCE	Driggs	RESIDENCE	Driggs
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY (Years)	40	AGE AT LAST BIRTHDAY (Years)	33
BIRTHPLACE	Kan.	BIRTHPLACE	Kan.
OCCUPATION	Farmer	OCCUPATION	Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 9pm M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) M. P. Crisler.

(Physician or midwife)

Address Driggs, Idaho

Give names added from a supplemental report.

..... 192.....

..... Registrar.

Filed Jan 10 1913 Ray H. Fisher

Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Change of Beneficiary dated May 13, 1957 - shows name as Elmer C. Ford viewed by V.s.

IDAHO STATE BOARD OF HEALTH
DIVISION OF VITAL STATISTICS

Affidavit to Correct or Amend An Original Certificate of Birth or Death

State of ..... } ss.
County of ..... }

Certificate No. 10600

Date Filed .....

The undersigned does solemnly swear that certain facts on the certificate of birth (Birth or Death)
for Unnamed Ford (Name on Original Certificate) who was born (Was Born or Died) on Dec. 14, 1912 (Date of Event)
in Driggs (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts are shown by Bible Record (Bible Record, Insurance Policy, Etc.) prepared on Near time of birth (Give Date), are:
Insurance Policy

26772 -gives mothers name correctly.
gives correct name.

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
Child's Name	Unnamed	Elmer C. Ford
Birthdate	December 14, 1912	December 4, 1912
Mother's Maiden Name	Emily Knighor	Emma Kingan

Viewed by V. S.

Subscribed and sworn to before me this 17 day of July, 1958

Hazel L. Hurlbert
Notary Public, residing at Eagle Idaho
My commission expires Sept 28, 1960
(Seal)

Signed ✓ Emma Ford
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

524 Walnut ave Emmett Idah
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Idaho } ss.
County of Ada }

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 17 day of July, 1958

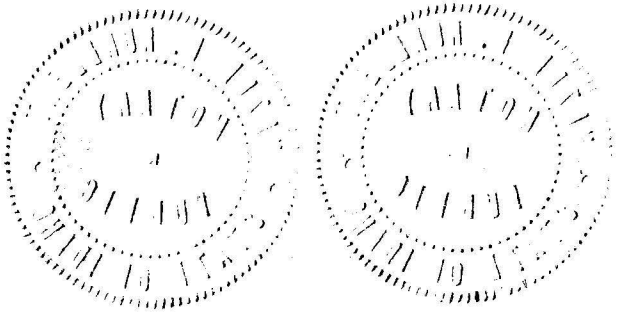
Hazel L. Hurlbert
Notary Public, residing at Eagle Idaho
My commission expires Sept 28, 1960
(Seal)

Signed ✓ James H Ford
(Signature of Any Credible Person)

Elko Nevada
(Street Address, City, State)

FORM DPH 55-155

1 copy paid



MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at a birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

PLACE OF BIRTH

County of Fremont

City of Drigg, 95,

No. ..... St.

Hospital 1

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

Form V. S. No. 11—10m-6-20-11

Registration District No. 9.

File No. 10600

Primary Registration District No. 2037

Registered No. 828

FULL NAME OF CHILD .....

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
M			Yes.	Dec. 14, 191.7

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	J. W. Ford.	Emily Knighton
RESIDENCE	Drigg,	Drigg
COLOR	W	W
AGE AT LAST BIRTHDAY (Years)	40	33
BIRTHPLACE	Kan,	Kan
OCCUPATION	Farmer	Housewife

Number of child of this mother, including present birth 5

Number of children, of this mother, now living, including present birth 5

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive, at 9 P. M. on the date above stated.

(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) M. P. Engle.

(Physician or Midwife)

Address Drigg - Ida

Given name added from a supplemental report

....., 19.....

Filed Jan 20 19 13 Ray H Fisher

Registrar

S-Y CO., 16669

Registrar

AUG 4 1958

OCT 2 9 1958

MAY 27 1960

Form V. S. No. [illegible]

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

553-III-0.22-296

County of Jefferson

City of Chapin

Registration District No. 4

File No. 10601

No. ____, ____ St.

Primary Registration District No. 2037

Registered No. 851

Hospital ____

FULL NAME OF CHILD ____

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
M			Yes	Nov 11 1912

	FATHER	MOTHER
FULL NAME	David Nelson	Ella D. Stone
RESIDENCE	Chapin	Chapin
COLOR	W	W
AGE AT LAST BIRTHDAY (Years)	49	38
BIRTHPLACE	Utah	N. Y.
OCCUPATION	Farmer	Housewife

Number of child of this mother, including present birth 7

Number of children, of this mother, now living, including present birth 6

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn) at 11:45 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Mrs Ella Curtis

(Physician or Midwife)

Address Richfield Ida

Filed Jan 10 1913 Ray M. Fisher M.D.

Registrar

Given name added from a supplemental report

____, 19____

____ Registrar

S-Y CO., 16669

MARGIN RESERVED FOR BINDING

WRITE PLAINLY. WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at a birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

Form V. S. No. 11—10m-3-30-11

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

PLACE OF BIRTH

456 -22-022-753
amended 8-15-61

(Be sure the information is complete and accurate)

State File No. 10602
Local Reg. No. 850
Reg. Dist. No. 9

Federal Security Agency
United States Public Health Service

CERTIFICATE OF BIRTH
STATE OF IDAHO

1. PLACE OF BIRTH
a. COUNTY: Fremont
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Driggs
c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital or institution, give street address or location):

2. USUAL RESIDENCE OF MOTHER (Where does mother live?)
a. STATE: Idaho
b. COUNTY: Fremont
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Chapin
d. STREET ADDRESS (If rural, give location):

3. CHILD'S NAME (Type or print)
a. (First): Mary
b. (Middle): Olivia
c. (Last): Dewey

4. SEX: female

5a. THIS BIRTH: SINGLE [x] TWIN [ ] TRIPLET [ ]

5b. IF TWIN OR TRIPLET (This child born): 1ST [ ] 2ND [ ] 3RD [ ]

6. DATE OF BIRTH: (Month) December (Day) 21, (Year) 1912

FATHER OF CHILD

7. FULL NAME
a. (First): George
b. (Middle): A.
c. (Last): Dewey

8. COLOR OR RACE: white

9. AGE (At time of this birth): 41 YEARS

10. BIRTHPLACE (State or foreign country) (City or Town): Missouri

11a. USUAL OCCUPATION: Farmer

11b. KIND OF BUSINESS OR INDUSTRY:

MOTHER OF CHILD

12. FULL MAIDEN NAME
a. (First): Annie
b. (Middle): W.
c. (Last): Peterson

13. COLOR OR RACE: white

14. AGE (At time of this birth): 34 YEARS

15. BIRTHPLACE (State or foreign country) (City or Town): Utah

16. CHILDREN PREVIOUSLY BORN TO THIS MOTHER (Do NOT include this child)
a. How many OTHER children are now living? 4
b. How many OTHER children were born alive but are now dead? 0
c. How many children were stillborn (born dead after 20 weeks pregnancy)? 0

17. INFORMANT'S SIGNATURE OR NAME (Relationship):

I hereby certify that this child was born alive on the date stated above.

18a. SIGNATURE: M. P., Custer

18b. ATTENDANT AT BIRTH: M. D. [ ] MIDWIFE [ ] OTHER (Specify)

18c. ADDRESS: Driggs, Idaho

18d. DATE SIGNED:

19. DATE REC'D BY LOCAL REG.: 1-10-13

20. REGISTRAR'S SIGNATURE: Ray Fisher M. D.

21. DATE ON WHICH GIVEN NAME ADDED BY (Registrar):

to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

LOCAL REGISTRATION OF BIRTHS

Sec. 38-213. All births that occur in the state shall be immediately registered in the districts in which they occur, hereinafter provided.

Sec. 38-214. SAME: DUTIES OF THE PHYSICIANS AND MIDWIVES. It shall be the duty of the attending physic or midwife to file a certificate of birth, properly and completely filled out, giving all the particulars required by this artic with the local registrar of the district in which the birth occurred, within 10 days after the date of birth; and if there be attending physician or midwife, then it shall be the duty of the father or mother of the child, nurse, householder, or owner the premises, having knowledge of such birth, manager or superintendent of public or private institutions in which birth occ red, to notify the local registrar, within 10 days after the birth, of the fact of such birth having occurred. It shall then, in su case, be the duty of the local registrar to secure the necessary information and signature to make proper certificate of bir Provided, That in cities, the certificate of birth shall be filed at less intervals than 10 days after birth, if so required by mu cipal ordinances or regulations now in force, or that may hereafter be enacted.

Sec. 38-215. CERTIFICATES OF BIRTH. The certificate of birth shall be filled out as per blanks for that purpose.

Sec. 38-223. * * * * *, any physician or midwife, in attendance upon a case of confinement, or any other person charg with responsibility for reporting births, in the order named in Sec. 38-214 who shall neglect or refuse to file a proper cert cate of birth with the local registrar, within the time required by this article, shall be deemed guilty of a misdemeanor, a upon conviction thereof, shall be fined not less than $10 nor more than $300.

MEDICAL REPORT

(Not for certified copies)

(To be used for Crippled Children, Maternal and Child Health Work)

(a) Pregnancy: Complications of.....

.....

.....

(b) Labor: Complication.....

.....

..... Induced?.....

(d) Did baby have any:

(1) Congenital Malformation? .....

Describe:.....

(2) Birth Injury?.....

Describe:.....

(e) Signature of Physician:

MARGIN RESERVED FOR BINDING

WRITE PLAINLY. WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at a birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

PLACE OF BIRTH

County of Bingham

City of Riggs

No. ..... St.

Hospital

STATE OF IDAHO

Bureau of Vital Statistics

Form V. S. No. 11—10m-6-20-11

CERTIFICATE OF BIRTH

Registration District No. 9

Primary Registration District No. 2037

File No. 10602

Registered No. 150

FULL NAME OF CHILD Mary Drury

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
F			Yes	Dec 21, 1912

	FATHER	MOTHER
FULL NAME	George Drury	Annie Davis
RESIDENCE	Chopin,	Chopin,
COLOR	W	W
AGE AT LAST BIRTHDAY (Years)	41	34
BIRTHPLACE	Ohio,	Utah
OCCUPATION	Farmer	Housewife

Number of child of this mother, including present birth 5

Number of children, of this mother, now living, including present birth 5

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn) at 1 P. M. on the date above stated.

(Signature) M. P. Ensler

(Physician or Midwife)

Address Rigby, Idaho

Filed Jan 10 1913 Ray Hodgkins M.D. Registrar

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given name added from a supplemental report

....., 19.....

Registrar

S-Y CO., 16669

NOV 3 1959

AUG 15 1961

IDAHO STATE BOARD OF HEALTH
DIVISION OF VITAL STATISTICS

Affidavit to Correct or Amend An Original Certificate of Birth or Death

State of Idaho } ss.
County of Ada

Certificate No. 10602

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of birth (Birth or Death)
for Mary Dewey (Name on Original Certificate) who was born (Was Born or Died) on December 21, 1912 (Date of Event)
in Driggs, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts are shown by (Bible Record, Insurance Policy, Etc.) prepared on (Give Date), are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
name of child	Mary Dewey	Mary Olive Dewey
name of father	George Dewey	George A. Dewey
name of mother	Annie Davis	Annie W. Peterson

Subscribed and sworn to before me this 16 day of April, 1960

Lynn L. Keeler
Notary Public, residing at Victor, Ida.
My commission expires Feb 27, 1963
(Seal)

Signed Geo A Dewey
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

Victor Idaho
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of } ss.
County of

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this day of , 19

Notary Public, residing at
My commission expires
(Seal)

Signed Leanne Saunders
(Signature of Any Credible Person)

Victor Idaho
(Street Address, City, State)

FORM DPH 55-155

Certificate of blessing gives name as Mary Olive Dewey mother as Annie W. Peterson father as George A. Dewey. Viewed by VS. Dated June 12, 1921.

Certificate of Baptism gives name as Mary Olive Dewey fathers name as George A. Dewey and Mothers name as Annie Peterson. Dated 1921. Viewed by VS.

Statement regarding records gives mothers name as Annie W. Peterson fathers name as George A. Dewey. Driggs ward records, Viewed by VS. dated June 12, 1921.

386-214: 022-168

PLACE OF BIRTH

County of Fremont

City of Fremont

No. 1 St.

Hospital

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

Form V. S. No. 11—10m-6-26-11

Registration District No. 9

File No. 10603

Primary Registration District No. 2081

Registered No. 743

FULL NAME OF CHILD Irene Thompson

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
F			Yes	Oct 14 1912

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	Elmer H. Thompson	Florence Johnson
RESIDENCE	Fremont	Fremont
COLOR	W	W
AGE AT LAST BIRTHDAY (Years)	22	21
BIRTHPLACE	Utah	Utah
OCCUPATION	Farmer.	Housewife

Number of child of this mother, including present birth 1

Number of children, of this mother, now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn) at 3 P. M. on the date above stated.

(Signature) E. E. Hattie Watson

(Physician or Midwife)

Address Fremont

Filed Jan 10 19 13 Ray H. Tuttle Registrar

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given name added from a supplemental report

....., 19.....

Registrar

S-Y CO., 16669

MARGIN RESERVED FOR BINDING

WRITE PLAINLY. WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at a birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

Amended 2/14/72

694.2/4.022-433

(Be sure the information is complete and accurate)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 10605
Local Reg. No.
Reg. Dist. No. 9

1. PLACE OF BIRTH
a. COUNTY: Fremont
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN: Squirrel
c. FULL NAME OF (If NOT in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION:

2. USUAL RESIDENCE OF MOTHER (Where does mother live?)
a. STATE: Idaho
b. COUNTY: Fremont
c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN: Squirrel
d. STREET ADDRESS (If rural, give location):

3. CHILD'S NAME (Type or print)
a. (First): Evelyn
b. (Middle):
c. (Last): Orme

4. SEX: Female
5a. THIS BIRTH: SINGLE ____ TWIN ____ TRIPLET ____
5b. IF TWIN OR TRIPLET (This child born) 1st ____ 2nd ____ 3rd ____
6. DATE OF BIRTH (Month) (Day) (Year): Aug. 14, 1912

FATHER OF CHILD

7. FULL NAME
a. (First): E.
b. (Middle): M.
c. (Last): Orme

8. AGE (At time of this birth): 38 YEARS
9. BIRTHPLACE (State or foreign country) (City or Town): Utah
10. USUAL OCCUPATION: Farmer
11. KIND OF BUSINESS OR INDUSTRY:

MOTHER OF CHILD

12. FULL MAIDEN NAME
a. (First): Millie
b. (Middle):
c. (Last): McClaws

13. AGE (At time of this birth): 31 YEARS
14. BIRTHPLACE (State or foreign country) (City or Town): Utah
15. CHILDREN PREVIOUSLY BORN TO THIS MOTHER (Do NOT include this child)
a. How many OTHER children are now living? 4
b. How many OTHER children were born alive but are now dead?
c. How many children were stillborn (born dead after 20 wks. pregnancy?)
16. INFORMANT'S SIGNATURE OR NAME (Relationship):

I hereby certify that this child was born alive on the date stated above.

17. SIGNATURE: E. L. Hargis
18. ATTENDANT AT BIRTH: M.D. X MIDWIFE ____ OTHER (Specify) ____
19. ADDRESS: Ashton, Idaho
20. DATE SIGNED:
21. DATE REC'D BY LOCAL REG.: Jan. 10, 1913
22. REGISTRAR'S SIGNATURE: Ray H. Fisher, M. D.
23. DATE ON WHICH GIVEN NAME ADDED BY ____ Registrar

...rict where the birth occurred WITHIN 10 days after the date of birth of the child. Address ...
...ITAL STATISTICS, BOISE, IDAHO.

IDAHO DEPARTMENT OF HEALTH

BUREAU OF VITAL STATISTICS

RECEIVED
VITAL STATISTICS
FEB 10 10 59 AM '72

Affidavit to Correct or Amend An Original Certificate of Birth or Death

State of Utah } ss.
County of Salt Lake

Certificate No. 10605

Date Filed January 10, 1972

The undersigned does solemnly swear that certain facts on the certificate of birth (Birth or Death)

for Unnamed Oram (Name on Original Certificate) who was born (Was Born or Died) on Aug. 14, 1912 (Date of Event)

in Squirel, ID (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the true facts are shown by Certificate of Baptism and Confirmation - March 26, 1935 certificate of blessing (Bible Record, Insurance Policy, Etc.) prepared on September 4, 1912 (Give Date) are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
Child's name	Unnamed Oram	Evelyn Orme
Father's name	E. M. Oram	E. M. Orme
Mother's name	Millie McLaws	Millie McClaws

Subscribed and sworn to before me this 10th day of January 1972

Sidney Kay Petersen
Notary Public, residing at 710 Princeton Dr., Midvale

My commission expires July 28, 1975 Utah

(Seal)

Signed Thos. L. Palmer
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

2007 Keller Lane - Salt Lake City, Ut.
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Utah } ss.
County of Salt Lake

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 20th day of January 1972

Notary Public, residing at 486 PARK Street
My commission expires AUG 21, 1975
(Seal)

Signed Richard M Cowan
(Signature of Any Credible Person)

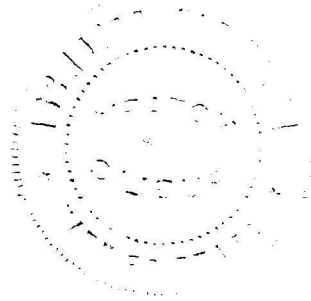
4184 Panarama Salt Lake City, Ut.
(Street Address, City, State)

FORM DH 60-155

RL 1/21/70 ~~mm~~ ICC Pd rec# 26302

Certificate of Blessing from LDS Church gives name as Evelyn Orme daughter of Edwin M. Orme and Millie McClaws. Born Aug. 14, 1912 at Squirrel, Idaho. Was blessed Sept. 4, 1912. Viewed by V. S.

Certif. of Baptism and Confirmation from LDS Church dated March 26, 1935 gives name as Evelyn Orme daughter of Edwin M. Orme and Millie McClaws. Born Aug. 14, 1912 . Was Baptized Sept. 3, 1920.and Comfmd. Sept. 5, 1920. Viewed by V. S.



Form V. S. No. 11—10m-6-20-11

MARGIN RESERVED FOR BINDING

WRITE PLAINLY. WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at a birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

PLACE OF BIRTH

County of Bannock

City of Squirrel

No. ..... St.

Hospital .....

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

Registration District No. 9 File No. 10605

Primary Registration District No. 2081 Registered No. 740

FULL NAME OF CHILD .....

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
F			Yes	Aug 14, 1912

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	E. M. Oram	Millie McHargue Laws
RESIDENCE	Squirrel	Squirrel
COLOR	W	W
AGE AT LAST BIRTHDAY (Years)	38	31
BIRTHPLACE	Utah	Utah
OCCUPATION	Farmer	Housewife

Number of child of this mother, including present birth 6

Number of children, of this mother, now living, including present birth 5

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn), at 6a. m. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) E. L. Hargis

(Physician or Midwife)

Address Preston, Ida.

Given name added from a supplemental report

....., 19.....

Registrar

Filed Jan 10 1913 Ray H. Hinkle

Registrar

S-Y CO., 16669

FEB 14 1972

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

813-29-022-869

PLACE OF BIRTH

County of Fremont

City of Green Timber

No. ..... St.

Hospital .....

Form V. S. No. 11-C—20m-2-15-12

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 9 File No. 10606

Primary Registration District No. 2081 Registered No. 748

FULL NAME OF CHILD Emma Gertrude Halitsoke

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
F			Yes.	Nov 19 1912

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	Gus. Halitsoke	Emma Horbitzke
RESIDENCE	Green Timber	Green Timber
COLOR	W.	W
AGE AT LAST BIRTHDAY (Years)	30.	27
BIRTHPLACE	Germany.	Germany
OCCUPATION		Housewife.

Number of child of this mother, including present birth 3

Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn), at 6 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Mrs. Anna Koonce

(Physician or midwife)

Address Green Timber

Given names added from a supplemental report

..... 19.....

Filed Jan 10 19 12 Ray H. Sisler D.

Registrar

..... Registrar

S-Y CO. 20174

SEP 27 1974

844.227.022-958

PLACE OF BIRTH

Form V. S. No. 11-C—20m-2-15-12

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Fremont

City of Marysville

Registration District No. 9

File No. 10607

No. ..... St.

Primary Registration District No. 2081

Registered No. 747

Hospital .....

FULL NAME OF CHILD Selma Humphreys.

Sex of Child	Twin Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
F			Yes.	Jan 27 1912

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	H. M. Humphreys.	Carrie Reynolds
RESIDENCE	Marysville.	Marysville.
COLOR	W.	W.
AGE AT LAST BIRTHDAY (Years)	29	26
BIRTHPLACE	Millville Utah	Utah
OCCUPATION	Farmer.	Housewife

Number of child of this mother, including present birth First. Number of children of this mother now living, including present birth One

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive. at 10 P. M.
(Born alive or stillborn)
on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) E. L. Hoggs.

(Physician or midwife)

Address Ashton - Idaho.

Given names added from a supplemental report

..... 19.....

Filed Jan. 10 19 13 Ray H. Fiske

Registrar

..... Registrar

B-Y CO. 20174

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

MARGIN RESERVED FOR BINDING

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Form V. S. No. 11-C—20m-9-15-12

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

PLACE OF BIRTH

County of

DUP 00D65-726 1912

2-213-022-231

PLACE OF BIRTH

Form V. S. No. 11-C—30m-6-15-12

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Fremont

City of Ashton

Registration District No. 9 File No. 10608

No. ..... St.

Primary Registration District No. 2081 Registered No. 739

Hospital .....

NAME OF CHILD Marjorie Helen Stone

	Twin, Triplet or other?	and	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
7				Yes	July 3 1912

(To be answered only in event of plural births)

FATHER		MOTHER	
NAME	Paul P. Stone	FULL MAIDEN NAME	Jessie Slattery
RESIDENCE	Ashton	RESIDENCE	Ashton
COLOR	W	AGE AT LAST BIRTHDAY (Years)	27
BIRTHPLACE	Illinois	COLOR	W
OCCUPATION	Bank Clerk	AGE AT LAST BIRTHDAY (Years)	21
		BIRTHPLACE	Idaho
		OCCUPATION	Housewife

Number of child of this mother, including present birth 1

Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn), at 8a M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) E. L. Hargis

(Physician or midwife)

Address Ashton

Given names added from a supplemental report

..... 19.....

Filed Jan 10 19 13 Ray H Fiske Ms

Registrar

Registrar

B-Y CO. 20174

WRITE PLAINLY, WITH UNFADING INK. DO NOT FOLD. THIS IS A PERMANENT RECORD. Be sure to answer all questions. In case of multiple births use one certificate for each child.

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

PLACE OF BIRTH

County of

962 - 206 - 022 - 669

PLACE OF BIRTH

Form V. S. No. 11—10m-6-20-11

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

County of Fremont

City of Ashton

Registration District No. 9

File No. 10610

No. ____, ____ St.

Primary Registration District No. 2081

Registered No. 718

Hospital ____

FULL NAME OF CHILD Melba Robertson

Sex of Child	Twin, Triplet, or other?	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
F	(To be answered only in event of plural births)		Yes	Dec. ..., 191?

FATHER		MOTHER	
FULL NAME	Wm F. Robertson	FULL MAIDEN NAME	Ethel Worthington
RESIDENCE	Ashton	RESIDENCE	Ashton
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY (Years)	31	AGE AT LAST BIRTHDAY (Years)	27
BIRTHPLACE	Iowa	BIRTHPLACE	Penn.
OCCUPATION	Merchant	OCCUPATION	Housewife

Number of child of this mother, including present birth 2

Number of children, of this mother, now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn) at 4309 M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) E. S. Horgis, M.D.

(Physician or Midwife)

Address Ashton Idaho

Given name added from a supplemental report

....., 19....

Filed Jan 10 1917 Ray H. Fisher

Registrar

S-Y CO., 18669

Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at a birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

PLACE OF BIRTH

755-105022-667

PLACE OF BIRTH

Form V. S. No. 11—10m-6-20-11

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

County of Fremont

City of Green Timber Registration District No. 9 File No. 10611

No. ____, ____ St.

Primary Registration District No. 2081 Registered No. 717

Hospital

FULL NAME OF CHILD Arnold Fogg Renner

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
M			Yes	Aug 5 1917

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	E. A. Renner.	Rozella Fogg
RESIDENCE	Green Timber	Green Timber
COLOR	W	W
AGE AT LAST BIRTHDAY (Years)	34	29
BIRTHPLACE	Switzerland	Utah
OCCUPATION	Forest Service	Housewife

Number of child of this mother, including present birth 5 Number of children, of this mother, now living, including present birth 5

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn) at 12 A. M. on the date above stated.

(Signature) E. L. Hopio

(Physician or Midwife)

Address Ashton, Idaho

Filed Jan 10 19 17 Ray H. Fiske Registrar

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given name added from a supplemental report

..... 19....

..... Registrar

...r co., Idaho

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK. THIS IS A PERMANENT RECORD

N. B. In case of more than one child at a birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

APR 1 1943

OCT 24 1950

231-120-022-231

PLACE OF BIRTH

County of Fremont

City of Ashton

No. _____ St.

Hospital _____

Form V. S. No. 11-C 20m-2-15-12

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 9 File No. 10612

Primary Registration District No. 2081 Registered No. 809

FULL NAME OF CHILD Ross M. Blanchard

Sex of Child	Twin / Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
M			Yes.	9 - 20 - 1912

FATHER		MOTHER	
FULL NAME	Ross. Blanchard	FULL MAIDEN NAME	Eleanor Blanchard.
RESIDENCE	Ashton	RESIDENCE	Ashton
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY	23 (Years)	AGE AT LAST BIRTHDAY	21 (Years)
BIRTHPLACE	Utah	BIRTHPLACE	Utah
OCCUPATION	R. R. Watchman	OCCUPATION	Housewife.

Number of child of this mother, including present birth 2

Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn) at 5 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) L. A. Hoyes.

(Physician or midwife)

Address Ashton

Filed Jan 10 1913 Ray H. Faulkner M.D. Registrar

Given names added from a supplemental report

..... 19.....

..... Registrar

8-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Form V. S. No. 11-C—20m-2-15-42

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

PLACE OF BIRTH

631-[illegible]-31

County of [illegible]

JAN 13 1942

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth, stated.

214-104-022-816

PLACE OF BIRTH

Form V. S. No. 11—10m-6-20-11

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

County of Fremont

City of Marysville Registration District No. 9 File No. 10613

No. ....., ... St.

Primary Registration District No. 2081 Registered No. 831

Hospital .....

FULL NAME OF CHILD C. Owen Baum.

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
M			Yes.	9—4 1912

FATHER		MOTHER	
FULL NAME	Orson Baum	FULL MAIDEN NAME	Ruby Haws.
RESIDENCE	Marysville	RESIDENCE	Marysville.
COLOR	W	AGE AT LAST BIRTHDAY (Years)	37
COLOR	W	AGE AT LAST BIRTHDAY (Years)	32
BIRTHPLACE	Utah	BIRTHPLACE	Utah
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 6

Number of children, of this mother, now living, including present birth 4

MARGIN RESERVED FOR BINDING

WRITE PLAINLY. WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at a birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive., at 3P.M. on the date above stated.

(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) C. L. Hogis M.D.

(Physician or Midwife)

Address Ashton Idaho

Given name added from a supplemental report

....., 19.....

Filed Jan 10 19 13 Ray H. Fuaker M.D.

S-Y CO., 16669

Registrar

Registrar

NAME CHANGE

DUP OF 1912-310247

691-102-022-319

PLACE OF BIRTH

County of Fremont

City of Dalton

No. ..... St.

Hospital .....

STATE OF IDAHO

Bureau of Vital Statistics

Form V. S. No. 11—10m-6-20-11

CERTIFICATE OF BIRTH

Registration District No. 9 File No. 10616

Primary Registration District No. 2081 Registered No. 855

FULL NAME OF CHILD Jimmie Thomson

Sex of Child	Twin, Triplet, or other?	and	Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Male	✓		✓	yes	Jan 2 191?

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	J. C. Thomson	FULL MAIDEN NAME	Lina Thomson
RESIDENCE	Dalton	RESIDENCE	Dalton
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY (Years)		AGE AT LAST BIRTHDAY (Years)	39
BIRTHPLACE	Denmark	BIRTHPLACE	Utah
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 5

Number of children, of this mother, now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn), at 9 A. M. on the date above stated.

(Signature) E. H. Higgins

(Physician or Midwife)

Address Dalton

Filed Jan 10 1913 Roy H. Fraser Registrar

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given name added from a supplemental report

..... 19.....

..... Registrar

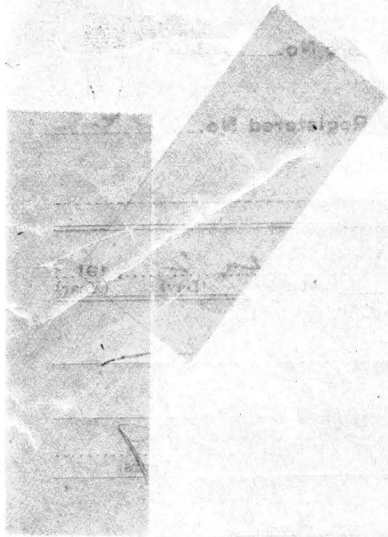
S-Y CO., 16669

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at a birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

MAY 24 1954



289-175-022-493

PLACE OF BIRTH

STATE OF IDAHO

Form V. S. No. 11—10m-6-20-11

Amended 12/20/76

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

County of Fremont

City of Rexburg

No. ____ St.

Hospital

Registration District No. 9

Primary Registration District No. 2039

File No. 10617

Registered No. 849

FULL NAME OF CHILD Henry Miller Shirley

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
M			Yes	12-15-12

	FATHER	MOTHER
FULL NAME	Fred Shirley	FULL MAIDEN NAME Hattie Miller
RESIDENCE	Rexburg	RESIDENCE Rexburg
COLOR	W	COLOR W
AGE AT LAST BIRTHDAY (Years)	32	AGE AT LAST BIRTHDAY (Years) 25
BIRTHPLACE	Georgia	BIRTHPLACE Georgia
OCCUPATION	Waiter	OCCUPATION Housewife

Number of child of this mother, including present birth 2

Number of children, of this mother, now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive at 5a. M. on the date above stated.

(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) G. Griffin MD

(Physician or Midwife)

Address Rexburg

Given name added from a supplemental report

....., 19....

Registrar

Filed Jan 10 19 13 Ray H. Thiss M.D.

Registrar

S-Y CO., 16669

MARGIN RESERVED FOR BINDING

WRITE PLAINLY. WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at a birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

SEP 1 3 1976

IDAHO DEPARTMENT OF HEALTH

BUREAU OF VITAL STATISTICS

RECEIVED
BUREAU OF
VITAL STATISTICS
DEC 12 48 PM '76

Affidavit to Correct or Amend An Original Certificate of Birth or Death

State of IDAHO, } ss.
County of Madison. }

Certificate No. 10617

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of Birth (Birth or Death)
for Henry Miller Shirley (Name on Original Certificate) who was born (Was Born or Died) on December 15, 1913 (Date of Event)
in Rexburg (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts are shown by Affidavit of Aunt (Bible Record, Insurance Policy, Etc.) prepared on November 8, 1976 (Give Date), are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
Date of birth	December 15, 1913	December 15, 1912

Subscribed and sworn to before me this 22nd day of November, 1976.

Mary Smith
Notary Public residing at Rexburg, Idaho.
My commission expires Life.
(Seal)

Signed Louise Miller
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of } ss.
County of }

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this day of , 19

Notary Public, residing at
My commission expires
(Seal)

Signed
(Signature of Any Credible Person)

(Street Address, City, State)

Photocopy of Bible record gives name as Henry Miller Shirley born December 15, 1912 at Rexburg, Idaho. viewed by V. S.

DEC 17 1976

Honorable Discharege papers from the U.S. Army gives name as Henry M. Shirley born Dec 15, 1912 at Rexburg, Idaho. date of separation Oct 13, 1945. viewed by V. S.

O. K. to correct yr. of birth.
Rec'd date 2-10-1913

MARGIN RESERVED FOR BINDING

WRITE PLAINLY. WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at a birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

231-22-1022 [illegible] 862

PLACE OF BIRTH

amended Apr. 21, 1980

County of Jefferson

City of Hubbard

No. ..... St.

Hospital .....

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

Form V. S. No. 11—10m-6-20-11

Registration District No. 9 File No. 10618

Primary Registration District No. 2039 Registered No. 754

FULL NAME OF CHILD Irene Chloe Statham

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
F			Yes	Oct 28, 1912

FATHER		MOTHER	
FULL NAME	Fred R. Statham	FULL MAIDEN NAME	Florinda Hokanson
RESIDENCE	Hubbard	RESIDENCE	Hubbard
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY (Years)	28	AGE AT LAST BIRTHDAY (Years)	22
BIRTHPLACE	Idaho	BIRTHPLACE	Utah
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 5

Number of children of this mother, now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn) at 6 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. R. Shupe

(Physician or Midwife)

Address Sugar

Filed Jan 10 19 13 Ray Fisher MD

Registrar

Given name added from a supplemental report

..... 19.....

Registrar

S-Y CO., 16669

Hokanson

R. Statham

IDAHO DEPARTMENT OF HEALTH AND WELFARE
Bureau of Vital Statistics

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE

10618

State of _____ } ss.
County of _____ }

Certificate No. _____
Date Filed _____

The undersigned does solemnly swear that certain facts on the certificate of birth
for unnamed female Stathem (Name on Original Certificate) who was born (Was Born, Died, etc.) on Oct. 28, 1912 (Date of Event)
in Hibbard, ID (Fremont) (Place of Event) erroneous or were omitted:

ITEMS TO BE CORRECTED	FROM	TO
child's name	omitted	Irene Chloe Statham
father's name	Fred Stathem	Fred R. Statham
mother's name	Florinda Hockenson	Florinda Elizabeth Hokanson

Subscribed and sworn to before me this 21st April day of April, 1980.
Notary Public, Margaret D. Davis
Residing at Boise
My commission expires Lifetime
(Seal)

Harold R. Statham
Signature of Applicant
4023 Hoover Boise, Idaho
Street Address, City, State

SUPPORTING AFFIDAVIT OF A SECOND PERSON

(Must be completed ___)
(Is not necessary XX)

State of _____ } ss.
County of _____ }

The undersigned does solemnly swear that he has knowledge of the facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this _____ day of _____, 19___.

Notary Public, _____
Residing at _____
My commission expires _____
(Seal)

_____
Supporting Signature

_____
Street Address, City, State

4/21/80

Mother's death certificate, S.F.#76-687, lists maiden name as Hokanson. Died February 21, 1976, in Idaho Falls, ID. viewed bs V.S. April 21, 1980

Own child's birth certificate lists mother as Irene Chloe Statham Child born December 2, 1951, in Salt Lake City, Utah. Viewed by vs April 21, 1980

Certificate of baptism and confirmation lists child as Irene Chloe Statham, and parents as Fred R. Statham and Florinda Hokanson. Baptized Aug. 6, 1921, LDS Church. viewed by vs April 21, 1980

155-701-022-415

PLACE OF BIRTH

County of Fremont

City of Teton

No. ____, ____ St.

Hospital ____

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

Form V. S. No. 11—10m-6-20-11

Registration District No. 9

File No. 10619

Primary Registration District No. 2039

Registered No. 752

FULL NAME OF CHILD ____

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
M			Yes	Oct. 1, 1912

	FATHER	MOTHER
FULL NAME	Jas. Jensen.	FULL MAIDEN NAME Annie Danceldeau
RESIDENCE	Teton	RESIDENCE Teton.
COLOR	W	COLOR W.
AGE AT LAST BIRTHDAY (Years)	39	34
BIRTHPLACE	Fremont	Utah.
OCCUPATION	Farmer	Housewife.

Number of child of this mother, including present birth former 6

Number of children, of this mother, now living, including present birth 5

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn), at 12 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. R. Snyder

(Physician or Midwife)

Address Rigby Idaho.

Given name added from a supplemental report

....., 19.....

Registrar

Filed Jan. 10 1913 Ray Nichols

Registrar

S-Y CO., 16669

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at a birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

JUL 5 1974

JENSEN

NOT

DUP OF 1912-9928

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at a birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

897-203-022-168

PLACE OF BIRTH

Form V. S. No. 11—10m-6-20-11

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

County of Fremont

City of Teton

Registration District No. 9

File No. 10620

No. ____, ____ St.

Primary Registration District No. 2039

Registered No. 751

Hospital ____

FULL NAME OF CHILD ____

Sex of Child	Twin, Triplet, or other?	and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of birth (Month) (Day) (Year)
F			Yes	Oct 3 1912

FATHER		MOTHER	
FULL NAME	Albert Hyrum	FULL MAIDEN NAME	Retta Johnson
RESIDENCE	Teton	RESIDENCE	Teton
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY	36 (Years)	AGE AT LAST BIRTHDAY	21 (Years)
BIRTHPLACE	Utah	BIRTHPLACE	Utah
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 3

Number of children, of this mother, now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn) at 8 a.m. on the date above stated.

(Signature) J. R. Shupe

(Physician or Midwife)

Address Sugar City

Filed Jan 10 1913 Ray Hasker M.D. Registrar

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given name added from a supplemental report

..... 19.....

..... Registrar

S-Y CO., 16669

884.207.022-792 amend city and day of birth

PLACE OF BIRTH — added name 5-8-84 dl

Form V. S. No. 11—10m-6-20-11

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

County of Fremont

City of ~~Salem~~ Sugar City

Registration District No. 9

File No. 10621

No. ..... St.

Primary Registration District No. 2039

Registered No. 750.

Hospital .....

FULL NAME OF CHILD Fern Hyde

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
F			Yes.	Oct ~~7~~ 11, 191..

FATHER		MOTHER	
FULL NAME	Walter Hyde	FULL MAIDEN NAME	Mary L. Pike
RESIDENCE	Sugar	RESIDENCE	Sugar
COLOR	W	AGE AT LAST BIRTHDAY (Years)	38
BIRTHPLACE	England	BIRTHPLACE	England
OCCUPATION	Book Keeper	OCCUPATION	Housewife

Number of child of this mother, including present birth 5

Number of children, of this mother, now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn) at 1 a. M. on the date above stated.

(Signature) J R Stupe

(Physician or Midwife)

Address Sugar City

Filed Jan 10 19 13 Ray H Fiske M.D. Registrar

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given name added from a supplemental report

....., 19.....

Registrar

S-Y CO., 16669

MARGIN RESERVED FOR BINDING

WRITE PLAINLY. WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at a birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

added name 8-8-84
dl
Sugar City

4-30-84

IDAHO DEPARTMENT OF HEALTH AND WELFARE
Bureau of Vital Statistics

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE

RECEIVED
BUREAU OF
VITAL STATISTICS
MAY 7 1 01 PM '84

State of _____ } ss.
County of _____

Certificate No. 10621
Date Filed _____

The undersigned does solemnly swear that certain facts on the certificate of birth

for Unnamed Hyde (Name on Original Certificate) who was born (Was Born, Died, etc.) on Oct 2, 1912 (Date of Event)

in Salem (Fremont) (Place of Event) are erroneous or were omitted:

ITEMS TO BE CORRECTED	FROM	TO
childs name	Unnamed	Fern Hyde
date of birth	Oct 2, 1912	Oct 7, 1912
place of birth	Salem	Sugar City

Subscribed and sworn to before me this 3rd day of May, 19 84.

Notary Public, Aurora Martinez
Residing at Burbank Ca
My commission expires April 17,1987
(Seal)

x Fern Hyde Elgin
Signature of Applicant

x534 Jamestown Rd. Burbank Calif.
Street Address, City, State

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of _____ } ss.
County of _____

(Must be completed ___)
(Is not necessary ___)

The undersigned does solemnly swear that he has knowledge of the facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this _____ day of _____, 19___.

Notary Public, _____
Residing at _____
My commission expires _____
(Seal)

_____
Supporting Signature

_____
Street Address, City, State

Record of Blessin from LDS Church gives Fern Hyde born Oct 7, 1912 in Sugar City to Walter Hyde and Mary Louisa Pyke was blessed Dec 2, 1912. Viewed by V.S.

MAY 8 1984

Certificate of Baptism from LDS Church gives Fern Hyde born Oct 7, 1912 in Sugar City to Walter Hyde and Mary Louisa Pyke was baptised Oct 10, 1920. Viewed by V.S.

GENERAL ACKNOWLEDGMENT

NO. 201

State of California
County of Los Angeles } ss.

On this the 3rd day of May 19 84, before me,

Aurora Martinez,

the undersigned Notary Public, personally appeared

Fern Hyde Elm,

☐ personally known to me

☒ proved to me on the basis of satisfactory evidence to be the person(s) whose name(s) Is subscribed to the within instrument, and acknowledged that She executed it.

WITNESS my hand and official seal.

Aurora Martinez
Notary's Signature

NATIONAL NOTARY ASSOCIATION • 23012 Ventura Blvd. • P.O. Box 4625 • Woodland Hills, CA 91364

963.123.022-235

Form V. S. No. 11-C—20m-2-15-12

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Fremont

City of Teton

Registration District No. 9

File No. 10623

No. ____ St.

Primary Registration District No. 2039

Registered No. 736

Hospital

FULL NAME OF CHILD Robt. Ezra Rockham

Sex of Child	Twin / Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
M.			Yes	Nov 23 1912

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	Claudius V. Rockham	Jeanette Stewart
RESIDENCE	Teton	Teton
COLOR	Wh.	Wh.
AGE AT LAST BIRTHDAY (Years)	25	21
BIRTHPLACE	Utah	Utah
OCCUPATION	Farmer	Housewife

Number of child of this mother, including present birth 3

Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn), at 10 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Belle Riggs

(Physician or midwife)

Address Teton

Filed Jan 10 1913 Ray A. Finks Registrar

Given names added from a supplemental report

..... 19.....

..... Registrar

S-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

AUG 31 1942

493.226 · c 22-331

Amended Oct 8, 1963 (Be sure the information is complete and accurate)

State File No. 10624

Local Reg. No.

Reg. Dist. No.

Federal Security Agency
United States Public Health Service

CERTIFICATE OF BIRTH
STATE OF IDAHO

1. PLACE OF BIRTH

a. COUNTY: Fremont

b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Teton

c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital or institution, give street address or location):

2. USUAL RESIDENCE OF MOTHER (Where does mother live?)

a. STATE: Idaho b. COUNTY: Fremont

c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Teton

d. STREET ADDRESS (If rural, give location):

3. CHILD'S NAME (Type or print)

a. (First): Marguerite b. (Middle): Clark c. (Last): Millward

4. SEX: Female

5a. THIS BIRTH: SINGLE [X] TWIN [ ] TRIPLET [ ]

5b. IF TWIN OR TRIPLET (This child born) 1ST [ ] 2ND [ ] 3RD [ ]

6. DATE OF BIRTH (Month) (Day) (Year): November 26, 1912

FATHER OF CHILD

7. FULL NAME a. (First): R. b. (Middle): E. c. (Last): Millward

8. COLOR OR RACE: W

9. AGE (At time of this birth): 31 YEARS

10. BIRTHPLACE (State or foreign country) (City or Town): Utah

11a. USUAL OCCUPATION: Farmer

11b. KIND OF BUSINESS OR INDUSTRY:

MOTHER OF CHILD

12. FULL MAIDEN NAME a. (First): Maggie b. (Middle): c. (Last): Clark

13. COLOR OR RACE: W

14. AGE (At time of this birth): 22 YEARS

15. BIRTHPLACE (State or foreign country) (City or Town): Idaho

16. CHILDREN PREVIOUSLY BORN TO THIS MOTHER (Do NOT include this child)

a. How many OTHER children are now living? 1

b. How many OTHER children were born alive but are now dead?

c. How many children were stillborn (born dead after 20 weeks pregnancy)?

17. INFORMANT'S SIGNATURE OR NAME (Relationship)

I hereby certify that this child was born alive on the date stated above.

18a. SIGNATURE: Belle Riggs

18b. ATTENDANT AT BIRTH: M. D. [ ] MIDWIFE [X] OTHER (Specify)

18c. ADDRESS: Teton, Idaho

18d. DATE SIGNED:

19. DATE REC'D BY LOCAL REG.: Jan 10, 1913

20. REGISTRAR'S SIGNATURE: Ray H. Fisher

21. DATE ON WHICH GIVEN NAME ADDED BY (Registrar)

In the district where the birth occurred within 10 days after the date of birth of the child, to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

LOCAL REGISTRATION OF BIRTHS

Sec. 38-213. All births that occur in the state shall be immediately registered in the districts in which they occur, hereinafter provided.

Sec. 38-214. SAME: DUTIES OF THE PHYSICIANS AND MIDWIVES. It shall be the duty of the attending physici or midwife to file a certificate of birth, properly and completely filled out, giving all the particulars required by this artic with the local registrar of the district in which the birth occurred, within 10 days after the date of birth; and if there be attending physician or midwife, then it shall be the duty of the father or mother of the child, nurse, householder, or owner the premises, having knowledge of such birth, manager or superintendent of public or private institutions in which birth occ red, to notify the local registrar, within 10 days after the birth, of the fact of such birth having occurred. It shall then, in su case, be the duty of the local registrar to secure the necessary information and signature to make proper certificate of birt Provided, That in cities, the certificate of birth shall be filed at less intervals than 10 days after birth, if so required by mu cipal ordinances or regulations now in force, or that may hereafter be enacted.

Sec. 38-215. CERTIFICATES OF BIRTH. The certificate of birth shall be filled out as per blanks for that purpose.

Sec. 38-223. * * * * *, any physician or midwife, in attendance upon a case of confinement, or any other person charg with responsibility for reporting births, in the order named in Sec. 38-214 who shall neglect or refuse to file a proper cert cate of birth with the local registrar, within the time required by this article, shall be deemed guilty of a misdemeanor, a upon conviction thereof, shall be fined not less than $10 nor more than $300.

MEDICAL REPORT
(Not for certified copies)

(To be used for Crippled Children, Maternal and Child Health Work)

(a) Pregnancy: Complications of.....

.....

.....

(b) Labor: Complication.....

.....

.....Induced?.....

(d) Did baby have any:

(1) Congenital Malformation? .....

Describe:.....

(2) Birth Injury?.....

Describe:.....

REFUSED

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Form V. S. No. 11-C—10m-2-15-12

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Fremont

City of Teton

Registration District No. 9 File No. 10624

No. ..... St.

Primary Registration District No. 2039 Registered No. 735

Hospital .....

FULL NAME OF CHILD No name

Sex of Child	Twin / Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
F			Yes	Nov 26 1912

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	R. E. Millard	Maggie Clark
RESIDENCE	Teton	Teton
COLOR	W	W
AGE AT LAST BIRTHDAY (Years)	31	22
BIRTHPLACE	Utah	Idaho
OCCUPATION	Farmer	Housewife

Number of child of this mother, including present birth 2

Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn) at 12 M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Belle Riggs

(Physician or midwife)

Address Teton

Given names added from a supplemental report

..... 19.....

Filed Jan 10 1913 Ray S. Hatch

Registrar

S-Y CO. 20174

Registrar

OCT 8 1963

IDAHO DEPARTMENT OF HEALTH

BUREAU OF VITAL STATISTICS

RECEIVED
SEP 30 1963
Bureau of Vital Statistics

Affidavit to Correct or Amend An Original Certificate of Birth or Death

State of Idaho
County of Fremont } ss.

Certificate No. 10624

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of birth (Birth or Death)
for Unnamed Millard (Name on Original Certificate) who was born (Was Born or Died) on Nov 26, 1912 (Date of Event)
in Teton, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts are shown by (Bible Record, Insurance Policy, Etc.) prepared on (Give Date), are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
Name of Child	Not given	Marguerite Clark Millward
Father's Name	R. E. Millard	R. E. Millward

Subscribed and sworn to before me this 30 day of August, 19 63

La Monte Bauer

Notary Public, residing at St. Anthony, Idaho

My commission expires elective

(Seal)

Signed Margaret Millward
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

Mother of child
1434-55 Ave., Oakland 21 Calif
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Idaho
County of Fremont } ss.

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 30 day of August, 19 63

La Monte Bauer

Notary Public, residing at St. Anthony, Idaho

My commission expires elective

(Seal)

Signed Bess C Jenkins
(Signature of Any Credible Person)

St. Anthony, Idaho
(Street Address, City, State)

FORM DH 60-155

Child's birth certificate, Idaho #290575, gives mother's name as Marguerite Clark Millward.

Certificate of Baptism dated July 2, 1922 gives name as Marguerite C. Millward born Nov 26, 1912 at Teton, Idaho to Roger Millward and Margaret Clark. Baptized June 4, 1922. viewed by V.S.

Notarized statement regarding school record (School census) filed with the Fremont County Recorder, LaMonte Bauer, statement dated Aug 30, 1963. School year 1927-28 gives name as Marguerite Clark Millward daughter of R. E. Millward born Nov 26,1912. viewed by V.S.

995-125-022-178

PLACE OF BIRTH

Form V. S. No. 11-C-20m-2-15-12

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Fremont

City of Teton Wilford

Registration District No. 9

File No. 10625

No. ____ St.

Primary Registration District No. 2039

Registered No. 734

Hospital ____

FULL NAME OF CHILD ____

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
M			Yes.	Dec. 25 1912

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	Clarence Smith	Celesta Ashcroft
RESIDENCE	Wilford	Wilford
COLOR	W	W
AGE AT LAST BIRTHDAY (Years)	33	21
BIRTHPLACE	Indiana	Utah
OCCUPATION	farmer.	Housework

Number of child of this mother, including present birth 3

Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn), at 11 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Belle Riggs

(Physician or midwife)

Address Teton

Given names added from a supplemental report

..... 19.....

Filed Jan 10 19 13 Ray H. Fisher

..... Registrar

S-Y CO. 20174

Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH

MAR 29 1968

795 - 206 022-133

Amended 3-14-66

(Be sure the information is complete and accurate)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 10626
Local Reg. No. 733
Reg. Dist. No. 9

Record typewriter ribbon in completing this certificate. This certificate MUST be filed with the district where the birth occurred WITHIN 10 days after the date of birth of the child. Address VITAL STATISTICS, BOISE, IDAHO.

1. PLACE OF BIRTH

a. COUNTY: Fremont

b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN: Teton

c. FULL NAME OF (If NOT in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION:

2. USUAL RESIDENCE OF MOTHER (Where does mother live?)

a. STATE: Idaho

b. COUNTY: Fremont

c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN: Wilford

d. STREET ADDRESS (If rural, give location):

3. CHILD'S NAME (Type or print)

a. (First): Clara

b. (Middle): Ardell

c. (Last): Greenhalgh

4. SEX: Female

5a. THIS BIRTH: SINGLE X TWIN ____ TRIPLET ____

5b. IF TWIN OR TRIPLET (This child born) 1st ____ 2nd ____ 3rd ____

6. DATE OF BIRTH (Month) (Day) (Year): November 6, 1912

FATHER OF CHILD

7. FULL NAME

a. (First): Leonard

b. (Middle):

c. (Last): Greenhalgh

8. AGE (At time of this birth): 26 YEARS

9. BIRTHPLACE (State of foreign country) (City or Town): Idaho

10. USUAL OCCUPATION: Farmer

11. KIND OF BUSINESS OR INDUSTRY:

MOTHER OF CHILD

12. FULL MAIDEN NAME

a. (First): Anna

b. (Middle):

c. (Last): Allen

13. AGE (At time of this birth): 24 YEARS

14. BIRTHPLACE (State or foreign country) (City or Town): Summit Co., Utah

15. CHILDREN PREVIOUSLY BORN TO THIS MOTHER (Do NOT include this child)

a. How many OTHER children are now living? 2

b. How many OTHER children were born alive but are now dead? 0

c. How many children were stillborn (born dead after 20 wks. pregnancy?) 0

16. INFORMANT'S SIGNATURE OR NAME (Relationship):

I hereby certify that this child was born alive on the date stated above.

17. SIGNATURE: Belle Riggs

18. ATTENDANT AT BIRTH: M.D. ____ MIDWIFE X OTHER (Specify) ____

19. ADDRESS: Teton, Idaho

20. DATE SIGNED:

21. DATE REC'D BY LOCAL REG.: Jan. 10, 1913

22. REGISTRAR'S SIGNATURE: Ray H. Fisher, M.D.

23. DATE ON WHICH GIVEN NAME ADDED BY ____ Registrar

IDAHO DEPARTMENT OF HEALTH

BUREAU OF VITAL STATISTICS

Affidavit to Correct or Amend an Original Certificate of Birth or Death

RECEIVED DEC 15 1965 Bureau of Vital Statistics

State of Idaho } ss.
County of Fremont }

Certificate No. 10626

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of Birth (Birth or Death)
for Clara A. Greenhalgh (Name on Original Certificate) who was born (Was Born or Died) on (Date of Event)
in Teton, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts are shown by (Bible Record, Insurance Policy, Etc.) prepared on (Give Date) are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
Full Name of Child	Clara A. Greenhalgh	Clara Ardell Greenhalgh
Child's Date of Birth	Has Been Omitted	November 6, 1912
Father's First Name	Lenord Greenhalgh	Leonard

Subscribed and sworn to before me this 12 day of Dec., 19 65.

La Monte Bauer

Notary Public, residing at St. Anthony, Idaho

My commission expires elective

(Seal)

Signed: Leonard Greenhalgh Clara Ardell Greenhalgh

(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

St. Anthony, Idaho

(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Idaho } ss.
County of Fremont }

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 12 day of December, 19 65

La Monte Bauer

Notary Public, residing at St. Anthony, Idaho

My commission expires elective

(Seal)

Signed: D Maud Bird

(Signature of Any Credible Person)

(Street Address, City, State)

FORM DH 60-155

CL 12-10-65. one copy pd. rec. #3219.

Social Security Card, #518-09-2140 gives full name as Ardell Greenhalgh Matthews - viewed by V.S.

Statement from LaMonte Bauer, Clerk of Dist. Court, Fremont County, Idaho states "This is to certify that the census records on file in Fremont County, Idaho for the School Year 1921-22 show Ardell Greenhalgh to be the daughter of Leonard Greenhalgh and the said Ardell Greenhalgh was 9 years of age at the time the census was taken, in the fall of 1921-22. -" statement written Dec. 12, 1965. - viewed by V.S.

L.D.S. Church Cert. of Baptism and Confirmation, Aug. 7, 1921 gives full name as Artilla Greenhaulgh, born Nov. 6, 1912 at Wilford, Idaho to Leonard Greenhalgh and Annie Allen - viewed by V.S.

State of Montana, County of Beaverhead, Marriage License and Certificate, #3328 gives full name of groom as Thomas Matthews and full name of bride as Ardell Greenhalgh - married Nov. 7, 1932 at Dillon, Montana - viewed by V.S.

A

Application for Insurance, July 23, 1937, Mutual Benefit Health and Accident Association, gives full name as Ardell C. Matthews, born Nov. 6, 1912 in Idaho, a age at time application was made 44 - viewed by V.S.

Form V. S. No. 11-C—20m-2-15-12

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Fremont

City of Teton

Registration District No. 9

File No. 10626

No. ____ St.

Primary Registration District No. 2039

Registered No. 133

Hospital

FULL NAME OF CHILD Clara A Greenhalgh

Sex of Child	Twin, Triplet or other?	and	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) 191 (Year)
F				Yes	

(To be answered only in event of plural births)

	FATHER	MOTHER
FULL NAME	Lenord Greenhalgh	FULL MAIDEN NAME Anna Allen
RESIDENCE	Wilford	RESIDENCE Wilford
COLOR	W	COLOR W
AGE AT LAST BIRTHDAY (Years)	26	24
BIRTHPLACE	Idaho	BIRTHPLACE Summit Co Utah
OCCUPATION	Farmer	OCCUPATION Housework

Number of child of this mother, including present birth 3

Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive, at 6 P. M. on the date above stated.

(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Della Riggs

(Physician or midwife)

Given names added from a supplemental report

....., 19.....

Address Teton

Filed Jan 10 19 13 Raymond Fisk M.D.

Registrar

Registrar

8-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

MAR 1 4 1966

JUL 2 9 1970

331-123-022-236

PLACE OF BIRTH

Form V. S. No. 11-C—20m-2-15-12

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Fremont

City of Felan

No. ..... St.

Registration District No. 9

File No. 10627

Primary Registration District No. 9039

Registered No. 732

Hospital

FULL NAME OF CHILD David Dell Clark

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
M			Yes.	10 23 1912

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	Dell Clark	Mary E. Stone
RESIDENCE	Felan	Felan City
COLOR	W.	W
AGE AT LAST BIRTHDAY (Years)	29	21
BIRTHPLACE	Utah	Utah
OCCUPATION	Laborer	Housewife

Number of child of this mother, including present birth 2

Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn) at 1 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Orlie Riggs

(Physician or midwife)

Address Felan, Ida.

Given names added from a supplemental report

..... 19.....

Filed Jan 10, 1913 Ray H. Tucker, M.D.

..... Registrar

S-Y CO. 20174

Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

JAN 19 1966

452-130-022-217

Amended 7/1/77

(Be sure the information is complete and accurate)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 10628
Local Reg. No.
Reg. Dist. No. 9

1. PLACE OF BIRTH
a. COUNTY: Fremont
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN: Wilford
c. FULL NAME OF (If NOT in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION:

2. USUAL RESIDENCE OF MOTHER (Where does mother live?)
a. STATE: Idaho
b. COUNTY: Fremont
c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN: Wilford
d. STREET ADDRESS (If rural, give location):

3. CHILD'S NAME (Type or print)
a. (First): Lynn
b. (Middle): Chester
c. (Last): Meservy

4. SEX	5a. THIS BIRTH	5b. IF TWIN OR TRIPLET (This child born)	6. DATE OF BIRTH (Month) (Day) (Year)
M	SINGLE ____ TWIN ____ TRIPLET ____	1st ____ 2nd ____ 3rd ____	Nov 30, 1912

FATHER OF CHILD

7. FULL NAME
a. (First): J.
b. (Middle): A.
c. (Last): Meservy

8. AGE (At time of this birth)	9. BIRTHPLACE (State or foreign country) (City or Town)	10. USUAL OCCUPATION	11. KIND OF BUSINESS OR INDUSTRY
29 YEARS	Utah	Farmer	

MOTHER OF CHILD

12. FULL MAIDEN NAME
a. (First): Sarah
b. (Middle):
c. (Last): Bagley

13. AGE (At time of this birth)	14. BIRTHPLACE (State or foreign country) (City or Town)	15. CHILDREN PREVIOUSLY BORN TO THIS MOTHER (Do NOT include this child)		
		a. How many OTHER children are now living?	b. How many OTHER children were born alive but are now dead?	c. How many children were stillborn (born dead after 20 wks. pregnancy?)
27 YEARS	Idaho	2		

16. INFORMANT'S SIGNATURE OR NAME (Relationship):

I hereby certify that this child was born alive on the date stated above.

17. SIGNATURE: Belle Riggs

18. ATTENDANT AT BIRTH: M.D. ____ MIDWIFE X OTHER (Specify) ____

19. ADDRESS: Teton, Idaho

20. DATE SIGNED:

21. DATE REC'D BY LOCAL REG.: Jan 10, 1913

22. REGISTRAR'S SIGNATURE: Ray H. Fisher

23. DATE ON WHICH GIVEN NAME ADDED BY ____ Registrar

...rict where the birth occurred WITHIN 10 days after the date of birth of the child. Address ...ITAL STATISTICS, BOISE, IDAHO.

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

452.130-022-217

PLACE OF BIRTH

County of Fremont

City of Teton

No. ..... St.

Hospital .....

Form V. S. No. 11-C—Rev. 8-15-11

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 9 File No. 10628

Primary Registration District No. 2039 Registered No. 731

FULL NAME OF CHILD James Meservey

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
M.			Yes	11-30-1912

	FATHER	MOTHER
FULL NAME	J. A. Meservey	FULL MAIDEN NAME Sarah Bagley
RESIDENCE	Wilford.	RESIDENCE Wilford.
COLOR	W.	COLOR W
AGE AT LAST BIRTHDAY (Years)	29	27
BIRTHPLACE	Utah.	BIRTHPLACE Idaho.
OCCUPATION	Farmer.	OCCUPATION Housewife

Number of child of this mother, including present birth 3

Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn), at 11 A. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Belle Riggs

(Physician or midwife)

Address Teton Idaho

Filed Jan. 10 1913 Ray W. Fisher Registrar

Given names added from a supplemental report

..... 19.....

..... Registrar

S-Y CO. 20174

JUL 1 1977

IDAHO DEPARTMENT OF HEALTH

BUREAU OF VITAL STATISTICS

RECEIVED
VITAL STATISTICS
JUN 13 1 03 PM '77

Affidavit to Correct or Amend An Original Certificate of Birth or Death

State of ..... } ss.
County of ..... }

Certificate No. 10628

Date Filed .....

The undersigned does solemnly swear that certain facts on the certificate of birth (Birth or Death)
for James Meservey (Name on Original Certificate) who was born (Was Born or Died) on Nov 30, 1912 (Date of Event)
in Teton, Idaho (Fremont) (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts are shown by ..... (Bible Record, Insurance Policy, Etc.) prepared on ..... (Give Date), are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
Birthplace	Teton, Idaho (Fremont)	Wilford, Idaho (Fremont)
child's name	James Meservey	Lynn Chester Meservy

Subscribed and sworn to before me this 8th day of
June 1977
Patricia P. Andrews
Notary Public, residing at Millville, Utah
My commission expires Jan 8, 1980
(Seal)

Signed Mary M. Noble
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)
755 N 2nd E Logan Utah
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Utah
County of Cache } ss.

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 8th day of
June 1977
Patricia P Andrews
Notary Public, residing at Millville, Utah
My commission expires Jan 8, 1980
(Seal)

Signed [signature]
(Signature of Any Credible Person)
155 So 1st East
(Street Address, City, State)

FORM DH 60-155

CL 5/24/77 nm

American National Ins Co. Galveston, Texas gives nameas Lynn C. Meservy born Nov. 30, 1912. age 26. viewed by V. S.

Membership record from the LD Church gives name as Lynn Chester Meservy born Nov 30, 1912 in Wilford, Idaho/ Blessed Jan 26, 1913. father's name as James Alonzo Meservy and mother's name as Sarah Ann Bagley. viewed by V. S.

342 y 07: 022-895

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Form V. S. No. 11-C—20m-2.15-12

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

PLACE OF BIRTH

County of Fremont

City of Sugar City

No. ..... *St.*

Hospital .....

Registration District No. 9 *File No.* 10629

Primary Registration District No. 2039 *Registered No.* 730

FULL NAME OF CHILD Rupert Lusk

Sex of Child	Twin / Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
M			Yes	8 – 7 – 191 7

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	Elmer Lusk	Hettie Dodge
RESIDENCE	Sugar	Sugar
COLOR	W	W
AGE AT LAST BIRTHDAY (Years)	40	37
BIRTHPLACE	Idaho	Idaho
OCCUPATION	Farmer.	Housewife

Number of child of this mother, including present birth 6. Number of children of this mother now living, including present birth 6

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn), at 10 9 M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. R. Simpson

(Physician or midwife)

Address Sugar City

Filed June 10 19 17 Ray H. Fiske Registrar

Given names added from a supplemental report

..... 19.....

..... Registrar

S-Y CO. 20174

FEB 23 1973

IDAHO DEPARTMENT OF HEALTH

BUREAU OF VITAL STATISTICS

RECEIVED BUREAU OF VITAL STATISTICS MAR 26 9 28 AM '73

Affidavit to Correct or Amend An Original Certificate of Birth or Death

State of .....
County of ..... } ss.

Certificate No. 10629

Date Filed .....

The undersigned does solemnly swear that certain facts on the certificate of birth (Birth or Death)
for Unnamed Lusk (Male) (Name on Original Certificate) who was born (Was Born or Died) on Aug. 7, 1912 (Date of Event)
in Sugar City, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts are shown by ..... (Bible Record, Insurance Policy, Etc.) prepared on ..... (Give Date), are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
Child's name	Unnamed	Rupert D. Lusk

Subscribed and sworn to before me this 20th day of March, 1973

Clerk of D.C. Notary Public, residing at Rexburg, Idaho

My commission expires Jan 1975

(Seal)

Signed ..... (Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

..... (Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Idaho
County of Madison } ss.

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 20th day of March, 1973

Clerk of D.C. Notary Public, residing at Rexburg

My commission expires Jan 1975

(Seal)

Signed John D Lusk Jr (Signature of Any Credible Person)

Sugar City Idaho (Street Address, City, State)

FORM DH 60-155 CL 2/23/73

Certificate of Blessing issued Sept. 1912 by the Fremont State # 436, Sugar Ward gives name as Rupert Lusk son of Alma H. Lusk and Hattie M. Dredge born August 7, 1912 at Sugar, Madison County, Idaho. Blessed Sept. 1, 1912 by John Roberts. L.D.S.Church.
Viewed by V.S.

MAY 4 1973

School Census report gives name as Rupert Lusk child of Alma Lusk. Census taken by Independent School Dist. # 4 in Madison County Sept. 16, 1918.
Viewed by V.S.

)No documents gave initial D)

419-225-022-553

PLACE OF BIRTH

County of Fremont

City of Archer

No. ____, ____ St.

Hospital ____

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

Form V. S. No. 11—10m-6-20-11

Registration District No. 9 File No. 10630

Primary Registration District No. 2039 Registered No. 729

FULL NAME OF CHILD ____

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Female			Yes	Dec 25, 1912

FATHER		MOTHER	
FULL NAME	John A. Martin	FULL MAIDEN NAME	Sarah E. Nelson
RESIDENCE	Archer	RESIDENCE	Archer
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY	34 (Years)	AGE AT LAST BIRTHDAY	26 (Years)
BIRTHPLACE	Wyoming	BIRTHPLACE	Idaho
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 2

Number of children, of this mother, now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn) at 9 10 A. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) M. A. Grigg

(Physician or Midwife)

Address Archer Idaho

Given name added from a supplemental report

____, 19____

____ Registrar

Filed Jan 10 19 13 Ray H. Hutchison Registrar

S-Y CO., 16669

MARGIN RESERVED FOR BINDING

WRITE PLAINLY. WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at a birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

STATE OF IDAHO
Bureau of Vital Statistics
CERTIFICATE OF BIRTH

PLACE OF BIRTH

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

243.21.022-962

PLACE OF BIRTH

Form V. S. No. 11—10m-6-20-11

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

County of Fremont

City of Lyman

No. ..... St.

Hospital .....

Registration District No. 9

Primary Registration District No. 2039

File No. 10631

Registered No. 728

FULL NAME OF CHILD .....

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Female			Yes	Dec 12 1912

FATHER		MOTHER	
FULL NAME	Josiah Butler	FULL MAIDEN NAME	Eliza Ann Robison
RESIDENCE	Lyman	RESIDENCE	Lyman
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY (Years)	43	AGE AT LAST BIRTHDAY (Years)	39
BIRTHPLACE	Utah	BIRTHPLACE	Utah
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 5

Number of children, of this mother, now living, including present birth 8

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn) at 10:40 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) K. A. Cushman M. D.

(Physician or Midwife)

Address Weston, Idaho

Filed Jan 10 1913 Roy A. Frisbee Registrar

Given name added from a supplemental report

..... 19.....

..... Registrar

S-Y CO., 16669

WRITE PLAINLY. WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at a birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

415-130-02.2-714

PLACE OF BIRTH

Form V. S. No. 11—10m-6-20-11

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

County of Fremont

City of Ryburg

No. ....., ... St.

Hospital .....

Registration District No. 7

File No. 10632

Primary Registration District No. 2039

Registered No. 727

FULL NAME OF CHILD William Kirtl Davenport

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth
Male			Yes.	Nov. (Month) 30 (Day) ..., 191.. (Year)

	FATHER	MOTHER
FULL NAME	Alvin L. Davenport	Full Maiden Name Grace Faul
RESIDENCE	Ft Anthony	Ft Anthony
COLOR	W	W
AGE AT LAST BIRTHDAY	24 (Years)	22 (Years)
BIRTHPLACE	Utah	Idaho
OCCUPATION	Farmer	Housewife

Number of child of this mother, including present birth ... 2

Number of children, of this mother, now living, including present birth ... 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn) at 10:45 a. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) K. A. Cinnamon

(Physician or Midwife)

Address Ryburg Idaho

Filed Jan. 10 19.13 Ray A. Fisher

Registrar

Given name added from a supplemental report

....., 19.....

Registrar

S-Y CO., 16669

MARGIN RESERVED FOR BINDING

WRITE PLAINLY. WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at a birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

SEP 22 1971

4/4/41 L. B.

867-125-622-669

PLACE OF BIRTH

Form V. S. No. 11—10m-6-20-11

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

County of Fremont

City of Rexburg

Registration District No. 7

File No. 10633

No. ____, ____ St.

Primary Registration District No. 2039

Registered No. 726

Hospital

FULL NAME OF CHILD Albert Warren Hoge

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	and	Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Male				Yes	Dec. 25, 1912

FATHER		MOTHER	
FULL NAME	William W. Hoge	FULL MAIDEN NAME	Mildred May Fuss
RESIDENCE	Rexburg	RESIDENCE	Rexburg
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY	22 (Years)	AGE AT LAST BIRTHDAY	22 (Years)
BIRTHPLACE	Utah	BIRTHPLACE	England
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 1

Number of children, of this mother, now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Alive (Born alive or stillborn), at 1/ 20 a. M. on the date above stated.

(Signature) A. Mansfield M.D.

(Physician or Midwife)

Address

Filed Jan 10 19 13 Ray St. Fisher Registrar

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given name added from a supplemental report

, 19

Registrar

S-Y CO., 16669

MARGIN RESERVED FOR BINDING

WRITE PLAINLY. WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at a birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

PLACE OF BIRTH

10633

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at a birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

266.107.022 - 15Y

PLACE OF BIRTH

County of Fremont

City of Lyman

No. ..... St.

Hospital

Form V. S. No. 11—10m-6-20-11

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

Registration District No. 9

File No. 10634

Primary Registration District No. 2039

Registered No. 725

FULL NAME OF CHILD Ilan D. Bowen

Sex of Child	Twin, Triplet, or other?	and	Number in order of birth	Legitimate?	Date of birth
Male	(To be answered only in event of plural births)			Yes	Nov. 7 (Month) (Day) 191[illegible] (Year)

FATHER		MOTHER	
FULL NAME	Lewis Bowen	FULL MAIDEN NAME	Mary Anderson
RESIDENCE	Lyman	RESIDENCE	Lyman
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY	28 (Years)	AGE AT LAST BIRTHDAY	26 (Years)
BIRTHPLACE	Utah	BIRTHPLACE	Utah
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 2

Number of children, of this mother, now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn) on the date above stated, at 10 P. M.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Mrs. Carl J. Peterson

(Physician or Midwife)

Address Replum Idaho

Given name added from a supplemental report

..... 19.....

Filed Jan 10 19[illegible] Roy A. Fisher a.m.o.

Registrar

..... Registrar

S-Y CO., 16669

386-114-022-855

PLACE OF BIRTH

County of Fremont

City of Independence

No. ____, ____ St.

Hospital ____

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

Form V. S. No. 11—10m-6-20-11

Registration District No. 9

File No. 10635

Primary Registration District No. 2039

Registered No. 724

FULL NAME OF CHILD Leo R Thomason

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
M.			Yes.	Dec 14 191 7

FATHER		MOTHER	
FULL NAME	Chas. R. Thomason	FULL MAIDEN NAME	Mina K Hintze
RESIDENCE	Independence	RESIDENCE	Independence
COLOR	W	AGE AT LAST BIRTHDAY (Years)	43
COLOR	W	AGE AT LAST BIRTHDAY (Years)	39
BIRTHPLACE	Sweden	BIRTHPLACE	Denmark
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 8

Number of children, of this mother, now living, including present birth 7

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Alive (Born alive or stillborn) on the date above stated, at 2 P. M.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Mrs. Carl J. Peterson

(Physician or Midwife)

Address Rexburg, Idaho

Given name added from a supplemental report

....., 19.....

Filed Jan 10 1918 Ray H Fisher Registrar

....., Registrar

S-Y CO., 16669

MARGIN RESERVED FOR BINDING

WRITE PLAINLY. WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at a birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

SEP 1 8 1942

IDAHO DEPARTMENT OF HEALTH

BUREAU OF VITAL STATISTICS

RECEIVED
BUREAU OF
VITAL STATISTICS
MAR 15 9 18 PM '78

Affidavit to Correct or Amend An Original Certificate of Birth or Death

State of ..... } ss.
County of ..... }

Certificate No. 10635

Date Filed .....

The undersigned does solemnly swear that certain facts on the certificate of birth (Birth or Death)
for Leo R. Thompson (Name on Original Certificate) who was born (Was Born or Died) on Dec 14, 1912 (Date of Event)
in Independence, Idaho (Fremont) (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the true facts are shown by ..... (Bible Record, Insurance Policy, Etc.) prepared on ..... (Give Date), are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
child's last name	Thompson	Thomason
father's last name	Thompson	Thomason

Subscribed and sworn to before me this 19 day of December, 1977

Celayne M. Rexburg
Notary Public, residing at Rexburg
My commission expires life
(Seal)

Signed Charles L. Thomason
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

x Parker Rt #1 Idaho
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Idaho }
County of Madison } ss.

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 19 day of December, 1977

Celayne M. Rexburg
Notary Public, residing at Rexburg
My commission expires life
(Seal)

Signed Devi C. Thomason
(Signature of Any Credible Person)

Route 4 Rexburg, Ida
(Street Address, City, State)

FORM DH 60-155

CL 12/9/77 ICC docket # 12951

Certificate of Baptism and Confirmation gives name as Leo Richard Thomason son of Charles R. Thomason and Marie K. Hintze born December 14, 1912 at Independence and baptized March 5, 1921 in L.D.S.Church.
Viewed by v.s.

Life Insurance Policy issued by The Travelers Insurance Company, of Hartford Connecticut gives name as Leo R. Thomason. Policy issued October 12, 1964.
Viewed by V.S.

966-1121022-652

PLACE OF BIRTH

STATE OF [illegible]

Bureau of Vital Statistics

Form V. S. No. 11—10m-6-20-11

CERTIFICATE OF BIRTH

County of Fremont

City of Teton

Registration District No. 9

File No. 10636

No. ____, ____ St.

Primary Registration District No. 2039

Registered No. 723

Hospital Geo. A. Rowe

FULL NAME OF CHILD

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
M			Yes	12-12-191[illegible]

FATHER		MOTHER	
FULL NAME	Reuben H Rowe	FULL MAIDEN NAME	Lenora Webster
RESIDENCE	Teton	RESIDENCE	Teton
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY	67 (Years)	AGE AT LAST BIRTHDAY	43 (Years)
BIRTHPLACE	Canada	BIRTHPLACE	Utah
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 7

Number of children, of this mother, now living, including present birth 7

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn) at 4 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Mary Sorensen

Midwife

(Physician or Midwife)

Address Tygee Ut

Given name added from a supplemental report

....., 19.....

Filed Jan 10 1913 Ray W Fisher M.

Registrar

S-Y CO., 16669

Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY. WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at a birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH-BUREAU OF VITAL STATISTICS

Affidavit to Correct or Amend an Original Certificate of Birth or Death

State of Idaho)
)ss
County of Ada)

Certificate No. #12636

Date Filed Jan 12 1942

The undersigned does solemnly swear that certain facts on the certificate of Birth (birth or death) for Geo A Rowe (Name on original certificate) who was born (was born or died) on 1-27-12 (Date of event) in Teton Ida (Place of event) are erroneous or were ommitted;

and that, to the best of his knowledge, the true facts of the case as shown by older brother (Bible record, insurance plcy.etc.) prepared on 9-2-41 (Give date) are:

FACTS TO BE CORRECTED (Name, birthdate, etc.)	FROM (As on original)	TO (The correct facts)
name	George A. Rowe	George A. Rowe
	/	/

Subscribed and sworn to before me this 2nd day of August 1941

Signed Walter R. Rowe
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

C. Myrle
Notary Public
Residing at Boise Idaho

328 East Bannock
(Street address, City, State)
Boise Idaho

My commission expires 3/8/45

(SEAL)

SUPPORTING AFFIDAVIT OF A SECOND PERSON
(Both affidavits must be completed)

State of .....)
)ss
County of .....)

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this .....day of .....19..

Signed .....
(Signature of any credible person other than the previous affiant.)

.....
Notary Public
Residing at .....

.....
(Street address, City, State)

My commission expires .....
(SEAL)

113-228-022-695

PLACE OF BIRTH

Form V. S. No. 11—10m-6-20-11

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

County of Fremont

City of Sugar

No. ____ St.

Registration District No. 9

File No. 10637

Primary Registration District No. 2039

Registered No. 777

Hospital ____

FULL NAME OF CHILD ALBERTA JACOBS

Sex of Child	Twin, Triplet, or other?	and Number in order of birth	Legitimate?	Date of birth
F	(To be answered only in event of plural births)		Yes.	Sept 28, 1912 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Frank Jacobs	FULL MAIDEN NAME	Dorah Winn WING
RESIDENCE	Sugar	RESIDENCE	Sugar.
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY	40 (Years)	AGE AT LAST BIRTHDAY	37 (Years)
BIRTHPLACE	Utah	BIRTHPLACE	Utah
OCCUPATION	Stockman	OCCUPATION	Housewife

Number of child of this mother, including present birth 8.

Number of children, of this mother, now living, including present birth 7

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive, at 11 P. M. on the date above stated.

(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J R Shupe.

(Physician or Midwife)

Address Sugar.

Given name added from a supplemental report

....., 19.....

Filed Jan 10 1913 Ray Fisher.

S-Y CO., 16669

Registrar

Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at a birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

IDAHO DEPARTMENT OF HEALTH

BUREAU OF VITAL STATISTICS

RECEIVED
BUREAU OF
VITAL STATISTICS
NOV 21 10 04 AM '77

Affidavit to Correct or Amend an Original Certificate of Birth or Death

State of ..... } ss.
County of .....

Certificate No. 10637

Date Filed .....

The undersigned does solemnly swear that certain facts on the certificate of birth (Birth or Death)
for Unnamed Jacobs (female) (Name on Original Certificate) who was born (Was Born or Died) on Sept 27, 1912 (Date of Event)
in Sugar, Idaho (Fremont) (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts are shown by ..... (Bible Record, Insurance Policy, Etc.) prepared on ..... (Give Date), are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
child's name	Unnamed	Alberta Jacobs
birthdate	Sept. 27, 1912	Sept. 28, 1912

Subscribed and sworn to before me this ..... day of
....., 19.....

Notary Public, residing at .....
My commission expires .....
(Seal)

Signed .....
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

..... (Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Idaho } ss.
County of Bannock

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 16th day of
Nov., 1977

Notary Public, residing at Pocatello, Idaho
My commission expires 2-9-80
(Seal)

Signed Samuel D. Coronado Jacobs
(Signature of Any Credible Person)

739 East Cedar Pocatello Idaho
(Street Address, City, State)

FORM DH 60-155

CL 11/1/77

Church genealogical data sheet lists Alberta Jacobs, born September 28, 1912, as a child of Franklin Jacobs and Sara Alice Wing. Document is dated 1941. LDS Church.
viewed by V.S. December 6, 1977

School Record gives name as Alberta Jacobs child of Mrs. Saddie Jacobs, born September 28, 1912. Graduated May 24, 1931. Registered 1927 at age 15. Sugar Salem High School of Sugar City, Idaho.
Viewed by V.S.

RECEIVED
VITAL STATISTICS
02 JAN -9 PM 2:08

12/31/2001

IDAHO DEPARTMENT OF HEALTH AND WELFARE
BUREAU OF VITAL RECORDS AND HEALTH STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE

State of Idaho } SS.
County of Sugar City, Fremont }

Certificate No. #1912-10637
Date Filed JAN.10,1913

The undersigned does solemnly swear that certain facts on the certificate of BIRTH (Birth, Death, Marriage, etc.)

for ALBERTA JACOBS (Name on Original Certificate) who WAS BORN (Was Born, Died, etc.) on SEPT. 28, 1912 (Date of Event)

in SUGAR, IDAHO (FREMONT) (Place of Event) are erroneous or were omitted:

ITEMS TO BE CORRECTED	FROM	TO
MOTHER'S MAIDEN NAME	~~WINN~~ WINN	WING

Subscribed and sworn to before me this 4th day of Dec., 2002.

Notary Public, K Peterson

Residing at Kamas

My commission expires Oct 10 2002

(Seal)

NOTARY PUBLIC
K. PETERSON
80 North Main, PO Box 295
Kamas, UT 84036
My Commission Expires
December 10, 2002
STATE OF UTAH

x Shirlene Mellenia (trustee)
Signature of Applicant

x 5880 North State Road 32 Peoa, Utah
Street Address, City, State

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Utah } SS.
County of Summit }

(Must be completed ____)
(Is not necessary x)

The undersigned does solemnly swear that he has knowledge of the facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this ____ day of ____, ____.

Notary Public, ____

Residing at ____

My commission expires ____
(Seal)

____
Supporting Signature

____
Street Address, City, State

100 pg

FUNERAL SERVICE PROGRAM GIVES NAME AS SARAH ALICE WING JACOBS BORN MAY 18,'1874 AND DIED JANUARY5, 1950. FUNERAL SERVICES WERE HELD ON JANURY 7, 1950. VIEWED BY VS

FAMILY GROUP SHEET GIVES MOTHER'S NAME AS SARAH ALICE WING BORN MAY 18, 1874 AT HARRIMAN, UTAH. VIEWED BY VS

643-119-022-819

PLACE OF BIRTH

Form V. S. No. 11—10m-6-20-11

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

County of Fremont

City of Salem

Registration District No. 9

File No. 10638

No. ____, ____ St.

Primary Registration District No. 2039

Registered No. 776

Hospital ____

FULL NAME OF CHILD Theo Charles Fullmer

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
M			Yes	Sept. 19, 1917

FATHER		MOTHER	
FULL NAME	Homer Fullmer	FULL MAIDEN NAME	Florella Harris
RESIDENCE	Utah	RESIDENCE	Salem
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY	26 (Years)	AGE AT LAST BIRTHDAY	25 (Years)
BIRTHPLACE	Utah	BIRTHPLACE	Idaho
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 2

Number of children, of this mother, now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn) at 8 A. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. R. Thupe

(Physician or Midwife)

Address Sugar

Given name added from a supplemental report

..... 19.....

Filed Jan 16 23 Ray L. Fuster

Registrar

S-Y CO., 16669

Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY. WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at a birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

IDAHO DEPARTMENT OF HEALTH

BUREAU OF VITAL STATISTICS

Affidavit to Correct or Amend An Original Certificate of Birth or Death

RECEIVED
BUREAU OF
VITAL STATISTICS
DEC 10 1 04 PM '74

State of Idaho
County of Madison } ss

Certificate No. 10638

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of birth (Birth or Death)
for Unnamed Fullmer (Male) (Name on Original Certificate) who was born (Was Born or Died) on Sept. 19, 1912 (Date of Event)
in Salem, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts are shown by (Bible Record, Insurance Policy, Etc.) prepared on (Give Date), are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
Child's name	Unnamed	Theo Charles Fullmer

Subscribed and sworn to before me this 4th day of December, 19 74

Clerk of DC Notary Public, residing at Rupert Idaho

My commission expires Jan 1975
(Seal)

Signed Jesse L Welker
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

690 West Main Rupert Idaho
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Idaho
County of Madison } ss.

[This Affidavit MUST Also be Executed.
(See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 4th day of December, 19 74

Clerk of DC Notary Public, residing at Rupert Idaho

My commission expires Jan 1975
(Seal)

Signed ✓ L. W. Fullmer
(Signature of Any Credible Person)

68 E 1st So Rupert Idaho
(Street Address, City, State)

FORM DH 60-155 CL 10/26/72 nm

DEC 17 1974

Letter from LDS Church, Rexburg, First Ward gives name as Theo Charles Fullmer born Sept. 19,1912 at Salem, Idaho father's name given as Curtis Fullmer and the mother's name as Barbara Floretta Harris. signed by Nellis H. Garner, Clerk of the District Court. Glenn B. Ashcraft, Ward Clerk. viewed by V. S.

Insurance poliyc from Beneficial Life Ins. Co gives name sa Theo Charles Fullmer No. 138558. Dated July 25, 1934. viewed by V, S.

335-223-022-331

PLACE OF BIRTH

County of Fremont

City of Conyon Creek

No. ____ St.

Hospital ____

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

Form V. S. No. 11—10m-6-20-11

Registration District No. 9

File No. 10639

Primary Registration District No. 2037

Registered No. 215

FULL NAME OF CHILD ____

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
F	Yes	1	Yes	Sept 23, 191[illegible]

FATHER		MOTHER	
FULL NAME	Lester Clements	FULL MAIDEN NAME	Lizzie [illegible]
RESIDENCE	Conyon Creek	RESIDENCE	Conyon Creek
COLOR	W	AGE AT LAST BIRTHDAY (Years)	36
COLOR	W	AGE AT LAST BIRTHDAY (Years)	23
BIRTHPLACE	Minn.	BIRTHPLACE	Wyoming
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 5

Number of children, of this mother, now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn) at 10a. M. on the date above stated.

(Signature) J.R. Shupe

(Physician or Midwife)

Address Conyon

Filed Jan 10. 19 13 Ray B. Fisher

Registrar

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given name added from a supplemental report

..... 19.....

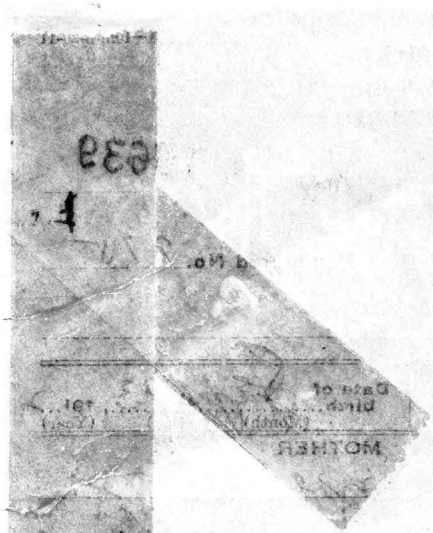
Registrar

S-Y CO., 16668

MARGIN RESERVED FOR BINDING

WRITE PLAINLY. WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at a birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated



... 335-123-021-331 (Be sure the information is complete and accurate)

Amended 4-30-68

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 10640
Local Reg. No. 774
Reg. Dist. No. 9

1. PLACE OF BIRTH

a. COUNTY: Fremont

b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN: Canyon Creek

c. FULL NAME OF (If NOT in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION:

2. USUAL RESIDENCE OF MOTHER (Where does mother live?)

a. STATE: Idaho b. COUNTY: Fremont

c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN: Canyon Creek

d. STREET ADDRESS (If rural, give location):

3. CHILD'S NAME (Type or print)

a. (First): Amos b. (Middle): John c. (Last): Clements

4. SEX: M.

5a. THIS BIRTH: SINGLE ____ TWIN X TRIPLET ____

5b. IF TWIN OR TRIPLET (This child born) 1st ____ 2nd X 3rd ____

6. DATE OF BIRTH: (Month) Sept. (Day) 23, (Year) 1912

FATHER OF CHILD

7. FULL NAME

a. (First): Lester b. (Middle): c. (Last): Clements

8. AGE (At time of this birth): 36 YEARS

9. BIRTHPLACE (State or foreign country) (City or Town): Minnesota

10. USUAL OCCUPATION: Farmer

11. KIND OF BUSINESS OR INDUSTRY:

MOTHER OF CHILD

12. FULL MAIDEN NAME

a. (First): Elizabeth b. (Middle): c. (Last): Clay

13. AGE (At time of this birth): 23 YEARS

14. BIRTHPLACE (State or foreign country) (City or Town): Wyoming

15. CHILDREN PREVIOUSLY BORN TO THIS MOTHER (Do NOT include this child)

a. How many OTHER children are now living? 4

b. How many OTHER children were born alive but are now dead? 0

c. How many children were stillborn (born dead after 20 wks. pregnancy?) 0

16. INFORMANT'S SIGNATURE OR NAME (Relationship):

I hereby certify that this child was born alive on the date stated above.

17. SIGNATURE: J. R. Shupe

18. ATTENDANT AT BIRTH: M.D. X MIDWIFE ____ OTHER (Specify) ____

19. ADDRESS: Sugar, Idaho

20. DATE SIGNED:

21. DATE REC'D BY LOCAL REG.: Jan. 10, 1913

22. REGISTRAR'S SIGNATURE: Ray H. Fisher

23. DATE ON WHICH GIVEN NAME ADDED BY ____ Registrar

Record typewriter ribbon in completing this certificate. This certificate must be filed with the district where the birth occurred WITHIN 10 days after the date of birth of the child. Address VITAL STATISTICS, BOISE, IDAHO.

IDAHO STATE BOARD OF HEALTH
DIVISION OF VITAL STATISTICS

Affidavit to Correct or Amend An Original Certificate of Birth or Death

RECEIVED
APR 23 1960
Bureau of Vital Statistics

State of .....
County of ..... } ss.

Certificate No. 10640

Date Filed .....

The undersigned does solemnly swear that certain facts on the certificate of Birth (Birth or Death)
for Unnamed Clements (Name on Original Certificate) who born (Was Born or Died) on Sept. 23, 1912 (Date of Event)
in Canyon Creek, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts are shown by ..... (Bible Record, Insurance Policy, Etc.) prepared on ..... (Give Date), are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
Full Name of Child	Unnamed	Amos John Clements
Full Maiden Name of Mother	Lizzie Clay	Elizabeth Clay

Subscribed and sworn to before me this 30th day of April, 1960

Notary Public, residing at Ogden Utah
My commission expires May 14, 1971
(Seal)

Signed Isabelle Mathie
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

2557 N 550 E. N. Ogden, Utah
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Utah
County of Weber } ss.

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 30th day of April, 1960

Notary Public, residing at Ogden Utah
My commission expires May 14, 1971
(Seal)

Signed Wm H Mathie
(Signature of Any Credible Person)

2557 No. 550 East North Ogden Utah 84404
(Street Address, City, State)

FORM DPH 55-155 CL 12-16-59. nm

LDS Church Cert. of Baptism and Confirmation, dated Oct. 2, 1920, gives full name as Amos John Clements son of Lester A. Clements and Elizabeth Clay, born Sept. 23, 1912 at Canyon Creek, Idaho - viewed by VS.

Family Record, appears old and unaltered, gives full name as Amos John Clements, born Sept. 23, 1912 at Clementsville, Idaho to Lester Amos Clements and Elizabeth Clay - viewed by VS.

Form V. S. No. 11—10m-6-20-11

MARGIN RESERVED FOR BINDING

WRITE PLAINLY. WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at a birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

PLACE OF BIRTH

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

County of Fremont

City of Conyon Creek, Registration District No. 9 File No. 1064

No. ..... St. Primary Registration District No. 2039 Registered No. 774

Hospital .....

FULL NAME OF CHILD .....

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
M	Twin	2nd	Yes,	Sept 2 1912

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	Lester Clements,	Ingrid Olay,
RESIDENCE	Conyon Creek	Conyon Creek.
COLOR	W.	W
AGE AT LAST BIRTHDAY (Years)	36.	23
BIRTHPLACE	Minn.	Wyoming
OCCUPATION	Farmer	

Number of child of this mother, including present birth 5 Number of children, of this mother, now living, including present birth 5

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or Stillborn) at 12 A. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given name added from a supplemental report

..... 19.....

..... Registrar

(Signature) J. R. Thupe.

(Physician or Midwife)

Address Conyon

Filed Jan 16 19 13 Ray W. Fisher, Registrar

S-Y CO., 16669

APR 30 1968

168-220-022-219

PLACE OF BIRTH

County of Fremont

City of Salem

No. ____, ____ St.

Hospital ____

Form V. S. No. 11—10m-6-20-11

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

Registration District No. 9

File No. 10641

Primary Registration District No. 2039

Registered No. 772

FULL NAME OF CHILD ____

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
F			Yes	Sept 20 1912

FATHER		MOTHER	
FULL NAME	Thomas Johns,	FULL MAIDEN NAME	Emma Baker.
RESIDENCE	Salem	RESIDENCE	Salem
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY	34 (Years)	AGE AT LAST BIRTHDAY	36 (Years)
BIRTHPLACE	Utah	BIRTHPLACE	Utah
OCCUPATION	Farmer.	OCCUPATION	Housewife

Number of child of this mother, including present birth 6

Number of children, of this mother, now living, including present birth 6

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn), at 2a M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. R. Shupe

(Physician or Midwife)

Address Surgeon.

Given name added from a supplemental report

____, 19____

Filed Jan 10 1913

Registrar

Registrar

S-Y CO., 16669

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at a birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

PLACE OF BIRTH

County of

154-125-022-133

Child's name added 12-26-89 MCM

Form V. S. No. 11—10m-6-20-11

PLACE OF BIRTH

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

County of Fremont

City of Salem

No. ____, ____ St.

Hospital ____

Registration District No. 9

File No. 10642

Primary Registration District No. 2039

Registered No. 771

FULL NAME OF CHILD RAYMOND ALTON ANDERSON JR

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
M			Yes	August 25 (Gl. 27)

	FATHER	MOTHER
FULL NAME	Raymond Anderson	FULL MAIDEN NAME Milessa Allred
RESIDENCE	Salem	RESIDENCE Salem
COLOR	W	COLOR W
AGE AT LAST BIRTHDAY	21 (Years)	AGE AT LAST BIRTHDAY 19 (Years)
BIRTHPLACE	Utah	BIRTHPLACE Utah
OCCUPATION	Farmer	OCCUPATION Housewife

Number of child of this mother, including present birth 1

Number of children, of this mother, now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive, at 2 P. M. on the date above stated.

(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J R Shupe

(Physician or Midwife)

Given name added from a supplemental report

..... 19.....

Address .....

Filed Jan 10 1913

Ray H Tucker M.D.

Registrar

S-Y CO., 16669

Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY. WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at a birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS
AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of California } ss.
County of Los Angeles

Certificate No. 10642

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of birth (Birth or Death)
for Raymond Alton Anderson, Jr. (Name on Original Certificate) who was born (Was Born or Died) on Aug. 25th, 1912 (Date of Event)
in Rexburg, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge the
true facts are shown by (Bible Record, Insurance Policy, Etc.) prepared on (Give Date), are:

FACTS TO BE CORRECTED ("Name", "Birth Date", "Cause of Death", Etc.)	FROM (As on Original)	TO (The Correct Facts)
Name	Unnamed	Raymond Alton Anderson, Jr.

Subscribed and sworn to before me this 23rd
day of October, 1942.
Margaret Louise Ryder
Notary Public, residing at Gardena, Calif.
My commission expires June 4th, 1946
(Seal) Notary Public in and for the above County and State

Signed Melissa Anderson
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)
18605 S. Normandie, Gardena, Calif.
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of California } ss.
County of Los Angeles

[This Affidivat **MUST** Also be Executed.
(See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.
Subscribed and sworn to before me this 23rd
day of October, 1942.
Margaret Louise Ryder
Notary Public, residing at Gardena, Calif
My commission expires June 4th, 1946
(Seal) Notary Public in and for the above County and State.

Signed Raymond Alton Anderson
(Signature of Any Credible Person Other Than Previous Year)
18605 S. Normandie, Gardena, Calif
(Street Address, City, State)

LDS certificate of Ordination to the priesthood shows Raymond Alton Anderson born Aug 25, 1912 in Salem and ordained Aug 31, 1933 by Leo J Muir and parents are Raymond A Anderson & Mellissia Allred. Viewed by VS.

CA birth certificate shows Destene Anderson born Oct 15, 1937 in Los Angeles to Raymond Alton Anderson & Una Destene Phillips, file #37-74071. Viewed by VS.

1276

819-217-022-652

PLACE OF BIRTH

Form V. S. No. 11—10m-6-20-11

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

County of Fremont

Amended 11/5/75

City of Sugar

Registration District No. 9

File No. 10643

No. ____, ____ St.

Primary Registration District No. 2039

Registered No. 770

Hospital ____

FULL NAME OF CHILD Shirley Jannette Harrison

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
F			Yes	Aug. 17, 1961

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	Jim Harrison	Millie West
RESIDENCE	Sugar	Sugar
COLOR	W	W
AGE AT LAST BIRTHDAY	34 (Years)	37 (Years)
BIRTHPLACE	Utah	Utah
OCCUPATION	Butcher	Housewife

Number of child of this mother, including present birth 4

Number of children, of this mother, now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Alive (Born alive or stillborn) at 5:40 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. R. Thuper

(Physician or Midwife)

Address Sugar

Given name added from a supplemental report

..... 19.....

Filed Jan 10 1962 Ray E. Fisher M.D.

Registrar

S-Y COR. 16669

Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at a birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

JUN 6 1974

IDAHO DEPARTMENT OF HEALTH

BUREAU OF VITAL STATISTICS

RECEIVED BUREAU OF VITAL STATISTICS JAN 22 9 45 AM '75

Affidavit to Correct or Amend An Original Certificate of Birth or Death

State of ..... } ss.
County of ..... }

Certificate No. 10643

Date Filed .....

The undersigned does solemnly swear that certain facts on the certificate of birth (Birth or Death) for Unnamed Harrison (female) (Name on Original Certificate) who was born (Was Born or Died) on Sept. 26, 1912 (Date of Event) in Sugar, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the true facts are shown by ..... (Bible Record, Insurance Policy, Etc.) prepared on ..... (Give Date), are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
child's name	Unnamed	Shirley Jannette Harrison

Subscribed and sworn to before me this ..... day of ....., 19.....

.....
Notary Public, residing at .....
My commission expires .....
(Seal)

Signed .....
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

.....
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Idaho } ss.
County of Madison }

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 10th day of October, 1974

Jeannette Burgade
Notary Public, residing at Sugar City, Idaho
My commission expires 5/16/1977
(Seal)

Signed Casper B. Taddle
(Signature of Any Credible Person)

Box 153 Provo Utah 84601
(Street Address, City, State)

FORM DH 60-155

CL 6/6/74

Own child's birth certif ~~x~~ on file in Idaho gives name as Bruce Leroy Ladle bron Oct. 14, 1955 (55-13557) gives mother's name as Shirley Jannette Harrison. viewed by V. S.

SEP 9 1975

Diploma from Latter-Day Saints' Hospital gives name as Shirley Jannette Harrison dated Sept. 4, 1934. No. 106. viewed by V. S.

NOV 14 1975

Certif of Blessing from the LDS Church gives name as Shirley Janette Harrison daughter of J. William Harrison and Lille West. Born Aug. 17, 1912 at Sugar, Idaho. Blesed Oct. 6, 1912. viewed by V. S.

NOV 25 1975

Confidential Personal Data Form for Ricks College, Rexburg, Idaho gives name as Shirley Harrison Ladle. bonr Aug 17, 1912 ~~ay~~ st. Sugar, Idaho. viewed by V. S.

255.125(022-265

PLACE OF BIRTH

County of Ismaux

City of Rexburg

No. ..... St.

Hospital .....

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

Form V. S. No. 11—10m-6-20-11

Registration District No. 9

File No. 10644

Primary Registration District No. 2039

Registered No. 261

FULL NAME OF CHILD .....

Sex of Child	Twin, Triplet, or other?	and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of birth (Month) (Day) (Year)
M			Yes.	Aug 25, 1912

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	Herman Sneider	Susan Somers
RESIDENCE	Rexburg.	Rexburg.
COLOR	W	W
AGE AT LAST BIRTHDAY (Years)	27	33
BIRTHPLACE	Penn.	Ireland
OCCUPATION	Laborer.	Housewife

Number of child of this mother, including present birth 6

Number of children, of this mother, now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive, at 8 P. M. on the date above stated.

(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. R. Thorpe

(Physician or Midwife)

Address Surgeon.

Given name added from a supplemental report

....., 19.....

Registrar

Filed Jan 10 1913 Ray Fisher M.D.

Registrar

S-Y CO., 16669

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at a birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

MAR 1 8 1974

249-129-022-993

PLACE OF BIRTH

STATE OF IDAHO

Bureau of Vital Statistics

Form V. S. No. 11—10m-6-20-11

CERTIFICATE OF BIRTH

County of Ada

City of Salem

Registration District No. 9

File No. 1064

No. ____, ____ St.

Primary Registration District No. 2039

Registered No. 186

Hospital ____

FULL NAME OF CHILD Alden Smith

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
M	Twin	1	Yes.	Sept 29, 191

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	Morgan Smith	Charlotte Ricks
RESIDENCE	Salem	Salem
COLOR	W	W
AGE AT LAST BIRTHDAY (Years)	36	36
BIRTHPLACE	Utah	Utah
OCCUPATION	Farmer	Housewife

Number of child of this mother, including present birth 7

Number of children, of this mother, now living, including present birth 6

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Alive (Born alive or stillborn) at 8:30 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given name added from a supplemental report

(Signature) J. R. Thurston

(Physician or Midwife)

Address Sugar.

Filed Jan 10 19 13 Ray H. Tisdale Jr. M.S.

Registrar

..... 19.....

Registrar

S-Y CO., 16669

MARGIN RESERVED FOR BINDING

WRITE PLAINLY. WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at a birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

DUP OF 1912 - 317142

532-27-022-313 Added child's name 8-22-95 ms

PLACE OF BIRTH

STATE OF IDAHO

Form V. S. No. 11—10m-6-20-11

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

County of Fremont

City of Sugar

Registration District No. 9

File No. 10646

No. ____, ____ St.

Primary Registration District No. 2529

Registered No. 785

Hospital ____

FULL NAME OF CHILD Jay Dean Eckersley

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
M			Yes.	Dec 27, 1912

FATHER		MOTHER	
FULL NAME	Wm Eckersley	FULL MAIDEN NAME	Morgaeta Calaghan
RESIDENCE	Sugar	RESIDENCE	Sugar
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY (Years)	35	AGE AT LAST BIRTHDAY (Years)	30
BIRTHPLACE	Utah	BIRTHPLACE	Utah
OCCUPATION	Farmer.	OCCUPATION	Housewife

Number of child of this mother, including present birth 4

Number of children, of this mother, now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn) at 4 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J R Skupa

(Physician or Midwife)

Address Sugar

Given name added from a supplemental report

....., 19....

Filed Jan 10 1913 Ray Fisher

Registrar

S-Y CO., 16669

Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at a birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

8-14-95

IDAHO DEPARTMENT OF HEALTH AND WELFARE
Center for Vital Statistics
and Health Policy

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE

State of Idaho
County of Jefferson } ss.

Certificate No. 10646
Date Filed JAN. 10, 1913

The undersigned does solemnly swear that certain facts on the certificate of birth

for Unnamed Eckersley (Name on Original Certificate) who was born (Was Born, Died, etc.) on Dec. 27, 1912 (Date of Event)

in Sugar (Fremont) ID (Place of Event) are erroneous or were omitted:

ITEMS TO BE CORRECTED	FROM	TO
child's name	Unnamed Eckersley	Jay Dean Eckersley

Subscribed and sworn to before me this 18TH day of Aug, 1995.

Notary Public, [signature]
Residing at Jefferson, Idaho
My commission expires 10-15-97
(Seal)

X Jay Dean Eckersley
Signature of Applicant
X 3616 E 100 N Rigby id
Street Address, City, State

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of _____
County of _____ } ss.

(Must be completed ___)
(Is not necessary X)

The undersigned does solemnly swear that he has knowledge of the facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this _____ day of _____, 19___.

Notary Public, _____
Residing at _____
My commission expires _____
(Seal)

_____
Supporting Signature

_____
Street Address, City, State

lcc sent as is

Certificate of Ordination from the LDS church shows Jay Dean Eckersley was ordained an Elder July 21, 1957 viewed VS.

Certificate of Marriage shows Jay Dean Eckersly and Deorgia Dees were married July 20, 1935 in Idaho Falls Idaho and were Sealed July 25, 1957 viewed Vs.

122-130-022-247

PLACE OF BIRTH

Form V. S. No. 11—10m-6-20-11

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

County of Fremont

City of Sugar

No. ....., ... St.

Hospital .....

Registration District No. 9

Primary Registration District No. 2039

File No. 10648

Registered No. 783

FULL NAME OF CHILD .....

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
M			Yes.	Nov 30, 1912

FATHER		MOTHER	
FULL NAME	Chris Asbuna	FULL MAIDEN NAME	E. Kuga
RESIDENCE	Sugar.	RESIDENCE	Sugar
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY (Years)	33	AGE AT LAST BIRTHDAY (Years)	23
BIRTHPLACE	Japan	BIRTHPLACE	Hawaii
OCCUPATION	Bookkeeper.	OCCUPATION	Housewife

Number of child of this mother, including present birth ..... 1 .....

Number of children, of this mother, now living, including present birth ..... 1 .....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive, at 11a M. on the date above stated. 1 photostatic copy 2/10/42 (Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. R. Shupe

(Physician or Midwife)

Address Sugar

Given name added from a supplemental report

....., 19.....

Filed Jan 10 19 43 Ray H. Fisher M.D.

S-Y CO., 16669 Registrar

Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY. WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at a birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

STATE OF IDAHO

DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of Utah } ss.
County of Salt Lake }

Certificate No. 10648

Date Filed Feb. 5-1942

The undersigned does solemnly swear that certain facts on the certificate of Birth (BIRTH OR DEATH)
for Shoichi Asahina (NAME ON ORIGINAL CERTIFICATE) who was born (WAS BORN OR DIED) on Nov. 27-1912 (DATE OF EVENT)
in Lewiston (PLACE OF EVENT) City, Idaho are erroneous or were omitted; and that, to the best of his knowledge, the
true facts as shown by Family Record (BIBLE RECORD, INSURANCE POLICY, ETC.) prepared on Nov. 27-1912 (GIVE DATE), are:

FACTS TO BE CORRECTED ("NAME", "BIRTH DATE", "CAUSE OF DEATH", ETC.)	FROM (AS ON ORIGINAL)	TO (THE CORRECT FACTS)
Name	Unnamed Asahina	Shoichi Asahina

Subscribed and sworn to before me this 5th
day of February, 19 42

Eva G. Fillerup

Notary Public, residing at Salt Lake City, Utah

My commission expires Sept. 27-1944
(SEAL)

Signed Ichiro Asahina
(SIGNATURE OF PARENT OR ATTENDANT IF CORRECTING A BIRTH RECORD; OF ATTENDANT, FUNERAL DIRECTOR, INFORMANT IF CORRECTING A DEATH RECORD; OR OTHER CREDIBLE PERSON.)

377 E. 3rd S. Salt Lake City, Ut.
(STREET ADDRESS, CITY, STATE)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Utah } ss.
County of Salt Lake }

[THIS AFFIDAVIT MUST ALSO BE EXECUTED. (SEE CHAPTER 139, 1937 IDAHO SESSION LAWS.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 5th
day of February, 19 42

Eva G. Fillerup

Notary Public, residing at Salt Lake City

My commission expires Sept. 27-1944
(SEAL)

Signed K. Sasaki
(SIGNATURE OF ANY CREDIBLE PERSON OTHER THAN PREVIOUS AFFIANT.)

131 Regent St
(STREET ADDRESS, CITY, STATE)
Salt Lake City Utah

Received for filing on ..... By .....
(REGISTRAR'S SIGNATURE)

FEB 11 1942

249/118: 022-819
PLACE OF BIRTH

[redacted]

Form V. S. No. 11—10m-6-20-11

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

County of Tooele

City of Sugar

No. ____, ____ St.

Hospital ____

Registration District No. 9 File No. 10649

Primary Registration District No. 2039 Registered No. 782

FULL NAME OF CHILD Glen Harris Smith

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
M			Yes	Sept 18, 1914

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	Lord Smith	Pauline Harris
RESIDENCE	Sugar	Sugar
COLOR	W	W.
AGE AT LAST BIRTHDAY (Years)	36	26
BIRTHPLACE	Utah	Utah
OCCUPATION	School Teacher	Housewife

Number of child of this mother, including present birth 3

Number of children, of this mother, now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn), at 11 A. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. R. Shuppe

(Physician or Midwife)

Address Sugar

Filed Jan 10 19 32 Ray W. Fisher

Registrar

Given name added from a supplemental report

....., 19.....

Registrar

S-Y CO., 16669

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at a birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

PLACE OF BIRTH

County of

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

819-118-22-997

PLACE OF BIRTH

Form V. S. No. 11—10m-6-20-11

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

County of Fremont

City of Fremont

Registration District No. 9

File No. 10650

No. ....., ... St.

Primary Registration District No. 2039

Registered No. 180

Hospital .....

FULL NAME OF CHILD James Robert Harris

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
M			Yes.	Sept 18 1912

FATHER		MOTHER	
FULL NAME	Ernest Harris	FULL MAIDEN NAME	Sophina Riggs
RESIDENCE	Sugar	RESIDENCE	Sugar
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY (Years)	34	AGE AT LAST BIRTHDAY (Years)	26
BIRTHPLACE	Utah	BIRTHPLACE	Utah
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 3

Number of children, of this mother, now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn) at 7 P. M. on the date above stated.

(Signature) J. R. Snyder

(Physician or Midwife)

Address Sugar

Filed Jan 10 19 13 Ray H. Fisher

Registrar

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given name added from a supplemental report

....., 19.....

Registrar

S-Y CO., 16669

MARGIN RESERVED FOR BINDING

WRITE PLAINLY. WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at a birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

DEC 26 1945

JUL 14 1972

693-115-022-719

PLACE OF BIRTH

County of Fremont

City of Hibbard

No. ____, ____ St.

Hospital ____

Form V. S. No. 11—10m-6-20-11

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

Registration District No. 7 File No. 10651

Primary Registration District No. 2037 Registered No. 719

FULL NAME OF CHILD ____

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	and Number is order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
M			Yes	Feb 15, 191...

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	Albert Wilmore	Drucilla Parker
RESIDENCE	Hibbard	Hibbard
COLOR	W	W
AGE AT LAST BIRTHDAY (Years)	39	21
BIRTHPLACE	Utah	Idaho
OCCUPATION	Carpenter	Housewife

Number of child of this mother, including present birth 3

Number of children, of this mother, now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn), at 5:30 P.M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. R. Shuster

(Physician or Midwife)

Address ____

Given name added from a supplemental report

..... 19.....

..... Registrar

Filed Jan 10 1913 Ray H. Fisher M.D. Registrar

S-Y CO., P6669

MARGIN RESERVED FOR BINDING

WRITE PLAINLY. WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at a birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

296-118-022-363

PLACE OF BIRTH

County of Fremont

City of Rexburg

No. ..... , ... St.

Hospital .....

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

Form V. S. No. 11—10m-6-20-11

Registration District No. 9 File No. 10652

Primary Registration District No. 2039 Registered No. 758

FULL NAME OF CHILD Ralph Gordon Brown

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
M			Yes.	Dec 18, 1912

FATHER		MOTHER	
FULL NAME	Jesse R Brown	FULL MAIDEN NAME	Blanche Sorkin
RESIDENCE	Rexburg	RESIDENCE	Rexburg
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY (Years)	31	AGE AT LAST BIRTHDAY (Years)	30.
BIRTHPLACE	Mich.	BIRTHPLACE	Wis.
OCCUPATION	Telegrapher	OCCUPATION	Housewife

Number of child of this mother, including present birth 1

Number of children, of this mother, now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive, at 11:50a M. on the date above stated.

(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) G G Fisher

(Physician or Midwife)

Address Rexburg

Given name added from a supplemental report

....., 19.....

Filed Jan 10, 1913 Ray A Fisher

Registrar

Registrar

S-Y CO., 16669

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at a birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

JUN 12 1944

365.208.022-795

PLACE OF BIRTH

County of Fremont

City of Salem

No. ____ St.

Hospital ____

STATE OF IDAHO

Bureau of Vital Statistics

Form V. S. No. 11—10m-6-20-11

CERTIFICATE OF BIRTH

Registration District No. 9

File No. 10653

Primary Registration District No. 2039

Registered No. 756

FULL NAME OF CHILD Delpha Loveland

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
F			Yes.	Oct 8 191.

FATHER		MOTHER	
FULL NAME	Eldojas Loveland	FULL MAIDEN NAME	Gomma Grey
RESIDENCE	Salem	RESIDENCE	Salem
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY (Years)	45	AGE AT LAST BIRTHDAY (Years)	35
BIRTHPLACE	Utah	BIRTHPLACE	Utah
OCCUPATION	Farmer.	OCCUPATION	Housewife

Number of child of this mother, including present birth 9

Number of children, of this mother, now living, including present birth 8

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn), at 2 P. M. on the date above stated.

(Signature) J. R. Thurgood

(Physician or Midwife)

Address Sugar

Filed Jan 10 19 13 Ray W. Gardner M.D. Registrar

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given name added from a supplemental report

..... 19.....

..... Registrar

S-Y CO., 16669

MARGIN RESERVED FOR BINDING—THIS IS A PERMANENT RECORD

WRITE PLAINLY, WITH UNFADING INK

N. B. In case of more than one child at a birth, a SEPARATE RETURN must be made of each, in order of birth stated and the number

MAY 16 1975

IDAHO DEPARTMENT OF HEALTH

BUREAU OF VITAL STATISTICS

RECEIVED
BUREAU OF
VITAL STATISTICS
JUL 11 9 46 AM '75

Affidavit to Correct or Amend An Original Certificate of Birth or Death

State of ..... } ss.
County of ..... }

Certificate No. 10653

Date Filed .....

The undersigned does solemnly swear that certain facts on the certificate of birth (Birth or Death)
for Unnamed Loveland (female) (Name on Original Certificate) who was born (Was Born or Died) on Oct. 8, 1912 (Date of Event)
in Salem, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts are shown by ..... (Bible Record, Insurance Policy, Etc.) prepared on ..... (Give Date), are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
child's name	Unnamed	Delpha Loveland

Subscribed and sworn to before me this 7 day of July, 1975

Catherine C. Hendrickson
Notary Public, residing at Murray, Utah
My commission expires Jan. 23, 1976
(Seal)

Signed Ethel R Loveland
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

130 W 1st South Brigham Utah
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Utah } ss.
County of Salt Lake }

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 7 day of July, 1975

Catherine C. Hendrickson
Notary Public, residing at Murray, Utah
My commission expires Jan. 23, 1976
(Seal)

Signed Bessie Loveland Lee
Bessie L. Lee
(Signature of Any Credible Person)

1815 Vermont Dr. Concord, Calif.
(Street Address, City, State)

FORM DH 60-155

CL 5/1/575

Membership

XXXXX certif. from LDS Church gives name as Delpha Loveland born Oct. 1, 1912 at Salem, Idaho. Baptized Feb. 5, 1921. father's name as Eldows B. Loveland and mothers name as Laura Gray. viewed by V. S.

JUL 16 1975

Social Securtiy card gives name as Delpha L. Broderick. (529-01-2360). viewed by V S

255-118-022-154

Form V. S. No. 11—10m-6-20-11

MARGIN RESERVED FOR BINDING

WRITE PLAINLY. WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at a birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

PLACE OF BIRTH

County of Fremont

City of Salem

No. ..... St.

Hospital .....

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

Registration District No. 9 File No. 10654

Primary Registration District No. 2039 Registered No. 755

FULL NAME OF CHILD .....

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
M			Yes.	Oct. 18 191

	FATHER	MOTHER
FULL NAME	Joseph Swenson	Selma Andersen
RESIDENCE	Salem	Salem
COLOR	W	W
AGE AT LAST BIRTHDAY (Years)	36	33
BIRTHPLACE	Utah	Utah
OCCUPATION	Farmer	Housewife

Number of child of this mother, including present birth 3

Number of children, of this mother, now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn), at 4 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. P. Shuppe

(Physician or Midwife)

Address Dayton

Given name added from a supplemental report

....., 19.....

Registrar

Filed Jan 10 19 12 Wyatt Fisher M.D.

Registrar

S-Y CO., 16669

DUP OF 1912 - 321107

299-225 022-815

PLACE OF BIRTH

STATE OF IDAHO

Bureau of Vital Statistics

Form V. S. No. 11—10m-6-20-11

CERTIFICATE OF BIRTH

County of Fremont

City of Sugar

No. ____, ____ St.

Hospital

Registration District No. 9

Primary Registration District No. 2039

File No. 10655

Registered No. 788

FULL NAME OF CHILD Kattie Bright

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
F			Yes	Dec 25 1912

	FATHER	MOTHER
FULL NAME	John Bright	
FULL MAIDEN NAME		Mary Van Hoy
RESIDENCE	Sugar	Sugar
COLOR	W	W
AGE AT LAST BIRTHDAY (Years)	28	22
BIRTHPLACE	Utah	Utah
OCCUPATION	Farmer	Housewife

Number of child of this mother, including present birth 3

Number of children, of this mother, now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn) on the date above stated, at 9 A. M.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. R. Shupe

(Physician or Midwife)

Address

Given name added from a supplemental report

....., 19.....

Filed Jan 10 19 13 Ray H. Fisher

Registrar

S-Y CO., 16669

Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY. WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at a birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

AUG 21 1946

415-210-022-819

PLACE OF BIRTH

County of Fremont

City of Sugar

No. ____, ____ St.

Hospital ____

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

Form V. S. No. 11—10m-6-20-11

Registration District No. 9 File No. 10656

Primary Registration District No. 2039 Registered No. 791

FULL NAME OF CHILD ____

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
F			Yes	Dec 10, 1912

FATHER		MOTHER	
FULL NAME	Frank Davis	FULL MAIDEN NAME	Alverta Hartman
RESIDENCE	Sugar	RESIDENCE	Sugar
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY	35 (Years)	AGE AT LAST BIRTHDAY	35 (Years)
BIRTHPLACE	Nevada	BIRTHPLACE	Housewife
OCCUPATION	Banker	OCCUPATION	Housewife

Number of child of this mother, including present birth 4

Number of children, of this mother, now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn), at 9P M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J R Shupe

(Physician or Midwife)

Address Sugar Ray H. Fisher M.D.

Given name added from a supplemental report

....., 19.....

Registrar

Filed Jan 10 1913

Registrar

S-Y CO., 16669

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at a birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

719-00-022-231

PLACE OF BIRTH

County of Fremont

City of Sugar

No. ____, ____ St.

Hospital ____

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

Form V. S. No. 11—10m-6-20-11

Registration District No. 9 File No. 10657

Primary Registration District No. 2039 Registered No. 790

FULL NAME OF CHILD ____

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
			Yes	12 ____, 1912

FATHER		MOTHER	
FULL NAME	Wm Gomez	FULL MAIDEN NAME	Minnie Black
RESIDENCE		RESIDENCE	Sugar
COLOR	W	COLOR	W.
AGE AT LAST BIRTHDAY (Years)	46	AGE AT LAST BIRTHDAY (Years)	41
BIRTHPLACE	Utah	BIRTHPLACE	Utah
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 11

Number of children, of this mother, now living, including present birth 10

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn) at 12 9 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. R. Shupe

(Physician or Midwife)

Address ____

Given name added from a supplemental report

____, 19____

____ Registrar

Filed Jan 10 19 13 Raymond Tenbe M.D. Registrar

S-Y CO., 16669

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at a birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

249-230-022-733

PLACE OF BIRTH

Amended 11/29/74

STATE OF IDAHO

Bureau of Vital Statistics

Form V. S. No. 11—10m-6-20-11

CERTIFICATE OF BIRTH

County of Fremont

City of Rexburg

Registration District No. 9

File No. 1065

No. ____, ____ St.

Primary Registration District No. 2039

Registered No. 542

Hospital ____

FULL NAME OF CHILD Prysilla Mildred Smith

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth
Female			Yes	Nov. 30 (Month) (Day) 191 (Year)

FATHER		MOTHER	
FULL NAME	Richard Smith	FULL MAIDEN NAME	Agnes McCulloch
RESIDENCE	Rexburg,	RESIDENCE	Rexburg
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY	44 (Years)	AGE AT LAST BIRTHDAY	39 (Years)
BIRTHPLACE	Scotland	BIRTHPLACE	Utah
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 3

Number of children, of this mother, now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 2 a M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) M. A. Watts, M.D.

Rexburg

(Physician or Midwife)

Given name added from a supplemental report ____, 19____

Address ____

Filed Jan 10 1913 W. Lyle Fraser

Registrar

S-Y CO., 16669

Registrar

K

JUL 2(
JUL 21 1967

IDAHO DEPARTMENT OF HEALTH

BUREAU OF VITAL STATISTICS

RECEIVED
BUREAU OF
VITAL STATISTICS
NOV 1 11 06 AM '74

Affidavit to Correct or Amend Original Certificate of Birth or Death

State of ..... } ss.
County of ..... }

Certificate No. 10658

Date Filed .....

The undersigned does solemnly swear that certain facts on the certificate of Birth (Birth or Death)
for Unnamed Smith (female child) (Name on Original Certificate) who was born (Was Born or Died) on Dec. 30, 1912 (Date of Event)
in Rexburg, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts are shown by ..... (Bible Record, Insurance Policy, Etc.) prepared on ..... (Give Date), are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
Child's Full Name	Unnamed	~~Priscilla~~ Prysilla Mildred Smith
Child's Date of Birth	Dec. 30, 1912	November 30, 1912

Subscribed and sworn to before me this 4th day of November, 19 74

Clerk J.P.C. ~~Notary Public~~, residing at Rexburg, Idaho

My commission expires Jan 1975
(Seal)

Signed Calanthe S. Cooper
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

Box 84 Rt 1, Rexburg Idaho
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of ..... } ss.
County of ..... }

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 4th day of November, 19 74

Clerk J.P.C. ~~Notary Public~~, residing at Rexburg

My commission expires Jan 1975
(Seal)

Signed Ben Summerhays
(Signature of Any Credible Person)

170 S. 1st W. Rexburg, Idaho
(Street Address, City, State)

CL 10-16-67. one copy pd.

FORM DH 60-155

Family Bible record gives name as Prysilla Mildred Smith born Nov. 30, 1912. viewed by V. S. Parents names given as Richard H. Smith and Agnes McCulloch.

MAR 3 1 1975

Copy of Page from Record of Members of the LDS Church ingives nameas Pircilla Mildred Smith born Nov. 30, 1912.m Baptized on Dec. 4, 1920. viewed by VS

DEC 2 1974

219-108-022-851

Father's & Mother's names amended 9-16-86 lh

Form V. S. No. 11—10m-6-20-11

PLACE OF BIRTH

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

County of Fremont

City of Sugar

Registration District No. 9

File No. 10659

No. ____ St.

Primary Registration District No. 2039

Registered No. 792

Hospital

FULL NAME OF CHILD Ray Wm. Kartchner

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth
M			Yes.	Dec. 8 (Month) (Day) 1912 (Year)

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	Asael Wain Kartchner	Rosenea Heath
RESIDENCE	Sugar	Sugar
COLOR	W	W
AGE AT LAST BIRTHDAY	30 (Years)	31 (Years)
BIRTHPLACE	Utah	Utah
OCCUPATION	Merchant	Housewife

Number of child of this mother, including present birth 4

Number of children, of this mother, now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive, at 7:30 A. M. on the date above stated.

(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. R. Shupe

(Physician or Midwife)

Address Sugar

Given name added from a supplemental report

....., 19.....

Filed Jan 10 1913 Roy Fisher M.D.

Registrar

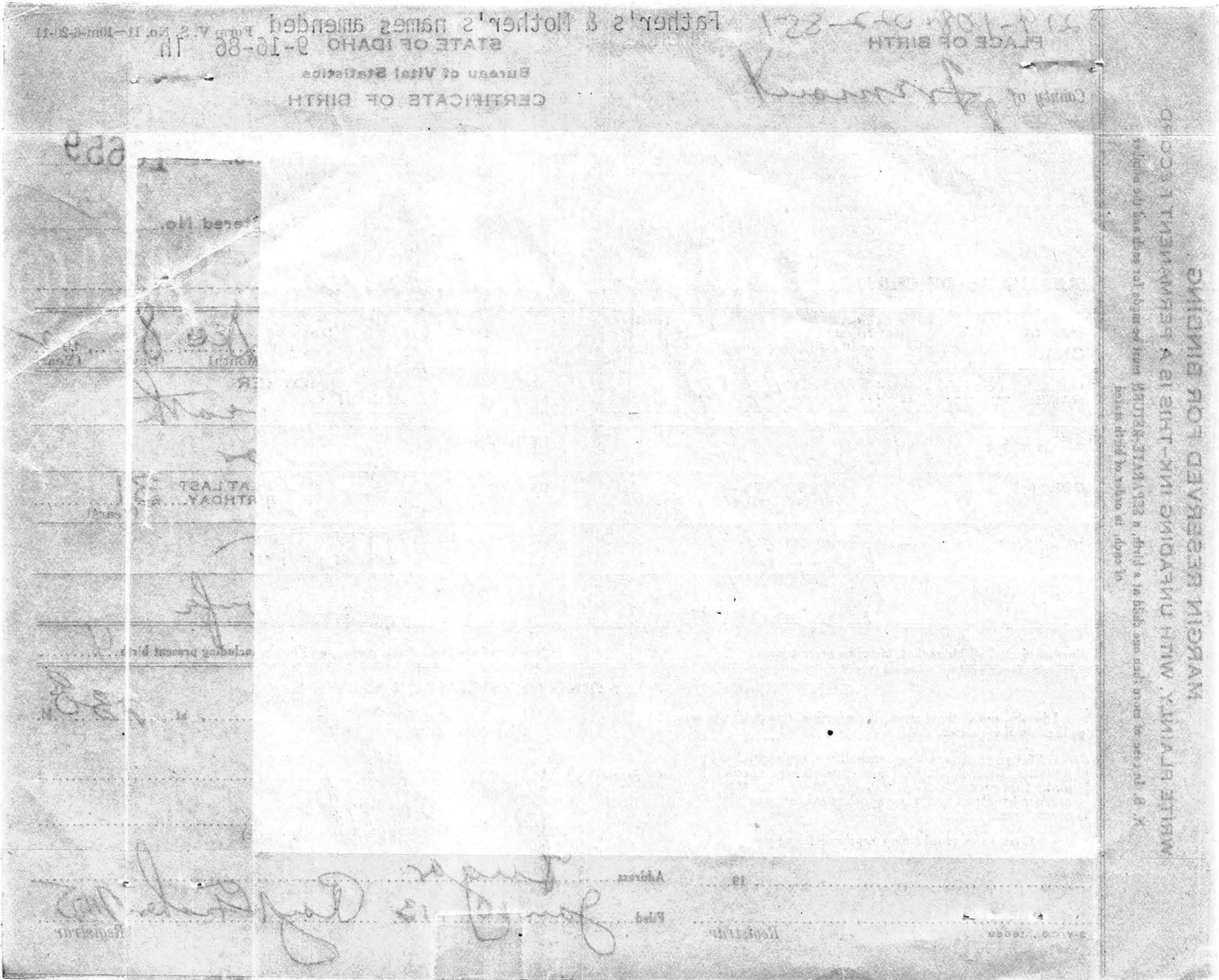
8-Y CO., 16669

Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at a birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated



IDAHO DEPARTMENT OF HEALTH

BUREAU OF VITAL STATISTICS

Affidavit to Correct or Amend An Original Certificate of Birth or Death

State of ..... } ss.
County of ..... }

Certificate No. 10659

AUG 1 1986

Date Filed .....

The undersigned does solemnly swear that certain facts on the certificate of Birth (Birth or Death)

for Ray Wm. Kartchner (Name on Original Certificate) was born (Was Born or Died) on Dec. 8, 1912 (Date of Event)

in Sugar City, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the true facts are shown by ..... (Bible Record, Insurance Policy, Etc.) prepared on ..... (Give Date), are:

Bureau of Vital Statistics Standards and Local Health Services

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
Full Name of Father	orel Asel Kartchner	Asael Wain Kartchner
Full Name of Mother	Rose Heath	Rosenea Heath

Subscribed and sworn to before me this 26th day of June, 19 86.

R. Hammond

Notary Public, residing at SALT LAKE CITY, UT

My commission expires November 4, 1988

(Seal)

Signed Ruth K. Hammond

(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

429 So. 13th E. Salt Lake City, UT 84102

(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Utah }
County of Salt Lake } ss.

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 30th day of June, 1986.

Notary Public, residing at Centerville, Utah

My commission expires .....

(Seal)

Signed Lorraine Galloway

(Signature of Any Credible Person)

1160 So 500 East Bountiful Ut 84010

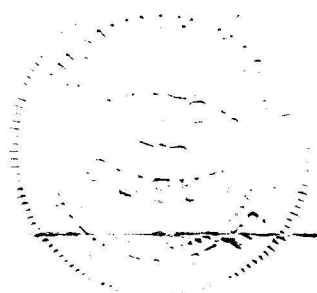
(Street Address, City, State)

FORM DN 60-155 CL 5-1-63. nm

L.D.S. Church Cert. of Blessing, April 2, 1911 gives full name as Ruth Kartchner, daughter of Asael Wain Kartchner and Rosenea Heath, born 24 February 1911 at Sugar City, Idaho-viewed by V.S.

SEP 16 19[illegible]

Delayed birth certificate for sister Ruth Kartchner born Feb. 24,1911 in Sugar City, Fremont Co., ID filed May 1, 1963 S.F.#De63-331 gives names of parents as Asael Wain Kartchner and Rosenea Heath.
Viewed vy V.S.



168-213-022-269

PLACE OF BIRTH

County of Fremont

City of Rexburg

No. ..... St.

Hospital .....

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

Form V. S. No. 11—10m-6-20-11

Registration District No. 4

File No. 10660

Primary Registration District No. 2034

Registered No. 843

FULL NAME OF CHILD Pearl Johnson

Sex of Child	Twin, Triplet, or other?	and Number in order of birth	Legitimate?	Date of birth
Female	—	—	Yes	Nov 13 (Month) (Day) 1912 (Year)

(To be answered only in event of plural births)

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	John Johnson	Maggie Sorenson
RESIDENCE	Rexburg Burton	Rexburg Burton
COLOR	W	W
AGE AT LAST BIRTHDAY (Years)	32	29
BIRTHPLACE	Utah	Denmark
OCCUPATION	Farmer	Housewife

Number of child of this mother, including present birth 4

Number of children, of this mother, now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn), at 9 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) M. A. Watts

(Physician or Midwife)

Address Rexburg

Given name added from a supplemental report

....., 19.....

Registrar

Filed Jan 10 1913 Reg'st Fisher

Registrar

S-Y CO., 16669

MARGIN RESERVED FOR BINDING

WRITE PLAINLY. WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at a birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

MAR 2 1 1973

719-120422-97

PLACE OF BIRTH

County of Fremont

City of Sugar

No. [illegible] St.

Hospital

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

Form V. S. No. 11—10m-6-20-11

Registration District No. 9 File No. 10661

Primary Registration District No. 2039 Registered No. 525

FULL NAME OF CHILD

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
M			Yes	Nov 20, 191[illegible]

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	R.M. Ingram	Rachel Ingram
RESIDENCE	Sugar	Sugar
COLOR	W	W
AGE AT LAST BIRTHDAY (Years)	22	18
BIRTHPLACE	Utah	Utah
OCCUPATION	Farmer	Housewife

Number of child of this mother, including present birth 1

Number of children, of this mother, now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was dark (Born alive or stillborn) at 4 A. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given name added from a supplemental report

....., 19.....

.....
Registrar

(Signature) J.R. Shupe

(Physician or Midwife)

Address Sugar

Filed Jan 10 191[illegible] Ray Hinkley
Registrar

S-Y CO., 16669

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at a birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

369-104-022-285

PLACE OF BIRTH

County of Fremont

City of Rexburg

No. ..... St.

Hospital .....

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

Form V. S. No. 11—10m-6-20-11

Registration District No. 9

File No. 10662

Primary Registration District No. 2039

Registered No. 820

FULL NAME OF CHILD .....

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
M			Yes	Nov. 4 191

	FATHER	MOTHER
FULL NAME	Hansen Earl.	Full Maiden Name Leah Shelton.
RESIDENCE	Rexburg.	Rexburg.
COLOR	W	W
AGE AT LAST BIRTHDAY (Years)	25	23
BIRTHPLACE	Utah	~~Utah~~ Ida.
OCCUPATION	Farmer	Housewife.

Number of child of this mother, including present birth 3

Number of children, of this mother, now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn) at 11:30 A. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. R. Thurber.

(Physician or Midwife)

Address Sugar

Given name added from a supplemental report

....., 19.....

Filed Jan. 10 19 13. Ray H. Fisher

Registrar

S-Y CO., 16669

Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY. WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at a birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

249-209-022-666

PLACE OF BIRTH

County of Fremont

City of Sugar, Registration District No. 9 File No. 10663

No. ____, ____ St. Primary Registration District No. 2029 Registered No. 819

Hospital ____

STATE OF IDAHO
Bureau of Vital Statistics
CERTIFICATE OF BIRTH

Form V. S. No. 11—Jan. 6 1921

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at a birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

FULL NAME OF CHILD Melba Cecilia Burrell

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
♀			Yes.	Nov 9 1912

	FATHER	MOTHER
FULL NAME	Frank Burrell	FULL MAIDEN NAME Nellie Wood
RESIDENCE	Sugar	RESIDENCE Sugar
COLOR	W	COLOR W
AGE AT LAST BIRTHDAY (Years)	36	25
BIRTHPLACE	~~Utah~~ Idaho	BIRTHPLACE Utah
OCCUPATION	Farmer	OCCUPATION Housewife.

Number of child of this mother, including present birth 1

Number of children, of this mother, now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn), at 3 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. R. Thurber

(Physician or Midwife)

Address ____

Given name added from a supplemental report

____, 19____

____ Registrar

Filed Jan 10 19 13 Ray V. Tusler M.D. Registrar

S-Y CO., 16569

IDAHO DEPARTMENT OF HEALTH

BUREAU OF VITAL STATISTICS

Affidavit to Correct or Amend An Original Certificate of Birth or Death

RECEIVED
JAN 2 01966
Vital Statistics

State of Idaho
County of Fremont } ss.

Certificate No. 10663

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of Birth (Birth or Death)
for Unnamed Burrell (female child) Burrell (Name on Original Certificate) who was born (Was Born or Died) on Nov. 9, 1912 (Date of Event)
in Sugar, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts are shown by (Bible Record, Insurance Policy, Etc.) prepared on (Give Date) are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
Full Name of Child	Unnamed	Melba Cecilia Burrell

Subscribed and sworn to before me this 19 day of January, 19 66

La Monte Bauer
Notary Public, residing at
My commission expires Clerk of District Court
(Seal)

Signed Francis P Burrell
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Idaho
County of Fremont } ss.

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 19 day of January, 19 66

La Monte Bauer
Notary Public, residing at
My commission expires Clerk of District Court
(Seal)

Signed Paul O. Jenkins
(Signature of Any Credible Person)

127 W 1st N. St. Anthony, Idaho
(Street Address, City, State)

FORM DH 60-155 CL 12-30-65. nm

L.D.S. Church Certificate of Record of Membership, baptized July 8, 1923 - gives full name as Melba Cecilia Burrell (Wright is married name), born Nov. 9, 1912 at Sugar City, Idaho to Francis A. Burrell and Mary Ellen Wood - viewed by V.S.

MAR 4 1966

School Census Record, Fremont County, Idaho, school year 1925-26 gives full name of student as Melba Cecilia Burrell, age 14, daughter of Francis A. Burrell ~~and Melba~~ viewed by V.S.

239-221-022-355

Amended 5-26-67

(Be sure the information is complete and accurate)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 10664
Local Reg. No. 821
Reg. Dist. No. 9

1. PLACE OF BIRTH
a. COUNTY: Fremont
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN: Hibbard
c. FULL NAME OF (If NOT in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION:

2. USUAL RESIDENCE OF MOTHER (Where does mother live?)
a. STATE: Idaho
b. COUNTY: Fremont
c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN: Hibbard
d. STREET ADDRESS (If rural, give location):

3. CHILD'S NAME (Type or print)
a. (First): Delpha
b. (Middle): Anna
c. (Last): Klingler

4. SEX: F.

5a. THIS BIRTH: SINGLE X TWIN ____ TRIPLET ____

5b. IF TWIN OR TRIPLET (This child born) 1st ____ 2nd ____ 3rd ____

6. DATE OF BIRTH (Month) (Day) (Year): November 21, 1912

FATHER OF CHILD

7. FULL NAME
a. (First): Godfrey
b. (Middle):
c. (Last): Klingler

8. AGE (At time of this birth): 21 YEARS

9. BIRTHPLACE (State or foreign country) (City or Town): Idaho

10. USUAL OCCUPATION: Farmer

11. KIND OF BUSINESS OR INDUSTRY:

MOTHER OF CHILD

12. FULL MAIDEN NAME
a. (First): Mable
b. (Middle):
c. (Last): Lee

13. AGE (At time of this birth): 18 YEARS

14. BIRTHPLACE (State or foreign country) (City or Town): Utah

15. CHILDREN PREVIOUSLY BORN TO THIS MOTHER (Do NOT include this child)
a. How many OTHER children are now living?
b. How many OTHER children were born alive but are now dead?
c. How many children were stillborn (born dead after 20 wks. pregnancy?)

16. INFORMANT'S SIGNATURE OR NAME (Relationship):

I hereby certify that this child was born alive on the date stated above.

17. SIGNATURE: J. R. Shupe

18. ATTENDANT AT BIRTH: M.D. X MIDWIFE ____ OTHER (Specify) ____

19. ADDRESS:

20. DATE SIGNED:

21. DATE REC'D BY LOCAL REG.: Jan. 10, 1913

22. REGISTRAR'S SIGNATURE: Ray H. Fisher, M.D.

23. DATE ON WHICH GIVEN NAME ADDED BY ____ Registrar

Record typewriter ribbon in completing this certificate. This certificate MUST be filed with the trict where the birth occurred WITHIN 10 days after the date of birth of the child. Address VITAL STATISTICS, BOISE, IDAHO.

DUP OF 1912 D 76-454

Amended 5-11-67

(Be sure the information is complete and accurate)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 10664
Local Reg. No. 821
Reg. Dist. No. 9

1. PLACE OF BIRTH

a. COUNTY: Fremont

b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN: Hibbard

c. FULL NAME OF (If NOT in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION:

2. USUAL RESIDENCE OF MOTHER (Where does mother live?)

a. STATE: Idaho b. COUNTY: Fremont

c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN: Hibbard

d. STREET ADDRESS (If rural, give location):

3. CHILD'S NAME (Type or print)

a. (First): Delpha b. (Middle): Anna c. (Last): Klingler

4. SEX: F.

5a. THIS BIRTH: SINGLE X TWIN ____ TRIPLET ____

5b. IF TWIN OR TRIPLET (This child born) 1st ____ 2nd ____ 3rd ____

6. DATE OF BIRTH (Month) (Day) (Year): November 21, 1912

FATHER OF CHILD

7. FULL NAME

a. (First): Godfrey b. (Middle): c. (Last): Klingler

8. AGE (At time of this birth): 21 YEARS

9. BIRTHPLACE (State or foreign country) (City or Town): Idaho

10. USUAL OCCUPATION: Farmer

11. KIND OF BUSINESS OR INDUSTRY:

MOTHER OF CHILD

12. FULL MAIDEN NAME

a. (First): Maud b. (Middle): c. (Last): Lee

13. AGE (At time of this birth): 18 YEARS

14. BIRTHPLACE (State or foreign country) (City or Town): Utah

15. CHILDREN PREVIOUSLY BORN TO THIS MOTHER (Do NOT include this child)

a. How many OTHER children are now living? 0

b. How many OTHER children were born alive but are now dead? 0

c. How many children were stillborn (born dead after 20 wks. pregnancy?) 0

16. INFORMANT'S SIGNATURE OR NAME (Relationship):

I hereby certify that this child was born alive on the date stated above.

17. SIGNATURE: J. R. Shupe

18. ATTENDANT AT BIRTH: M.D. X MIDWIFE ____ OTHER (Specify) ____

19. ADDRESS:

20. DATE SIGNED:

21. DATE REC'D BY LOCAL REG.: Jan. 10, 1913

22. REGISTRAR'S SIGNATURE: Ray H. Fisher, M.D.

23. DATE ON WHICH GIVEN NAME ADDED BY ____ Registrar

Record typewriter ribbon in completing this certificate. This certificate MUST be filed with the
rict where the birth occurred WITHIN 10 days after the date of birth of the child. Address
ITAL STATISTICS, BOISE, IDAHO.

DUP OF 1912 D76-454

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at a birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

Form V. S. No. 11—10m-6-20-11

PLACE OF BIRTH

County of Fremont

City of Hubbard

No. ..... St.

Hospital .....

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

Registration District No. 9 File No. 1066

Primary Registration District No. 2039 Registered No. 821

FULL NAME OF CHILD .....

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
F			Yes	11—19 19[illegible]

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	Godfrey Klinger	Maud Lee
RESIDENCE	Hubbard	Hubbard
COLOR	W	W
AGE AT LAST BIRTHDAY (Years)	21	18
BIRTHPLACE	Idaho	Utah
OCCUPATION	Farmer	Housewife

Number of child of this mother, including present birth 1

Number of children, of this mother, now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive, at 4 9 M. on the date above stated.

(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. R. Shuper

(Physician or Midwife)

Address .....

Given name added from a supplemental report

....., 19.....

.....
Registrar

Filed Jan 10 19 13 Ray H. Fisher M.D.
Registrar

S-Y CO., 16669

MAY 1 1 1967

MAY 2 6 1967

KLINGLER

Dup of 1912 - DE76.454

IDAHO DEPARTMENT OF HEALTH

BUREAU OF VITAL STATISTICS

Affidavit to Correct or Amend An Original Certificate of Birth or Death

RECEIVED
MAY 5 1967
Bureau of Vital Statistics

State of IDAHO, } ss.
County of MADISON. }

Certificate No. 10664

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of Birth (Birth or Death)
for Unnamed Klinger (female child) (Name on Original Certificate) who was born (Was Born or Died) on Nov. 19, 1912 (Date of Event)
in Hibbard, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the true facts are shown by (Bible Record, Insurance Policy, Etc.) prepared on (Give Date), are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
Full Name of Child	Unnamed	Delpha Anna Klingler
Child's Date of Birth	Nov. 19, 1912	November 21, 1912
Mothers First Name	~~Mabel~~ Maud	Mable (allowed & Granted (5-26-67)

Subscribed and sworn to before me this 4th day of May, 19 67.
Lacy A. Rigby
Notary Public, residing at Rexburg, Idaho
My commission expires 1-26-71
(Seal)

Signed Mable Lee Klingler
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)
Rexburg, Idaho
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of IDAHO, } ss.
County of MADISON. }

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 4th day of May, 1967.
Lacy A. Rigby
Notary Public, residing at Rexburg, Idaho
My commission expires 1-26-71
(Seal)

Signed Sue Shirley
(Signature of Any Credible Person)
279 Mohawk, Rexburg, Idaho
(Street Address, City, State)

FORM DH 60-155 CL 4-27-67. nm
(Rush. mailed by May 16th)

Certified Photo Copy of School Census Marshal's Report for 1925, School District No. 56 - gives one full name as Delpha Anna Klingler, born Nov. 21, 1912 to Godfrey Klingler and Mable Lee Klingler - viewed by V.S.

Own Child's Birth Cert. on file: (Idaho Birth) #302584 gives full name as Delpha Ann Klingler - viewed by V.S.

Beneficial Life Insurance Co., March 12, 1943, policy no. 237951 gives full name as Delpha Anna Jensen, age 30, born Nov. 21, 1912 at Rexburg, Idaho - beneficiary is given as Nephi Gilbert Jensen, husband - viewed by V.S.

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at a birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

314-122022-249

PLACE OF BIRTH

Form V. S. No. 11—10m-6-20-11

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

County of Fremont

City of Sugar

No. ..... St.

Registration District No. 9

File No. 10665

Primary Registration District No. 2039

Registered No. 822

Hospital .....

FULL NAME OF CHILD .....

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Boy			Yes	Nov 22 191-

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	Henry Campbell	Mary Bergeson
RESIDENCE	Sugar	Sugar
COLOR	W	W
AGE AT LAST BIRTHDAY (Years)	28	25
BIRTHPLACE	Holland	Nebraska
OCCUPATION	Farmer	Housewife
Number of child of this mother, including present birth	4	
Number of children, of this mother, now living, including present birth		4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn), at 1130 M. on the date above stated.

(Signature) J. R. Thuper

(Physician or Midwife)

Address Sugar Ida.

Filed Jan 10 1923

Ray H. Fisher Reg.

Registrar

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given name added from a supplemental report

....., 19.....

Registrar

S-Y CO., 16669

SEP 1 2 1973

755.124.022-719.

PLACE OF BIRTH

County of Fremont

City of Sugar

No. ____, ____ St.

Hospital ____

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

Form V. S. No. 11—10m-6-20-11

Registration District No. 9 File No. 10666

Primary Registration District No. 2039 Registered No. 824

FULL NAME OF CHILD ____

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
M			Yes.	11-24 191..

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	Clancy Pennie	Elsie Godeuer.
RESIDENCE	Sugar	Sugar.
COLOR	W.	W.
AGE AT LAST BIRTHDAY (Years)	26	21
BIRTHPLACE	Kansas.	Idaho.
OCCUPATION	Farmer.	Housewife.

Number of child of this mother, including present birth 2

Number of children, of this mother, now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn), at 12a. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given name added from a supplemental report

(Signature) J R Shuper

(Physician or Midwife)

Address Sugar

Filed Jan 10 1925 W Ray Winkler

Registrar

..... 19.....

Registrar

S-Y CO., 16669

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at a birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

Form V.S. No. 11—Rev. 6-50-11

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

PLACE OF BIRTH

County of

249-201-022-213

PLACE OF BIRTH

Form V. S. No. 11-C—20m-2-15-12

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Amended 10/9/74

County of Fremont

City of Sugar

No. ____ St.

Hospital ____

Registration District No. 9

Primary Registration District No. 2039

File No. 10667

Registered No. 818

FULL NAME OF CHILD Mary P. Smith

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
F			Yes	12—1—191 7

	FATHER	MOTHER
FULL NAME	G. F. Smith.	FULL MAIDEN NAME Marguerite Bale
RESIDENCE	Sugar	Sugar
COLOR	W	W
AGE AT LAST BIRTHDAY (Years)	38	28
BIRTHPLACE	England	Utah
OCCUPATION	Painter.	Housewife

Number of child of this mother, including present birth 3

Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive. (Born alive or stillborn) at 8 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. R. Thurber

(Physician or midwife)

Address Sugar

Given names added from a supplemental report

..... 19.....

Filed Jan 10 19 13 Ray H. Fridley M.D.

..... Registrar

..... Registrar

S-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Form V. S. No. H-C—20m-8-15-12

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Amended 10/9/74

PLACE OF BIRTH

County of

IDAHO DEPARTMENT OF HEALTH

BUREAU OF VITAL STATISTICS

Affidavit to Correct or Amend An Original Certificate of Birth or Death

State of ..... } ss. OCT 9 1 40 PM '74

County of ..... }

Certificate No. 10667

Date Filed .....

The undersigned does solemnly swear that certain facts on the certificate of Birth (Birth or Death)

for Unnamed Smith (Name on Original Certificate) who was born (Was Born or Died) on December 1, 1912 (Date of Event)

in Sugar (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the true facts are shown by ..... (Bible Record, Insurance Policy, Etc.) prepared on ..... (Give Date), are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
Childs name	omitted	Mary P. Smith
Mother's maiden name	Bell Bauman	Marguerite Bale

Subscribed and sworn to before me this 1 day of Oct., 19 74

Jere Nora Lowe

Notary Public, residing at Boise, Idaho

My commission expires Sept. 18, 1977

(Seal)

Signed Herman P. Smith

(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

R.F.D. #6 Meadow Wood Dr.

(Street Address, City, State) Boise, Idaho

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Idaho }

County of Bonneville } ss.

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 7th day of October, 19 74

Marie F. Perry

Notary Public, residing at Idaho Falls

My commission expires 2-2-77

(Seal)

Signed Edna Adams

(Signature of Any Credible Person)

153 East 16th Street,

(Street Address, City, State)

Idaho Falls, Idaho

Sisters birth certificate Herman Phyllis Robertson born April 23, 1922 at Idaho Falls, Idaho State fiel # 109489 gives mothers name as Marguerite Bale.
Viewed by VS

OCT 10 1974

Baptismal Certificate Margeretta Jane Bale born April 14, 1884
St. Marys, Church by Father Keily , May 13, 1888- Baptized.
Viewed by VS

Mothers death certificate Marguerite J. Robertson died Nov. 17, 1966
at Idaho Falls, State File # 66-4902.
Viewed by VS

Marriage License State of Nevada , County of Elko Harry Hawkins and Mary Smith married January 2, 1950 by Justice of the Peace, George R. Boeuchen.
Viewed by VS

Certificate of Blessing LDS Church Fremont Stake Mary Pardita Smith born Dec. 1, 1912 daughter of James J. Smith and Margaret Bale.
Blessed Feb. 2, 1913.
Viewed by VS

Amended 4-11-69
469-102-022-155

PLACE OF BIRTH

County of Fremont

City of Salem

No. \ St.

Hospital \

Form V. S. No. 11-C—20m-2-15-12

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 4

File No. 10668

Primary Registration District No. 2039

Registered No. 8 11

FULL NAME OF CHILD Annes Gilmore Mortensen

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
M	\	\	Yes.	12-2-191[illegible]

FATHER		MOTHER	
FULL NAME	James Mortensen	FULL MAIDEN NAME	Marie Jensen
RESIDENCE	Salem	RESIDENCE	Salem
COLOR	W	AGE AT LAST BIRTHDAY (Years)	49
COLOR		AGE AT LAST BIRTHDAY (Years)	45
BIRTHPLACE	Fremont	BIRTHPLACE	Utah
OCCUPATION	Farmer	OCCUPATION	Housewife.

Number of child of this mother, including present birth 7

Number of children of this mother now living, including present birth 6

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn), at 3a. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. R. Shupe.

(Physician or midwife)

Address Sugar

Given names added from a supplemental report

..... 19.....

..... Registrar

Filed Jan 10 19 13 Ray H. Fisher, M.D.
Registrar

5-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Amended 4-11-69

Form V. S. No. [illegible]-Cha-3-15-12

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

PLACE OF BIRTH

County of

STATE OF IDAHO

COUNTY OF MADISON

TO Whom it May Concern:

I, Cleova M. Hegsted do hereby swear that the following statements are true as to the birth of ANNES GILMORE MORTENSEN.

1. Birth date: DECEMBER 2, 1912
2. Birth Place: SALEM, IDAHO
3. Parent's Names:

   Father JAMES PETER MORTENSEN

   Mother MARIA H. JENSEN
4. Age of person signing affidavit. 55 Years.
5. Reason of knowledge of this birth: Older sister

Signed Cleova M Hegsted

Subscribed and sworn to before me this 27th day of September 19 68.

Christine J Anderson
Notary Public

My Notary Commission expires May 16, 1971.

APR 17 1969

Own child's birth certificate on file Idaho #283909 gives father's name as Annes G. Mortensen

JUL 9 1975

Own child's blessing certificate LDS Church, Salem Ward, for Kendell G. Mortensen, blessed February 1, 1959 gives father's name as Annis G. Mortensen.

Marriage certificate (photocopy) dated June 6,1937 gives name as Annes Gilmore Mortensen married in Cache County, Utah.

319-231-022-113

PLACE OF BIRTH

County of Fremont

City of Salem

No. ____ St.

Hospital ____

Form V. S. No. 11-C—20m-2-15-12

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 7 File No. 10670

Primary Registration District No. 2039 Registered No. 813

FULL NAME OF CHILD GRACE MARIE LARSEN

Sex of Child	Twin / Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
F.			Yes.	12-31-19

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	Chas. Larsen.	Marie Jacobson.
RESIDENCE	Salem.	Salem.
COLOR	W.	W.
AGE AT LAST BIRTHDAY (Years)	33.	33.
BIRTHPLACE	Utah.	Norway.
OCCUPATION	Farmer.	

Number of child of this mother, including present birth 4. Number of children of this mother now living, including present birth 4.

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn), at a.245 P. M. on the date above stated.

(Signature) J. R. Shupe

(Physician or midwife)

Address Sugar

Filed Jan. 10 19 13 R. St. Finch M.D.
Registrar

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report

..... 19.....

..... Registrar

8-Y CO. 2017

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

IDAHO DEPARTMENT OF HEALTH

BUREAU OF VITAL STATISTICS

RECEIVED
NOV 14 8 21 AM '78
VITAL STATISTICS

Affidavit to Correct or Amend An Original Certificate of Birth or Death

State of Idaho
County of Ada } ss.

Certificate No. 10670

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of birth (Birth or Death)
for Unnamed female Larsen (Name on Original Certificate) who was born (Was Born or Died) on Dec. 31, 1912 (Date of Event)
in Salem, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts are shown by Church Record of Births & Blessings (Bible Record, Insurance Policy, Etc.) prepared on February 12, 1913 (Give Date) are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
child's name	omitted	Grace Marie Larsen

Subscribed and sworn to before me this 19th day of October, 1978.

Frederick C. Lyon
Notary Public, residing at Payette, Ida.
My commission expires 5-1-81
(Seal)

Signed Loretta Mae Hubbard
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

2011 S. Arcadia, Boise, Idaho
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of
County of } ss.

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this day of , 19

Notary Public, residing at
My commission expires
(Seal)

Signed
(Signature of Any Credible Person)

(Street Address, City, State)

FORM DH 60-155

correction corresp. 10-20-78 fc

1. Certificate of birth issued by the L.D.S.Church gives name as Grace Marie Larsen born December 31, 1912, in Salem, Idaho to Charles W. Larsen and Marie Jacobson. Recorded Feb. 12, 1913.

2. Child's birth certificate, Fredrick Charles Lyon gives mother's name as Grace Marie Larsen . Child born December 5, 1939, state file # 288439. Viewed by V.S.

595-230-022-559

Form V. S. No. 11-C—20m-2-15-12

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH

County of Fremont

City of Sugar

No. ____ St.

Hospital ____

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 9 File No. 10671

Primary Registration District No. 2039 Registered No. 814

FULL NAME OF CHILD ____

Sex of Child	Twin / Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
F.			Yes.	12-30-19[illegible]

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	Joseph Nielson.	Lessie Neidens
RESIDENCE	Sugar.	Sugar.
COLOR	W.	W.
AGE AT LAST BIRTHDAY (Years)	27	21
BIRTHPLACE	Utah.	Utah.
OCCUPATION	Blacksmith	Housewife.

Number of child of this mother, including present birth 2

Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive. (Born alive or stillborn) at 9 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. R. Thurper.

(Physician or midwife)

Address Sugar

Given names added from a supplemental report

....., 19.....

.....
Registrar

Filed Jan. 10, 19[illegible] Ray M. Fisher
Registrar

S-Y CO. 20174

818-208-022-212

Form V. S. No. 11-C—20m-6-15-12

PLACE OF BIRTH

County of Fremont

City of Teton

No. ..... St.

Hospital .....

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 7 File No. 10672

Primary Registration District No. 2039 Registered No. 815

FULL NAME OF CHILD .....

Sex of Child	Twin / Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
F.			Yes.	8 - 8 1912

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	Henry Haydon.	Ada Baker.
RESIDENCE	Teton.	Teton.
COLOR	W.	W.
AGE AT LAST BIRTHDAY (Years)	27	24.
BIRTHPLACE	Utah.	Idaho.
OCCUPATION	Farmer.	Housewife.

Number of child of this mother, including present birth 1

Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive, at 6 a. M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. R. Thurgar

(Physician or midwife)

Address Sugar

Given names added from a supplemental report

..... 19.....

Filed Jan. 10 1913 J. Ray Fisher M.D.

S-Y CO. 20174 Registrar

Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

342-118:022-000

PLACE OF BIRTH

County of Fremont

City of Sugar

No. 1 St.

Hospital

Form V. S. No. 11-C-20m-2-15-12

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 7 File No. 10673

Primary Registration District No. 7039 Registered No. 816

FULL NAME OF CHILD

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
M			Yes.	10-18 1912

FATHER		MOTHER	
FULL NAME	Alma Lusk.	FULL MAIDEN NAME	Hettie
RESIDENCE	Sugar.	RESIDENCE	Sugar.
COLOR	W.	COLOR	W.
AGE AT LAST BIRTHDAY (Years)	40	AGE AT LAST BIRTHDAY (Years)	37
BIRTHPLACE	Idaho.	BIRTHPLACE	Idaho.
OCCUPATION	Farmer	OCCUPATION	Housewife.

Number of child of this mother, including present birth 6

Number of children of this mother now living, including present birth 6

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Twin (Born alive or stillborn), at 10:30 a. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. R. Thurber.

(Physician or midwife)

Address Sugar, Ida.

Given names added from a supplemental report

..... 19.....

..... Registrar

Filed Jan. 10 1913 Ray H. Fiske, M.D. Registrar

8-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

48/-104-022-595

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Form V. S. No. 11-C—20m-2-15-12

PLACE OF BIRTH

County of Fremont

City of Sugar

No. ____ St.

Hospital ____

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 9 File No. 10674

Primary Registration District No. 2039 Registered No. 817

FULL NAME OF CHILD ____

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
M			Yes	8-4-191?

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	K. Miyama	A. Eiri
RESIDENCE	Sugar	Sugar.
COLOR	Jap.	Jap.
AGE AT LAST BIRTHDAY (Years)	36	25
BIRTHPLACE	Japan	Japan
OCCUPATION	Farmer	Housewife

Number of child of this mother, including present birth 3

Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn), at 10.0 M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. A. Shupe

(Physician or midwife)

Address Sugar, Ida.

Given names added from a supplemental report

....., 19.....

Registrar

Filed Jan. 10, 1913. Ray V. Hurley

Registrar

S-Y CO. 20174

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

PLACE OF BIRTH

997-104-022-795

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH

County of Fremont

City of Sugar

No. ..... St.

Hospital .....

Form V. S. No. 1-2000-5-12

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 9 File No. 10675

Primary Registration District No. 9039 Registered No. 1

FULL NAME OF CHILD Clark Price Rigby

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
M			Yes	Nov 4 1917

FATHER		MOTHER	
FULL NAME	D. E. Rigby	FULL MAIDEN NAME	Agnes Price
RESIDENCE	Sugar	RESIDENCE	Sugar
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY	37 (Years)	AGE AT LAST BIRTHDAY	28 (Years)
BIRTHPLACE	Utah	BIRTHPLACE	Utah
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 5

Number of children of this mother now living, including present births 5

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive at 10 P.M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. P. Shupe

(Physician or midwife)

Address .....

Given names added from a supplemental report

..... 19.....

..... Registrar

Filed Jan 10 1918 Ray St. Clair M.D.
Registrar

S-Y CO. 20174

MAR 3 0 1976

IDAHO DEPARTMENT OF HEALTH

BUREAU OF VITAL STATISTICS

Affidavit to Correct or Amend An Original Certificate of Birth or Death

RECEIVED
BUREAU OF
VITAL STATISTICS
MAR 23 12 34 PM '77

State of ..... } ss.
County of ..... }

Certificate No. 10675

Date Filed .....

The undersigned does solemnly swear that certain facts on the certificate of birth (Birth or Death)
for Unnamed Rigby (Male) (Name on Original Certificate) who was born (Was Born or Died) on Nov 4, 1912 (Date of Event)
in Sugar, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts are shown by ..... (Bible Record, Insurance Policy, Etc.) prepared on ..... (Give Date), are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
child's name	Unnamed	Clark Price Rigby

Subscribed and sworn to before me this ..... day of
....., 19.....

.....
Notary Public, residing at .....
My commission expires .....
(Seal)

Signed .....
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

.....
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Idaho } ss.
County of Madison }

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 18th day of
May, 19 76.
Evelyn Allen
Notary Public residing at Rexburg, Idaho
My commission expires Life
(Seal)

Signed D. Larkin Meikle
(Signature of Any Credible Person)
555 E. 2ND EAST
Rexburg, Idaho 83440
(Street Address, City, State)

FORM DH 60-155 CL 3/30/76

Certif of Ordination to the Holy Priesthood from the LDS Church gives name as Clark Price Rigby. Ordained a Teacher on June 3, 1930. viewed by VS.

APR 19 1977

Baptismal record from the LDS Church gives nameas Clark Price Rigby born Nov 4, 1912 at Sugar City Idaho. Baptized Sept 3, 1921. father's name a as David E. Rigby and mother's name as Agnes Elsie Price. viewed by V. S.

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at a birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

Form V. S. No. 11—10m-6-20-11

IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

File No. 10676

County of Bingham

249-129-022-993

City of Salem

Registration District No. 9

No. ____

Primary Registration District No. 2039

Registered No. 787

Hospital ____

FULL NAME OF CHILD ELDEN SMITH

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
M	Twin	2	Yes.	Sept 29 1912

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	Morgan Smith	Charlotte Ricks
RESIDENCE		Salem
COLOR	W	W
AGE AT LAST BIRTHDAY (Years)	36	36
BIRTHPLACE	Utah	Utah
OCCUPATION	Farmer	Housewife

Number of child of this mother, including present birth 8

Number of children, of this mother, now living, including present birth 7

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn) on the date above stated, at 9 P. M.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. L. Shupe

(Physician or Midwife)

Address Driggs

Given name added from a supplemental report

....., 19.....

Filed Jan 10, 1913 Ray H. Fasha (Mrs)

Registrar

S-Y CO., 16569

Registrar

IDAHO STATE BOARD OF HEALTH
DIVISION OF VITAL STATISTICS

Affidavit to Correct or Amend An Original Certificate of Birth or Death

State of Idaho
County of Madison } ss.

Certificate No. 10676

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of birth (Birth or Death)
for Unnamed Smith (Name on Original Certificate) who was born (Was Born or Died) on September 29, 1912 (Date of Event)
in Salem, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts are shown by Certificate of Baptism prepared on January 27, 1956
(Bible Record, Insurance Policy, Etc.) Viewed by V.S. January 31, 1956 (Give Date), are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
Child's name	Missing	Elden Smith

Subscribed and sworn to before me this 9th day of
Feb. 1956
Judge Vernon C. Mortensen
Probate ~~Notary~~ Public, residing at Rexburg Idaho
My commission expires
(Seal)

Signed Edwin O. Smith
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)
Sugar Idaho
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Idaho
County of Madison } ss.

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 9th day of
Feb. 1956
Judge Vernon C. Mortensen
Probate ~~Notary~~ Public, residing at Rexburg, Idaho
My commission expires
(Seal)

Signed Hilbert Smith
(Signature of Any Credible Person)
Sugar City Idaho
(Street Address, City, State)

FEB 16 1956

MARGIN RESERVED FOR BINDING

WRITE PLAINLY. WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at a birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

PLACE OF BIRTH

53 106 022 631

County of Fremont

City of Rexburg

No. ....., ... St.

Hospital .....

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

Form V. S. No. 11—10m-6-20-11

Registration District No. 9

File No. 10677

Primary Registration District No. 2039

Registered No. 844

FULL NAME OF CHILD William Pelton

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Male		—	Yes	Dec 6 1912

FATHER		MOTHER	
FULL NAME	Hyrum Pelton	FULL MAIDEN NAME	Ella Flamm
RESIDENCE	Rexburg	RESIDENCE	Rexburg
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY	32 (Years)	AGE AT LAST BIRTHDAY	42 (Years)
BIRTHPLACE	Indiana	BIRTHPLACE	Ga
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 9

Number of children, of this mother, now living, including present birth 6

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive, at 2 a M. on the date above stated.

(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) M. A. Walker

(Physician or Midwife)

Address Rexburg Ida

Filed Jan 10 1913 Ray H. Fowler Registrar

Given name added from a supplemental report

..... 19.....

..... Registrar

S-Y CO., 16669

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH

County of Madison.

City of Rexburg.

No. ..... St.

Hospital .....

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

18677

Registration District No. 100 State File No. .....

Primary Registration District No. 2178 Local Registrar's No. 86

FULL NAME OF CHILD William Pelton.

(Certificate of no value without full name of child)

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of birth (Month) (Day) (Year)
Male			Yes	Dec. 1 1913

What bactericidal solution was used in eyes? None

Number of child of this mother, including present birth 7 Number of child of this mother now living, including present birth 6

FATHER	MOTHER
FULL NAME: Hiram Pelton	FULL MAIDEN NAME: Ella Flamm
RESIDENCE: Rexburg, Idaho.	RESIDENCE: Rexburg, Idaho.
COLOR: White	COLOR: White
AGE AT LAST BIRTHDAY: 73 (Years)	AGE AT LAST BIRTHDAY: 43 (Years)
BIRTHPLACE: Indiana	BIRTHPLACE: Penn.
OCCUPATION: Farmer	OCCUPATION: Housewife.

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was { Born alive / ~~Stillborn~~ } at 7 A M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Give names added from a supplemental report.

..... , 192....

.....
Registrar.

(Signature) Mrs. Mary A. Watts

Midwife.
(Physician or midwife)

Address Rexburg, Idaho.

Filed 5/20 1927 [signature] Registrar.

466-12-022-266

PLACE OF BIRTH

County of Fremont

City of Hibbard

No. ..... St.

Hospital .....

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

Form V. S. No. 11—10m-6-20-11

Registration District No. 9 File No. 10678

Primary Registration District No. 2039 Registered No. 845

FULL NAME OF CHILD .....

Sex of Child	Twin, Triplet, or other?	and	Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Male	—	—	—	Yes	Nov 24, 1912

(To be answered only in event of plural births)

FATHER	MOTHER
FULL NAME: Alex Moore	FULL MAIDEN NAME: Willie Bowers
RESIDENCE: Hibbard	RESIDENCE: Hibbard
COLOR: W	COLOR: W
AGE AT LAST BIRTHDAY: 33 (Years)	AGE AT LAST BIRTHDAY: 29 (Years)
BIRTHPLACE: Mo.	BIRTHPLACE: Russia
OCCUPATION: Farmer	OCCUPATION: Housewife

Number of child of this mother, including present birth: 6

Number of children, of this mother, now living, including present birth: 6

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn), at 4:45 P.M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) M. A. McWatters

(Physician or Midwife)

Address Kenberg

Given name added from a supplemental report

....., 19.....

Filed Jan 10 1913 Roy H. Parker

S-Y CO., 16669 Registrar Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY. WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at a birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

261-109-082-753.

PLACE OF BIRTH

County of Fremont

City of Archer

No. ____, ____ St.

Hospital ____

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

Form V. S. No. 11—10m-6-20-11

Registration District No. 9 File No. 10679

Primary Registration District No. 2034 Registered No. 846

FULL NAME OF CHILD Oscar W. Swanson

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Male	—	—	Yes	Apr. 9, 1912

FATHER		MOTHER	
FULL NAME	G. O. Swanson	FULL MAIDEN NAME	Ruth J. Peterson
RESIDENCE	Archer	RESIDENCE	Archer
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY	28 (Years)	AGE AT LAST BIRTHDAY	26 (Years)
BIRTHPLACE	Sweden	BIRTHPLACE	Sweden
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 3

Number of children, of this mother, now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Alive (Born alive or stillborn) at 12:30 a.m. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Mrs. Carl J. Peterson

(Physician or Midwife)

Address Rexburg,

Given name added from a supplemental report

....., 19.....

Filed Jan 10 19 13 Ray H. Hawkes

Registrar

S-Y CO., 16669

Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY. WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at a birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

MAR 4 1966

JAN 28 1943

555-203-02-893

PLACE OF BIRTH

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

Form V. S. No. 11—10m-6-20-11

County of Fremont

City of Burton

No. ..... St.

Hospital

Registration District No. 9 File No. 10680

Primary Registration District No. 2039 Registered No. 847

FULL NAME OF CHILD Marguerite Nuley

Sex of Child Female | Twin, Triplet, or other? — | and Number in order of birth — | (To be answered only in event of plural births)

Legitimate? Yes

Date of birth June (Month) 3 (Day) 191[illegible] (Year)

FATHER		MOTHER	
FULL NAME	R. D. Nuley	FULL MAIDEN NAME	Myrle Hilson
RESIDENCE	Burton	RESIDENCE	Burton
COLOR	W	AGE AT LAST BIRTHDAY	27 (Years)
COLOR	W	AGE AT LAST BIRTHDAY	25 (Years)
BIRTHPLACE	Idaho	BIRTHPLACE	Utah
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 3

Number of children, of this mother, now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn), at 2 a M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Mrs. Carl J. Peterson

(Physician or Midwife)

Address Rexburg

Given name added from a supplemental report

..... 19.....

Filed Jan 10 19 13 Roy S. Franklin Registrar

..... Registrar

A-M P

S-Y CO., 16669

MARGIN RESERVED FOR BINDING

WRITE PLAINLY. WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at a birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

432-230-022-335

PLACE OF BIRTH

County of Fremont

City of Rexburg

No. ..... St.

Hospital

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

Form V. S. No. 11—10m-6-20-11

Registration District No. 9

File No. 10681

Primary Registration District No. 2039

Registered No. 848

FULL NAME OF CHILD Anna McKenna

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Female	—	—	Yes	Sept 30, 1912

FATHER		MOTHER	
FULL NAME	Josiah M. Kenna	FULL MAIDEN NAME	Marguerite Clements
RESIDENCE	Hibbard	RESIDENCE	Hibbard
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY	27 (Years)	AGE AT LAST BIRTHDAY	21 (Years)
BIRTHPLACE	Utah	BIRTHPLACE	Idaho
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 2

Number of children, of this mother, now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Alive (Born alive or stillborn) on the date above stated, at 6:30 A. M.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Mrs. Carl J. Peterson

(Physician or Midwife)

Address Rexburg

Given name added from a supplemental report

....., 19.....

Registrar

Filed Jan 10 1913 Roy L. Parker

Registrar

S-Y CO., 16669

MARGIN RESERVED FOR BINDING

WRITE PLAINLY. WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at a birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

FEB 23 1968

719-131-022963

PLACE OF BIRTH

Form V. S. No. 11—10m-6-20-11

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

County of Fremont

City of Teton

Registration District No. 9

File No. 10682

No. ....., ... St.

Primary Registration District No. 2039

Registered No. 875

Hospital .....

FULL NAME OF CHILD John Reed Gardner

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
M			Yes	Dec 31, 1912

	FATHER	MOTHER
FULL NAME	James Gardner	FULL MAIDEN NAME Myrtle Rockham
RESIDENCE	Teton	RESIDENCE Teton
COLOR	W	COLOR W
AGE AT LAST BIRTHDAY	29 (Years)	AGE AT LAST BIRTHDAY 27 (Years)
BIRTHPLACE	Utah	BIRTHPLACE Utah
OCCUPATION	Farmer	OCCUPATION Housewife

Number of child of this mother, including present birth 5

Number of children, of this mother, now living, including present birth 5

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn) at 11a M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given name added from a supplemental report

..... 19.....

..... Registrar

(Signature) Mrs. Bell Riggs

Midwife

(Physician or Midwife)

Address .....

Filed Jan 10 1913 Roy W. Fisher

Registrar

S-Y CO., 16669

MARGIN RESERVED FOR BINDING

WRITE PLAINLY. WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at a birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

DEC 3 1952

165-203-022 851

PLACE OF BIRTH

County of Fremont

City of Sugar

No. ____, ____ St.

Hospital ____

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

Form V. S. No. 11—10m-6-20-11

Registration District No. 9

File No. 10683

Primary Registration District No. 2039

Registered No. 826

FULL NAME OF CHILD ____

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
F			Yes	11-3-1912

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	Jay Jones.	Emily Heaning
RESIDENCE	Sugar.	Sugar.
COLOR	W	W
AGE AT LAST BIRTHDAY (Years)	35	34
BIRTHPLACE	Utah.	Utah.
OCCUPATION	Laborer	Housewife.

Number of child of this mother, including present birth 5

Number of children, of this mother, now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn), at 2a. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. R. Shupe

(Physician or Midwife)

Address ____

Given name added from a supplemental report

____, 19____

____ Registrar

Filed Jan 10 1913 Ray H. Foster, M.D. Registrar

S-Y CO., 16669

MARGIN RESERVED FOR BINDING

WRITE PLAINLY. WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at a birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

JUL 20 1967

MARGIN RESERVED FOR BINDING

WRITE PLAINLY. WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at a birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

275-131-022-577

PLACE OF BIRTH

Form V. S. No. 11—10m-6-20-11

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

County of Fremont

City of Sugar

No. ....., ... St.

Hospital .....

Registration District No. 9 File No. 10684

Primary Registration District No. 2039 Registered No. 877

FULL NAME OF CHILD .....

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
M			Yes.	10-31-1912

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	John S Gillman	Connie Eggerts
RESIDENCE	Sugar,	Sugar,
COLOR	W	W
AGE AT LAST BIRTHDAY (Years)	40	32
BIRTHPLACE	England.	Utah
OCCUPATION	Farmer	housewife

Number of child of this mother, including present birth 7

Number of children, of this mother, now living, including present birth 7

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn), at 8a M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J R Skupa

(Physician or Midwife)

Address .....

Given name added from a supplemental report

....., 19.....

Registrar

Filed Jan. 10 1913 Ray H Fisher

Registrar

S-Y CO., 16669

DUP OF 12-10709

not

443-113-022-792

PLACE OF BIRTH

County of Fremont

City of Salem. No. ____, ____ St.

Hospital ____

STATE OF IDAHO
Bureau of Vital Statistics
CERTIFICATE OF BIRTH

Form V. S. No. 11—10m-6-20-11

Registration District No. 9 File No. 10685

Primary Registration District No. 2039 Registered No. 879

FULL NAME OF CHILD ____

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
M			Yes	9-13 1917

FATHER		MOTHER	
FULL NAME	John Dutter.	FULL MAIDEN NAME	Adeir Gibbs.
RESIDENCE	Salem	RESIDENCE	Salem.
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY (Years)	33	AGE AT LAST BIRTHDAY (Years)	31
BIRTHPLACE	Utah.	BIRTHPLACE	Utah.
OCCUPATION	Farmer.	OCCUPATION	Housewife.

Number of child of this mother, including present birth 3

Number of children, of this mother, now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn) at 4a. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. T. Shupe

(Physician or Midwife)

Address Sugar City, Ida.

Given name added from a supplemental report

..... 19....

Filed Jan. 10 1923 Ray H. Fisher M.D.

Registrar

Registrar

S-Y CO., 16669

MARGIN RESERVED FOR BINDING

WRITE PLAINLY. WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at a birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

DUP OF 1912-316933

212-124-022-634

PLACE OF BIRTH

County of Fremont

City of Sugar

No. ..... St.

Amended 7/14/78

Hospital

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

Form V. S. No. 1—10m-6-27-11

Registration District No. 9

File No. 10686

Primary Registration District No. 2029

Registered No. 193

FULL NAME OF CHILD Melvin Blaine Baker

Sex of Child	Twin, Triplet, or other?	and Number in order of birth	Legitimate?	Date of birth
M			Yes	Nov. 24 (Month) (Day)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	Melvin Baker	FULL MAIDEN NAME	Mary Hunt
RESIDENCE	Sugar	RESIDENCE	Sugar
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY	27 (Years)	AGE AT LAST BIRTHDAY	27 (Years)
BIRTHPLACE	Utah	BIRTHPLACE	Utah
OCCUPATION	Laborer.	OCCUPATION	Housewife

Number of child of this mother, including present birth 2

Number of children, of this mother, now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive, at 6 P. M. on the date above stated.

(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. R. Thurston

(Physician or Midwife)

Given name added from a supplemental report

....., 19.....

Registrar

Address .....

Filed Jan 10 19 13 Ray Hatch MS

Registrar

S-Y CO., 16669

MARGIN RESERVED FOR BINDING

WRITE PLAINLY. WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at a birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

FEB 26 1968

AUG 14 1969

7/14/78

IDAHO DEPARTMENT OF HEALTH

BUREAU OF VITAL STATISTICS

RECEIVED
BUREAU OF
VITAL STATISTICS
JUL 17 11 33 AM '78

Affidavit to Correct or Amend An Original Certificate of Birth or Death

State of ..... } ss.
County of ..... }

Certificate No. 10686

Date Filed .....

The undersigned does solemnly swear that certain facts on the certificate of Birth (Birth or Death)

for Unnamed Baker (Name on Original Certificate) who was born (Was Born or Died) on 1912 (Date of Event)

in Sugar, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the true facts are shown by ..... (Bible Record, Insurance Policy, Etc.) prepared on ..... (Give Date), are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
Name	Unnamed Baker	Melvin Blaine Baker
Date of Birth	1912	Nov. 24, 1912

Subscribed and sworn to before me this 17th day of July, 19 78

Margaret D. Davis
Notary Public, residing at Boise
My commission expires Lifetime
(Seal)

Signed x Marvin L. Baker
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

x 181 N. Liberty #8 Boise, Id. 83704
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of ..... } ss.
County of ..... }

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this ..... day of ....., 19.....

Notary Public, residing at .....
My commission expires .....
(Seal)

Signed .....
(Signature of Any Credible Person)

.....
(Street Address, City, State)

Church record from the LDS Church shows that Melvin Blaine Baker was baptised on 2/7/21 . parent's names Melvin E. Baker and Mary E. Flint. viwed by V.S. Birth date 11/24/12

JUL 17 1978

Index card fron Alberta Temple Records gives the name of Melvin Blaine Baker born in Sugar City to Melvin Baker and Mary S. Flint. viewed by V.S.

855-226-022-967

PLACE OF BIRTH

County of Fremont

City of St Anthony

No. ..... St.

Hospital .....

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

Form V. S. No. 11—10m-6-20-11

Registration District No. 9 File No. 10687

Primary Registration District No. 2038 Registered No. 337

FULL NAME OF CHILD .....

Sex of Child	Twin, Triplet, or other?	Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Female	—	—	Yes	Nov 26, 1912

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	William E Henderson	FULL MAIDEN NAME	Flora Rogers
RESIDENCE	St Anthony	RESIDENCE	St Anthony
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY (Years)	41	AGE AT LAST BIRTHDAY (Years)	41
BIRTHPLACE	England	BIRTHPLACE	England
OCCUPATION	Mental Scientist	OCCUPATION	Housewife

Number of child of this mother, including present birth 8

Number of children, of this mother, now living, including present birth 8

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn) at 11 a. M. on the date above stated.

(Signature) J. D. Louis

St Anthony (Physician or Midwife)

Address .....

Filed Jan 10 19 13 Ray H. Fisher Registrar

a m p

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given name added from a supplemental report

..... 19.....

..... Registrar

S-Y CO., 16669

WRITE PLAINLY. WITH UNFADING INK—THIS IS A PERMANENT RECORD

MARGIN RESERVED FOR BINDING

N. B. In case of more than one child at a birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

694-119-22-212

PLACE OF BIRTH

County of Fremont

City of Wilford

No. ..... St.

Hospital .....

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

Form V. S. No. 11—10m-6-20-11

Registration District No. 9 File No. 10688

Primary Registration District No. 2038 Registered No. 789

FULL NAME OF CHILD Samuel Alvin Orme

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth
M			Yes	Dec 19 (Month) (Day) 1912 (Year)

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	Samuel J. Orme	Laura Baker
RESIDENCE	Wilford	Wilford
COLOR / AGE AT LAST BIRTHDAY (Years)	W. / 36.	W / 23
BIRTHPLACE	Fremont Idaho	Utah
OCCUPATION	Farmer	Housewife

Number of child of this mother, including present birth 1

Number of children, of this mother, now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn), at 3a M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given name added from a supplemental report

..... 19.....

..... Registrar

(Signature) J. R. Shupe.

(Physician or Midwife)

Address Sugar City, Idaho

Filed Jan 10 19 13 Ray Hunter M.D. Registrar

S-Y CO., 16669

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at a birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

2/3/41 L. B.

P.C. 4-24-41

MAR 13 1944

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of Idaho } ss.
County of Bingham }

Certificate No. 10688

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of birth (Birth or Death)
for Samual Alvin Orme (Name on Original Certificate) who was born (Was Born or Died) on December 19, 1912, (Date of Event)
in (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts are shown by Bible record (Bible Record, Insurance Policy, Etc.) prepared on December 19, 1912 (Give Date), are:

FACTS TO BE CORRECTED ("Name", "Birth Date", "Cause of Death", Etc.)	FROM (As on Original)	TO (The Correct Facts)
Samual Alvin Orme		Samuel Alvin Orme
Date of birth as given above is correct		
Birthplace of father should be Utah and mother's birthplace was Idaho		

Subscribed and sworn to before me this 20th
day of April, 19 44

L. Svaneusen
Notary Public, residing at Shelley, Idaho
My commission expires June 16, 1947.
(Seal)

Signed Laura Baker Orme (Mother)
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

Shelley, Idaho, RFD. 1
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Idaho } ss.
County of Bingham }

[This Affidivat **MUST** Also be Executed.
(See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 20th
day of April, 19 44

L. Svaneusen
Notary Public, residing at Shelley, Idaho
My commission expires June 16, 1947.
(Seal)

Signed Marie Anderson
(Signature of Any Credible Person Other Than Previous Year)

Shelley, Idaho, RFD 1.
(Street Address, City, State)

APR 21 1944

APR 26 1944

386-214.02-449

PLACE OF BIRTH

Form V. S. No. 11—10m-6-20-11

STATE OF IDAHO
Bureau of Vital Statistics
CERTIFICATE OF BIRTH

County of Fremont

City of St Anthony Registration District No. 9 File No. 10690

No. ____, ____ St. Primary Registration District No. 2038 Registered No. 839

Hospital

FULL NAME OF CHILD Frances Isadora Thompson

Sex of Child	Twin, Triplet, or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of birth (Month) (Day) (Year)
Female	Twin 1st	yes	Dec 14 1912

FATHER		MOTHER	
FULL NAME	Pearl Thompson	FULL MAIDEN NAME	Lena Mazzi
RESIDENCE	St Anthony	RESIDENCE	St Anthony
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY (Years)	24	AGE AT LAST BIRTHDAY (Years)	26
BIRTHPLACE	Idaho.	BIRTHPLACE	Utah
OCCUPATION	Laborer	OCCUPATION	Housewife

Number of child of this mother, including present birth 3

Number of children, of this mother, now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Alive (Born alive or stillborn) at 6 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given name added from a supplemental report.

(Signature) J. D. Lucas

(Physician or Midwife)

Address St Anthony

Filed Jan. 10 1913. Registrar

Registrar

S-Y CO., 16669

MARGIN RESERVED FOR BINDING
WRITE PLAINLY. WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B. In case of more than one child at a birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

Notarized Photo Copy of Page from Family Record, appears old and unaltered, gives one child's full name as Frances Isadora Thompson - viewed by V.S. Photo Copy of Marriage Record, married June 1, 1935 at **Helena,** Montana gives full name of groom as Juluis Marcus Martens and full name of bride as Frances Idadora Thompson - married by Harvey F. [illegible], pastor - viewed by VS

IDAHO DEPARTMENT OF HEALTH
BUREAU OF VITAL STATISTICS

Affidavit to Correct or Amend An Original Certificate of Birth or Death

RECEIVED OCT 21 1963 Bureau of Vital Statistics

State of ..... } ss.
County of ..... }

Certificate No. 10690

Date Filed .....

The undersigned does solemnly swear that certain facts on the certificate of Birth (Birth or Death)
for Unnamed Thompson (female child) who was born on Dec. 14, 1912
(Name on Original Certificate) (Was Born or Died) (Date of Event)
in St. Anthony, Idaho are erroneous or were omitted; and that, to the best of his knowledge, the
(Place of Event)
true facts are shown by ..... prepared on ....., are:
(Bible Record, Insurance Policy, Etc.) (Give Date)

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
Full Name of Child	Unnamed	Frances Isadora Thompson

Subscribed and sworn to before me this 4th day of October, 1963

[illegible]
Notary Public, residing at East Helena
My commission expires June 19, 1965
(Seal)

Signed Vernon C Thompson
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)
1040 Breckenridge, Helena, Mont
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of ..... } ss.
County of ..... }

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 5th day of October, 1963.

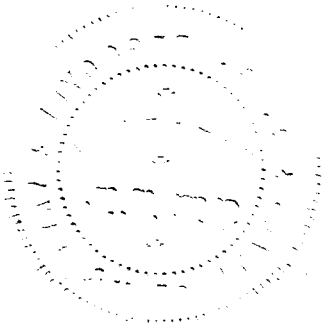
[illegible]
Notary Public, residing at East Helena
My commission expires Jan 19 1966
(Seal)

Signed Mrs. Verna Thompson Martens
(Signature of Any Credible Person)
212 E. Main East Helena, Mont.
(Street Address, City, State)

FORM DH 60-155

CL 9-20-63. one copy pd. rec. #10307.

NOV 29 1963



841 125.022-864

PLACE OF BIRTH

County of Fremont

City of St Anthony

No. ..... St.

Hospital .....

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

Form V. S. No. 11—10m-6-20-11

Registration District No. 9

File No. 10691

Primary Registration District No. 2038

Registered No. 840

FULL NAME OF CHILD John Quayle

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Male	—	—	Yes	Dec 25 1912

FATHER		MOTHER	
FULL NAME	Ernest Quayle	FULL MAIDEN NAME	Julia Young
RESIDENCE	St Anthony	RESIDENCE	St Anthony
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY (Years)	46	AGE AT LAST BIRTHDAY (Years)	45
BIRTHPLACE	Utah	BIRTHPLACE	Utah
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 13

Number of children, of this mother, now living, including present birth 12

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Alive (Born alive or stillborn) at 6:45 a M. on the date above stated.

(Signature) J. D. Lewis

(Physician or Midwife)

Address St Anthony

Filed Jan 10 19 13 Ray A Fisher Registrar

Same

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given name added from a supplemental report

..... 19.....

..... Registrar

S-Y CO., 16669

MARGIN RESERVED FOR BINDING

WRITE PLAINLY. WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at a birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

JUN 22 1971

MARGIN RESERVED FOR BINDING

WRITE PLAINLY. WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at a birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

834-207-022-764

PLACE OF BIRTH

County of Fremont

City of St Anthony

No. ....., ... St.

Hospital .....

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

Form V. S. No. 11—10m-6-20-11

Registration District No. 9

Primary Registration District No. 2038

File No. 10692

Registered No. 41

FULL NAME OF CHILD Verda Stuart

Sex of Child: Female

Twin, Triplet, or other? — and Number in order of birth — (To be answered only in event of plural births)

Legitimate? yes

Date of birth: Dec 7 (Month) (Day), 191.2 (Year)

FATHER	MOTHER
FULL NAME: James Stuart	FULL MAIDEN NAME: Gertrude Gould
RESIDENCE: St Anthony	RESIDENCE: St Anthony
COLOR: W	COLOR: W
AGE AT LAST BIRTHDAY: 26 (Years)	AGE AT LAST BIRTHDAY: 24 (Years)
BIRTHPLACE: Idaho	BIRTHPLACE: Kansas
OCCUPATION: Farmer	OCCUPATION: Housewife

Number of child of this mother, including present birth: 3

Number of children, of this mother, now living, including present birth: 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn), at 12 20 A.M. on the date above stated.

(Signature) J. D. Louis

(Physician or Midwife)

Address St. Anthony

Filed Jan 10 19 13 Ray E. Quale Registrar

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given name added from a supplemental report

....., 19.....

Registrar

S-Y CO., 16669

JUN 10 1963

812-102-022-165

(Be sure the information is complete and accurate)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 10693
Local Reg. No.
Reg. Dist. No. 9

Amended 6/24/77

1. PLACE OF BIRTH

a. COUNTY: Fremont

b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN: St. Anthony

c. FULL NAME OF (If NOT in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION:

2. USUAL RESIDENCE OF MOTHER (Where does mother live?)

a. STATE: Idaho b. COUNTY: Fremont

c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN: St. Anthony

d. STREET ADDRESS (If rural, give location):

3. CHILD'S NAME (Type or print): a. (First) Miles b. (Middle) E. c. (Last) Hastings

4. SEX: Male

5a. THIS BIRTH: SINGLE ____ TWIN ____ TRIPLET ____

5b. IF TWIN OR TRIPLET (This child born): 1st ____ 2nd ____ 3rd ____

6. DATE OF BIRTH: (Month) Oct (Day) 2, (Year) 1912

FATHER OF CHILD

7. FULL NAME: a. (First) Lucas b. (Middle) c. (Last) Hastings

8. AGE (At time of this birth): 28 YEARS

9. BIRTHPLACE (State or foreign country) (City or Town): Oklahoma

10. USUAL OCCUPATION: Forest Service

11. KIND OF BUSINESS OR INDUSTRY:

MOTHER OF CHILD

12. FULL MAIDEN NAME: a. (First) Ida b. (Middle) May c. (Last) Jones

13. AGE (At time of this birth): YEARS

14. BIRTHPLACE (State or foreign country) (City or Town): Ida.

15. CHILDREN PREVIOUSLY BORN TO THIS MOTHER (Do NOT include this child)

a. How many OTHER children are now living? 1

b. How many OTHER children were born alive but are now dead?

c. How many children were stillborn (born dead after 20 wks. pregnancy?)

16. INFORMANT'S SIGNATURE OR NAME (Relationship):

I hereby certify that this child was born alive on the date stated above.

17. SIGNATURE: K. R. Malotte

18. ATTENDANT AT BIRTH: M.D. X MIDWIFE ____ OTHER (Specify) ____

19. ADDRESS: St. Anthony,

20. DATE SIGNED:

21. DATE REC'D BY LOCAL REG.: Jan 10, 1913

22. REGISTRAR'S SIGNATURE: Ray H. Fish

23. DATE ON WHICH GIVEN NAME ADDED BY ____ Registrar

...ITAL STATISTICS, BOISE, IDAHO.

IDAHO DEPARTMENT OF HEALTH

BUREAU OF VITAL STATISTICS

RECEIVED
BUREAU OF
VITAL STATISTICS
JUN 6 10 27 AM '77

Affidavit to Correct or Amend An Original Certificate of Birth or Death

State of Idaho } ss.
County of Teton

Certificate No. 10693

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of birth (Birth or Death)
for Chas. Hastings (Name on Original Certificate) who was born (Was Born or Died) on Oct 2, 1912 (Date of Event)
in St. Anthony, Idaho (Fremont) (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts are shown by Bible Record (Bible Record, Insurance Policy, Etc.) prepared on (Give Date) , are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
child's name	Chas. Hastings	Miles Emmerson Hastings

Subscribed and sworn to before me this 2nd day of June, 19 77

Lynn S. Kearsley

Notary Public, residing at Victor, Idaho

My commission expires Feb. 21, 1979

(Seal)

Signed Mary J. Hastings

(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

P.O. Box 227 Victor Id. 83455

(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of } ss.
County of

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 6 day of June, 19 77

Lynn S. Kearsley

Notary Public, residing at Victor, Idaho

My commission expires Feb. 21, 1979

(Seal)

Signed C. Vern Jones

(Signature of Any Credible Person)

P.O. Box 103 Victor, Idaho 83455

(Street Address, City, State)

FORM DH 60-155

CL 5/17/77

Family Bible record gives name as Miles Hastings born Dec 30, 194 in Montpelier, Idaho viewed by V. S.

Marriage License from Idaho gives name as Miles E. Hastings and Jessie Moss. dated May 12, 1936. viewed by V. S.

812-102-02-165

Form V. S. No. 11-C—20m-2-15-12

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

PLACE OF BIRTH

County of Fremont

City of St. Anthony

No. ..... St.

Hospital .....

Registration District No. 7 File No. 10693

Primary Registration District No. 2038 Registered No. 794

FULL NAME OF CHILD Chas Hastings

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth
M			Yes.	Oct 7 19 12 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Lucas Hastings	FULL MAIDEN NAME	Ida May Jones
RESIDENCE	St. Anthony	RESIDENCE	St. Anthony
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY	28 (Years)	AGE AT LAST BIRTHDAY	1 (Years)
BIRTHPLACE	Oklahoma	BIRTHPLACE	Ida.
OCCUPATION	Forest service	OCCUPATION	Housework

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn) on the date above stated. at 6.50 P. M.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) K. R. McCall

(Physician or midwife)

Address St. Anthony

Given names added from a supplemental report

..... 19.....

Filed Jan 10 19 13 Ray V. Fisher

S-Y CO. 20174 Registrar

..... Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

JUN 24 1977

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

431-107-022-299

PLACE OF BIRTH

Form V. S. No. 11-C—20m-2-15-12

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Fremont

City of St. Anthony

Registration District No. 7

File No. 10694

No. ..... St.

Primary Registration District No. 2038

Registered No. 795

Hospital

FULL NAME OF CHILD Danford McArthur Jr.

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) 191 (Year)
M			Yes.	11-7

	FATHER	MOTHER
FULL NAME	Danford McArthur	FULL MAIDEN NAME Myrtle Burch
RESIDENCE	St. Anthony	RESIDENCE St. Anthony
COLOR	W.	COLOR W
AGE AT LAST BIRTHDAY (Years)	21	AGE AT LAST BIRTHDAY (Years) 18
BIRTHPLACE	Ida.	BIRTHPLACE Idaho
OCCUPATION	Laborer	OCCUPATION Housewife

Number of child of this mother, including present birth 1

Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn) at 4 15 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) K. R. Malath

(Physician or Midwife)

Address St. Anthony Ida.

Given names added from a supplemental report

..... 19.....

Filed Jan 10 19 13 Ray W. Fisk

Registrar

..... Registrar

8-Y CO. 20174

769-130-022-255 (Be sure the information is complete and accurate)

Amended 12/6/73

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 10697
Local Reg. No.
Reg. Dist. No. 9

1. PLACE OF BIRTH

a. COUNTY: Fremont

b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN: St. Anthony

c. FULL NAME OF (If NOT in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION:

2. USUAL RESIDENCE OF MOTHER (Where does mother live?)

a. STATE: Idaho b. COUNTY: Fremont

c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN: St. Anthony

d. STREET ADDRESS (If rural, give location):

3. CHILD'S NAME (Type or print)

a. (First): Earl b. (Middle): LeRoy c. (Last): Porritt

4. SEX: M

5a. THIS BIRTH: SINGLE ____ TWIN ____ TRIPLET ____

5b. IF TWIN OR TRIPLET (This child born): 1st ____ 2nd ____ 3rd ____

6. DATE OF BIRTH: (Month) Dec. (Day) 30, (Year) 1912

FATHER OF CHILD

7. FULL NAME

a. (First): Robert b. (Middle): c. (Last): Porritt

8. AGE (At time of this birth) YEARS:

9. BIRTHPLACE (State or foreign country) (City or Town): Idaho

10. USUAL OCCUPATION: Laborer

11. KIND OF BUSINESS OR INDUSTRY:

MOTHER OF CHILD

12. FULL MAIDEN NAME

a. (First): Mary b. (Middle): c. (Last): Kendall

13. AGE (At time of this birth) YEARS:

14. BIRTHPLACE (State or foreign country) (City or Town): Idaho

15. CHILDREN PREVIOUSLY BORN TO THIS MOTHER (Do NOT include this child)

a. How many OTHER children are now living? 5

b. How many OTHER children were born alive but are now dead?

c. How many children were stillborn (born dead after 20 wks. pregnancy?)

16. INFORMANT'S SIGNATURE OR NAME (Relationship):

I hereby certify that this child was born alive on the date stated above.

17. SIGNATURE: K. R. Malotte

18. ATTENDANT AT BIRTH: M.D. X MIDWIFE ____ OTHER (Specify) ____

19. ADDRESS: St. Anthony, Idaho

20. DATE SIGNED:

21. DATE REC'D BY LOCAL REG.: Jan. 10, 1913

22. REGISTRAR'S SIGNATURE: Ray H. Fisher

23. DATE ON WHICH GIVEN NAME ADDED BY ____ Registrar

...rict where the birth occurred WITHIN 10 days after the date of birth of the child. Address ...ITAL STATISTICS, BOISE, IDAHO.

Form V. S. No. 11-C—20m-9-15-12

PLACE OF BIRTH

County of Fremont

City of St. Anthony

No. 2 St.

Hospital

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 9 File No. 10697

Primary Registration District No. 2038 Registered No. 798

FULL NAME OF CHILD Raymond Parratt

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
M	—	—	Yes.	12-30-1912

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	Robert Parratt.	Mary Kendall.
RESIDENCE	St. Anthony	St. Anthony.
COLOR	W	W
AGE AT LAST BIRTHDAY (Years)		
BIRTHPLACE	Idaho.	Idaho.
OCCUPATION	Laborer	Housewife.

Number of child of this mother, including present birth 6

Number of children of this mother now living, including present birth 6

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn), at 5:15 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) K. R. Mendell

(Physician or midwife)

Address St. Anthony

Filed Jan 10 19 13 Ray W. Fisher Registrar

Given names added from a supplemental report

.....19.....

.....Registrar

S-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

K

OCT 29 1973

DEC 6 1973

IDAHO DEPARTMENT OF HEALTH

BUREAU OF VITAL STATISTICS

Affidavit to Correct or Amend An Original Certificate of Birth or Death

State of Oregon
County of Jackson } ss.

RECEIVED BUREAU OF VITAL STATISTICS NOV 7 12

Certificate No. 10697

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of birth (Birth or Death)
for Raymond Porritt (Name on Original Certificate) who was born (Was Born or Died) on Dec. 30, 1912 (Date of Event)
in St. Anthony, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts are shown by (Bible Record, Insurance Policy, Etc.) prepared on (Give Date), are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
Child's name	Raymond Porritt	Earl LeRoy Porritt

Subscribed and sworn to before me this 7 day of November, 19 73

Leona Peterson

Notary Public, residing at Medford, Oregon

My commission expires 6/3/75

(Seal)

Signed Mary R Shults

(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

1500 Kings Hwy Space 5 Medford Ore 97501

(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Oregon
County of Jackson } ss.

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 7 day of November, 19 73

Notary Public, residing at Medford, Oregon

My commission expires 6/3/75

(Seal)

Signed Lucile M. Comstock

(Signature of Any Credible Person)

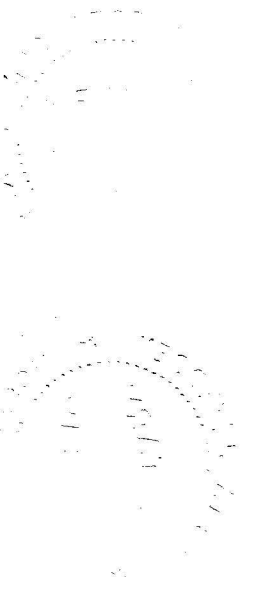
800 Park Place #4, Medford, Ore. 97501

(Street Address, City, State)

FORM DH 60-155 CL 10/29/73

Certificate of Blessing from LDS Church gives name as Earl LeRoy Porritt and was born Dec. 30, 1920. The son of Robert Porritt and Mary X Elizabeth Kendall. Was Blessed Aug. 27, 1920. Viewed by V. S.

Business Men's Assurance Co. of American, Kansas City, Missouri gives name as Earl L. Porritt. dated 9-1-61. # G139. Certif. nO. 6205. Viewed by V. S.



318-107-082-543

Form V. S. No. 11-C—20m-2-15-12

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

PLACE OF BIRTH

County of Fremont

City of St. Anthony

No. ____ St.

Hospital ____

Registration District No. 9 File No. 10698

Primary Registration District No. 2038 Registered No. 799

FULL NAME OF CHILD Albert Taylor

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
M			Yes	10 — 7 — 1912

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	Fred Taylor	Sarah Nickel
RESIDENCE	St. Anthony	St. Anthony
COLOR	W	W
AGE AT LAST BIRTHDAY (Years)		
BIRTHPLACE	Utah	Utah
OCCUPATION	Drayman	Housewife

Number of child of this mother, including present birth 3

Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive, at 9 A M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) K R Malotte

(Physician or midwife)

Address St. Anthony

Filed Jan 10 19 13 Ray A Fisher Registrar

Given names added from a supplemental report

..... 19.....

..... Registrar

S-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.* In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

DUP OF 12-350594

713-114-022-285

PLACE OF BIRTH

Form V. S. No. 11-C—20m-2-15-12

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Bannock

City of St. Anthony Registration District No. 9 File No. 10699

No. [illegible] Primary Registration District No. 2038 Registered No. 500

Hospital

FULL NAME OF CHILD Robt. W. Galloway

Sex of Child	Twin / Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
M			Yes	10-14-191[illegible]

	FATHER	MOTHER
FULL NAME	Robt. Galloway	FULL MAIDEN NAME Mary Sheldon
RESIDENCE	St. Anthony	RESIDENCE St. Anthony
COLOR	W	COLOR W
AGE AT LAST BIRTHDAY (Years)	26	21
BIRTHPLACE	England	Utah
OCCUPATION	Laborer	Housewife

Number of child of this mother, including present birth 1

Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn) at 1.30 a. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Ray H. Fisher M.D.

(Physician or midwife)

Address St. Anthony

Filed Jan 10 19 13 Ray H. Fisher M.D. Registrar

Given names added from a supplemental report

..... 19.....

..... Registrar

5-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY; WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Form V. S. No. 11-C—Rev-5-15-12

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

PLACE OF BIRTH

County of

955-109-022-437

PLACE OF BIRTH

County of Fremont

City of St. Anthony

No. ..... St. .....

Hospital .....

Form V. S. No. 11-C—20m-2-15-12

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 7 File No. 10700

Primary Registration District No. 2038 Registered No. 501

FULL NAME OF CHILD Kenneth Reed

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
M			Yes.	10-9-12

FATHER		MOTHER	
FULL NAME	Chas. H. Reed.	FULL MAIDEN NAME	Florence McFeke.
RESIDENCE	Ft. Anthony.	RESIDENCE	St. Anthony
COLOR	W.	COLOR	W
AGE AT LAST BIRTHDAY	30 (Years)	AGE AT LAST BIRTHDAY	27 (Years)
BIRTHPLACE	Iowa	BIRTHPLACE	Neb.
OCCUPATION	Real Estate.	OCCUPATION	Housewife

Number of child of this mother, including present birth 2

Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was ~~born~~ alive at 6 10a M.
(Born alive or stillborn)
on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) I.R. Melville

(Physician or midwife)

Address St. Anthony

Filed Jan. 10 19 13 Ray W. Fisher
Registrar

Given names added from a supplemental report

..... 19.....

.....
Registrar

8-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

PLACE OF BIRTH

JAN 26 1956

OCT 25 1972

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

219.229.022.932

PLACE OF BIRTH

Fremont

STATE OF NEBR.

BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

City of St. Anthony Registration District No. 9 File No. 10701

No. St. Primary Registration District No. 2038 Registered No. 502

Hospital

FULL NAME OF CHILD Katherine Porter.

Sex of Child	Twin / ~~Triplet~~ or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
f			Yes.	4-29-12

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	W. D. Porter.	Margaret Mc. Kee
RESIDENCE	St. Anthony.	St. Anthony
COLOR	W.	W.
AGE AT LAST BIRTHDAY (Years)	44	32
BIRTHPLACE	Iowa	Mo.
OCCUPATION	Farmer.	Housewife.

Number of child of this mother, including present birth 4 Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn) at 11.50 a M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) I C R. Mallett

(Physician or midwife)

Address St. Anthony, Ia.

Given names added from a supplemental report

..... 19.....

Filed Jan 10 1913 Ray H. Fisher Registrar

..... Registrar

S-Y CO. 20174

JUN 28 1950

271-102-102013

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Fremont

City of St. Anthony

Registration District No. 7 File No. 10702

No. St.

Primary Registration District No. 2038 Registered No. 503

Hospital

FULL NAME OF CHILD Fred Clifford Spalding Jr.

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
M			Yes	10-7-191?

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	F. L. Spalding	Mabel Bacon
RESIDENCE	St. Anthony	St. Anthony
COLOR	W	W
AGE AT LAST BIRTHDAY (Years)	23	20
BIRTHPLACE	Iowa	Idaho
OCCUPATION	Bookkeeper	Housewife

Number of child of this mother, including present birth

Number of children of this mother now living, including present birth

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn), at 6.20 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) N. R. Malotte

(Physician or midwife)

Address St. Anthony

Given names added from a supplemental report

....., 19.....

Filed Jan. 10 19 13 Ralph Fisher

S-Y CO. 20174 Registrar

Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Certified Copy issued Dec. 11, 1940. E.W.

659-104-022-219

Amended 8-12-81

Form V. S. No. 11-C—20m-2-15-12

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Fremont.

City of Parker.

No. ..... St.

Hospital .....

Registration District No. 9 File No. 10703

Primary Registration District No. 2038. Registered No. 304

FULL NAME OF CHILD Clifford Wilford Oviatt

Sex of Child	Twin Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
M			Yes	12-4-[illegible]

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	Wilford Oviatt.	Birdie Karlson
RESIDENCE	Parker.	Parker.
COLOR	W.	W
AGE AT LAST BIRTHDAY (Years)	25	18
BIRTHPLACE	Utah.	Idaho.
OCCUPATION	Laborer.	Housewife.

Number of child of this mother, including present birth .....

Number of children of this mother now living, including present birth .....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn) at 11 a. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. R. Eby

(Physician or midwife)

Address St. Anthony

Given names added from a supplemental report

..... 19.....

Filed Jan 10 19 13 Mary B. Parker

..... Registrar

S-Y CO. 20174

Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and file number of each, in order of birth stated.

6-18-81

IDAHO DEPARTMENT OF HEALTH AND WELFARE
Bureau of Vital Statistics

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE

State of _____ } ss.
County of _____ }

Bureau of Vital Statistics

Certificate No. 10703
Date Filed _____

The undersigned does solemnly swear that certain facts on the certificate of birth

for Unnamed Oviatt (Name on Original Certificate) who was born (Was Born, Died, etc.) on 12-4-12 (Date of Event)

in Parker (Fremont) (Place of Event) are erroneous or were omitted:

ITEMS TO BE CORRECTED	FROM	TO
Child's name	Unnamed	Clifford W. Oviatt

Subscribed and sworn before me this 7th day of _____, 19 81.

Notary Public, Martha Crossley

Residing at Salt Lake

My commission expires 12/5/83

(Seal)

NOTARY PUBLIC — MARTHA CROSSLEY — State of Utah

Birdie H. Oviatt

Signature of Applicant

1341 BRYAN AVE. SALT LAKE CITY, UTAH, 84105

Street Address, City, State

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of _____ } ss.
County of _____ }

(Must be completed ___)
(Is not necessary ___)

The undersigned does solemnly swear that he has knowledge of the facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this _____ day of _____, 19___.

Notary Public, _____

Residing at _____

My commission expires _____

(Seal)

_____
Supporting Signature

_____
Street Address, City, State

Family Record dated 10-13-42 states and signed by parents that Clifford Wilford Oviatt born 12-4-12 at Parker is son of Wilford Oviatt and Birdie Henrietta Karlson. Viewed by V.S.

AUG 12 1981

Report of Medical Examination dated 1-15-57 for the Dept of Justice shows Clifford Wilford Oviatt born 12-4-12 in Parker, ID. Viewed By V.S.

249-107-022-764

PLACE OF BIRTH

County of Fremont

City of Porter.

No. ____ St.

Hospital ____

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

Form V. S. No. 11-C—20m-2-15-12

CERTIFICATE OF BIRTH

Registration District No. 9 File No. 10704

Primary Registration District No. 2038, Registered No. 845

FULL NAME OF CHILD William Ira Smith

Sex of Child	Twin / Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
M			Yes.	Oct 7 1912

FATHER		MOTHER	
FULL NAME	W. O. Smith.	FULL MAIDEN NAME	Emma M. Poulton
RESIDENCE	Porter.	RESIDENCE	Porter
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY (Years)	32	AGE AT LAST BIRTHDAY (Years)	17
BIRTHPLACE	Va.	BIRTHPLACE	Idaho.
OCCUPATION	Farmer.	OCCUPATION	Housewife

Number of child of this mother, including present birth 1

Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn) at 5:55 A. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. R. Eden

(Physician or midwife)

Address Thurston

Filed Jan 10 1913 Thos. O. Fisk

Registrar

Given names added from a supplemental report

....., 19.....

Registrar

S-Y CO. 26174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Form V. S. No. 11-C—20m-2-15-12

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

PLACE OF BIRTH

County of

MARGIN RESERVED FOR BINDING

PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

In case of twins then one child at birth, a SEPARATE RETURN must be made for each and the number of each in order of birth stated.

IDAHO DEPARTMENT OF HEALTH

BUREAU OF VITAL STATISTICS

4-6-66

Affidavit to Correct or Amend An Original Certificate of Birth or Death

RECEIVED
BUREAU OF
VITAL STATISTICS
JUL 29 10 11 AM '74

State of ..... } ss.
County of ..... }

Certificate No. 10704

Date Filed .....

The undersigned does solemnly swear that certain facts on the certificate of Birth (Birth or Death)
for unnamed Smith (Name on Original Certificate) who was born (Was Born or Died) on Oct. 7 1912 (Date of Event)
in Parker, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts are shown by ..... (Bible Record, Insurance Policy, Etc.) prepared on ..... (Give Date), are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
childs name	Unnamed	William Ira Smith

Subscribed and sworn to before me this 29 day of
July, 19 74

Florence Burtright
Notary Public, residing at Boise
My commission expires 4-20-76
(Seal)

Signed Maude Hardendick
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

..... (Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of ..... } ss.
County of ..... }

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this ..... day of
....., 19.....

Notary Public, residing at .....
My commission expires .....
(Seal)

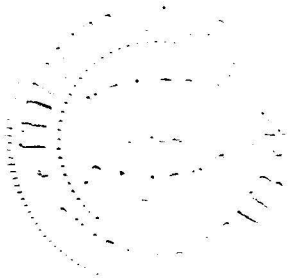
Signed Dorothy Anne Smith
(Signature of Any Credible Person)

..... (Street Address, City, State)

Certificate of ordination gives name as William Ira Smith who was ordained a teacher in the Arronic priesthood in the L.D.S.Church.
Idd Issued Jan [illegible], 1928.
Viewed by V.S.

JUL 2 9 1974

Statement regarding employmentstates that William Ira Smith was born in the city of St. Anthony County of Fremont State of Idaho on the 7th of October 1912. Statement issued October 13, 1939.
Viewed by V.S.



846-230-022-297

Form V. S. No. 11-C—20m-2-15-12

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Fremont

City of St. Anthony

No. ..... St.

Registration District No. 9 File No. 10705

Primary Registration District No. 2038 Registered No. 566

Hospital .....

FULL NAME OF CHILD Loretta Huff

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
f			Yes	11 — 30 — 1912

FATHER		MOTHER	
FULL NAME	E. R. Huff	FULL MAIDEN NAME	Abigal S. Bigler
RESIDENCE	St. Anthony	RESIDENCE	St. Anthony
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY (Years)		AGE AT LAST BIRTHDAY (Years)	
BIRTHPLACE	Utah	BIRTHPLACE	Utah
OCCUPATION	Laborer	OCCUPATION	Housewife

Number of child of this mother, including present birth 7 Number of children of this mother now living, including present birth 7

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive, at 4 P.M. on the date above stated.
(Born alive or stillborn)

(Signature) J. R. Ely

(Physician or midwife)

Address St. Anthony

Filed Jan 10 1913 Chas. H. Fisher M.D.
Registrar

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report

..... 19.....

..... Registrar

S-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

IDAHO STATE BOARD OF HEALTH
DIVISION OF VITAL STATISTICS

Affidavit to Correct or Amend An Original Certificate of Birth or Death

RECEIVED
BUREAU OF
VITAL STATISTICS
SEP 26 12 43 PM '77

State of .....
County of ..... } ss.

Certificate No. 10705

Date Filed .....

The undersigned does solemnly swear that certain facts on the certificate of birth (Birth or Death)
for Missing (Name on Original Certificate) who was born (Was Born or Died) on 11/30/12 (Date of Event)
in St. Anthony (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts are shown by ..... (Bible Record, Insurance Policy, Etc.) prepared on ..... (Give Date), are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
Child Is Name	Missing	Loretta Huff

Vicky Jo McMullen NOTARY PUBLIC State of Wyoming

Subscribed and sworn to before me this 3rd day of August, 19 77

County .....
Notary Public, residing at Jackson, Wyoming
My commission expires 3-8-81
Commission Expires (Seal)

Signed Marta Huff Smith
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)
Route 3, Box 326, Weiser, Idaho
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of .....
County of ..... } ss.

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 26TH day of August, 19 77

OFFICIAL SEAL
DEAN A. MARDEN
NOTARY PUBLIC - CALIFORNIA
PRINCIPAL OFFICE IN
LOS ANGELES COUNTY
My Commission Expires June 16, 1980

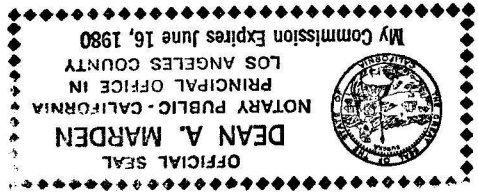
Notary Public residing at LA, California
My commission expires 6-16-80
(Seal)

Signed Andrew Russell Huff
(Signature of Any Credible Person)
933 Arcadia Avenue Arcadia Calif
(Street Address, City, State)

FORM DPH 5.5. 155

Sister Statement by borther gives name as Loretta Huff born Nov 30, 1912
. father's name as Charles Roy and Abigail Bigler as the mother. NOV 2 1977
viewed by V. S.

Family group record from LDS Church for Charles Roy Huff and Abigail Smith Bigler
child's name as Loretta Huff born Nov 30, 1912 in St. Anthony, Idaho. viewed by Vs.
Baptized Dec 4, 1959. viewed by V. S.



515200-022-693

PLACE OF BIRTH

County of Fremont

City of Chester

No. ..... St.

Hospital .....

Form V. S. No. 11-C—20m-2-15-12

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 9 File No. 10706

Primary Registration District No. 2038 Registered No. 807

FULL NAME OF CHILD .....

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
M				Nov 2 1912

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	W. M. Van Sickle	Lenora Willard
RESIDENCE	Chester	Chester
COLOR	W	W
AGE AT LAST BIRTHDAY (Years)	24	19
BIRTHPLACE	Mich.	Idaho
OCCUPATION	Farmer	Housewife

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive, at 11 a. M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. Reedy

(Physician or midwife)

Address Ashton

Filed Jan 10 1913 Ray H. Fisher
Registrar

Given names added from a supplemental report

..... 19.....

.....
Registrar

S-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

JUL 22 1969

695 '01 -022268

Form V. S. No. 11-C—20m-2-15-12

PLACE OF BIRTH

County of Fremont

City of Chester

No. ..... St.

Hospital .....

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 9 File No. 10707

Primary Registration District No. 2038 Registered No. 548

FULL NAME OF CHILD James Harold Winters

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of Birth
M		4	Yes	11 (Month) — 1 (Day) — 1912 (Year)

FATHER		MOTHER	
FULL NAME	Cyrus Winters	FULL MAIDEN NAME	Ida L. Boyce
RESIDENCE	Chester	RESIDENCE	Chester
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY (Years)	48	AGE AT LAST BIRTHDAY (Years)	40
BIRTHPLACE	Utah	BIRTHPLACE	Utah
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 4

Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn), at 10 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. R. Eby

(Physician or midwife)

Address St. Anthony

Filed Jan 10 19 13 Ray H. Fisher M.D. Registrar

Given names added from a supplemental report

..... 19.....

..... Registrar

S-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

NOV 18 1941

PLACE OF BIRTH

County of Bonneville

719-226-022-236

PLACE OF BIRTH

STATE OF IDAHO

Bureau of Vital Statistics

Form V. S. No. 11—10m-6-20-11

County of Bonneville

Amended 8-1-74 CERTIFICATE OF BIRTH

City of Ponca

Registration District No. 9

File No. 10708

No. ____, ____ St.

Primary Registration District No. 2038

Registered No. 773

Hospital ____

FULL NAME OF CHILD Marguerite Parker

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	and (Number in order of birth)	Legitimate?	Date of birth (Month) (Day) (Year)
Female			Yes,	Sept. 26, 192[illegible]

FATHER		MOTHER	
FULL NAME	Albert Parker,	FULL MAIDEN NAME	Helen Stoddard.
RESIDENCE	Ponca	RESIDENCE	Ponca
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY (Years)	30	AGE AT LAST BIRTHDAY (Years)	
BIRTHPLACE	Idaho	BIRTHPLACE	Utah
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 4

Number of children, of this mother, now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn) at 8 a. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. R. Shupe

(Physician or Midwife)

Address Augusta

Given name added from a supplemental report

....., 19.....

Registrar

Filed Jan 10 19 13 Ray Fuller

Registrar

S-Y CO., 16669

MARGIN RESERVED FOR BINDING

WRITE PLAINLY. WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at a birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

IDAHO DEPARTMENT OF HEALTH

BUREAU OF VITAL STATISTICS

Affidavit to Correct or Amend An Original Certificate of Birth or Death

State of ..... } ss.
County of ..... }

RECEIVED NOV 2 - 1970 Bureau of Vital Statistics

Certificate No. 10708

Date Filed .....

The undersigned does solemnly swear that certain facts on the certificate of Birth (Birth or Death) for Unnamed, Parker (Name on Original Certificate) who born (Was Born or Died) on Sept. 26.1912 (Date of Event) in Parker, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the true facts are shown by ..... (Bible Record, Insurance Policy, Etc.) prepared on ..... (Give Date), are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
Name	Unamed	Marguerite Parker
Sex of child	M	Female

Subscribed and sworn to before me this 25 day of Sept, 19 70

Raymond K. Hess

Notary Public, residing at Pocatello, Idaho

My commission expires 15 Feb 1971

(Seal)

Signed Reah S. Winegar,

(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

.....

(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of ..... } ss.
County of ..... }

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this ..... day of ....., 19.....

.....

Notary Public, residing at .....

My commission expires .....

(Seal)

Signed .....

(Signature of Any Credible Person)

.....

(Street Address, City, State)

FORM DH 60-155

Certificate of Baptism and Confirmation from the LDS Church dated Feb. 7, 1960 Rexburg Eighth Ward, North Rexburg Stake gives name as Marguerite Parker Hill daughter of Albert B. Parker and Helen Rhoda Stoddard. Born Sept. 26, 1912 at Parker, Idaho. Was Baptized Feb. 5, 1960. Signed by K. W. Zollinger, Bishop. Viewed by V. S.

NOV 10 1970

Certificate of Marriage dated June 3, 1933 for Raymond Hill and Marguerite Parker. Certif. from state of Montana. Signed by. B. E. Berg, Judge of District Court of Sixth Judicial Distrct of Montana. Viewed by V. S.

AUG 1 1974

AUG 27 1974

318-29-1022-693

PLACE OF BIRTH.

STA[redacted]

Form V. S. No. 11—10m-6-20-11

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

County of Fremont

City of Rigby

No. ____, ____ St.

Hospital ____

Registration District No. 9 File No. 10711

Primary Registration District No. 20 40 Registered No. 744

FULL NAME OF CHILD DeNEISE WILLIAMSON TAYLOR

Sex of Child	Twin, Triplet, or other?	and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of birth (Month) (Day) (Year)
F			Yes	Dec 29, 1912

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	N. Elmer Taylor	Ella Williamson
RESIDENCE	Rigby	Rigby
COLOR	W	W
AGE AT LAST BIRTHDAY (Years)	26	28
BIRTHPLACE	Utah	Utah
OCCUPATION	Painter	Housewife

Number of child of this mother, including present birth 2

Number of children, of this mother, now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn) at 3:45 a M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) A. M. Palmer

(Physician or Midwife)

Address Rigby, Ida.

Given name added from a supplemental report

....., 19.....

Filed Jan 10 19 13 Ray H. Foster Jr.

S-Y CO., 16669 Registrar Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY. WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at a birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

STATE OF IDAHO [redacted]

DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of Idaho, } ss.
County of Jefferson, }

Certificate No. 10711

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of Birth (BIRTH OR DEATH)
for DeNiese Williamson Taylor (NAME ON ORIGINAL CERTIFICATE) who Born (WAS BORN OR DIED) on Dec 29th, 1912, (DATE OF EVENT)
in Rigby, (PLACE OF EVENT) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts as shown by Certificate of Church record (BIBLE RECORD, INSURANCE POLICY, ETC.) prepared on on date happened (GIVE DATE), are:

FACTS TO BE CORRECTED ("NAME", "BIRTH DATE", "CAUSE OF DEATH", ETC.)	FROM (AS ON ORIGINAL)	TO (THE CORRECT FACTS)
name	unnamed	DeNeise Williamson Taylor

Subscribed and sworn to before me this 20th
day of April, , 19 42

Mary Graver
Notary Public, residing at Rigby, Idaho,
My commission expires April 7th, 1945
(SEAL)

Signed Warren Elmer Taylor
(SIGNATURE OF PARENT OR ATTENDANT IF CORRECTING A BIRTH RECORD; OF ATTENDANT, FUNERAL DIRECTOR, INFORMANT IF CORRECTING A DEATH RECORD; OR OTHER CREDIBLE PERSON.)

(STREET ADDRESS, CITY, STATE)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Idaho, } ss.
County of Jefferson }

[THIS AFFIDAVIT MUST ALSO BE EXECUTED. (SEE CHAPTER 199, 1937 IDAHO SESSION LAWS.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 20th
day of April, , 1942

Mary Graver
Notary Public, residing at Rigby, Idaho,
My commission expires April 7th, 1945
(SEAL)

Signed A. Smith
(SIGNATURE OF ANY CREDIBLE PERSON OTHER THAN PREVIOUS AFFIANT.)

Box 277 Rigby Idaho
(STREET ADDRESS, CITY, STATE)

Received for filing on APR 23 1942 By
(REGISTRAR'S SIGNATURE)

[redacted]

APR 2 7 1962

SEP 17 1962

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at a birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

653-22-002-413

PLACE OF BIRTH

County of Fremont

City of Rudy

No. ..... St.

Hospital .....

Form V. S. No. 11—10m-6-20-11

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

Registration District No. 9 File No. 10712

Primary Registration District No. 2040 Registered No. 741

FULL NAME OF CHILD .....

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
F			Yes	Dec 27, 1912

FATHER		MOTHER	
FULL NAME	John H. Wetsel	FULL MAIDEN NAME	Maud Matsen
RESIDENCE	Residence Poplar	RESIDENCE	Poplar
COLOR	W	AGE AT LAST BIRTHDAY (Years)	35
COLOR	W	AGE AT LAST BIRTHDAY (Years)	27
BIRTHPLACE	~~Ida~~ Virginia	BIRTHPLACE	Idaho
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 3

Number of children, of this mother, now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born (Born alive or stillborn) at 6 A. M. on the date above stated.

(Signature) C. A. Fillmore

(Physician or Midwife)

Address Lorenzo R F D 2

Filed Jan 10 19 13 Roy A Foster Jr Registrar

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

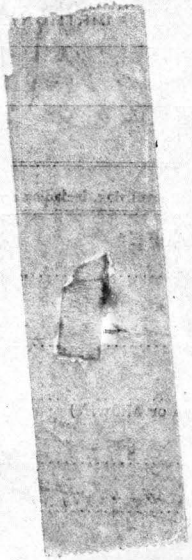
Given name added from a supplemental report

..... 19.....

Registrar

S-Y CO., 16669

APR 2 9 1975



766-130-022-356

PLACE OF BIRTH

County of Fremont

City of Menan

No. ____ St.

Hospital ____

Form V. S. No. 11-C 10m-2-15-12

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 9 File No. 10713

Primary Registration District No. 2040 Registered No. 767

FULL NAME OF CHILD JOHN RULON POOLE

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Male			Yes	Dec. 30 191[illegible]

FATHER		MOTHER	
FULL NAME	John Poole	FULL MAIDEN NAME	Louise Lewis
RESIDENCE	Menan	RESIDENCE	Menan
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY (Years)	25	AGE AT LAST BIRTHDAY (Years)	20
BIRTHPLACE	Idaho	BIRTHPLACE	Utah
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 2

Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn), at 12 20 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. E. Milton

(Physician or ~~midwife~~)

Address Menan, Ida

Filed Jan 10, 1913 Rupt Fisher A.M.D. Registrar

Given names added from a supplemental report

....., 19.....

..... Registrar

S-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH

County of

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

STATE OF IDAHO SEP 28 1942

DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of Idaho }
County of Jefferson } ss.

Certificate No. 10713

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of Birth (Birth or Death)
for John Rulon Poole (Name on Original Certificate) who not Born (Was Born or Died) on December 30, 1912 (Date of Event)
in Annis, Jefferson, Idaho (Place of Event) are/erroneous or were/omitted; and that, to the best of his knowledge, the
true facts are shown by Menan Ward Records (Bible Record, Insurance Policy, Etc.) prepared on January, 1913 (Give Date), are:

FACTS TO BE CORRECTED ("Name", "Birth Date", "Cause of Death", Etc.)	FROM (As on Original)	TO (The Correct Facts)
name	none given	John Rulon Poole

Subscribed and sworn to before me this 28
day of Sept, 1942

Notary Public, residing at Idaho Falls Idaho

My commission expires 3-29-45
(Seal)

Signed John J. Poole
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

Menan Idaho.
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of }
County of } ss.

[This Affidivat **MUST** Also be Executed.
(See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this
day of , 19 .

Notary Public, residing at

My commission expires
(Seal)

Signed
(Signature of Any Credible Person Other Than Previous Year)

(Street Address, City, State)

OCT 1 1942

MARGIN RESERVED FOR BINDING

WRITE PLAINLY. WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at a birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

219-216, 022-331

PLACE OF BIRTH

County of Fremont

City of Lorenzo

No. ____, ____ St.

Hospital ____

Form V. S. No. 11—10m-6-20-11

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

Registration District No. 9 File No. 10714

Primary Registration District No. 2040 Registered No. 760

FULL NAME OF CHILD ____

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	and (Number in order of birth)	Legitimate?	Date of birth (Month) (Day) (Year)
♀			Yes.	Dec 16 1912

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	Wm J. Barker	Harriet S. Clark
RESIDENCE	Lorenzo.	Lorenzo.
COLOR	W	W.
AGE AT LAST BIRTHDAY (Years)	24	18
BIRTHPLACE	Idaho.	Idaho.
OCCUPATION	Farmer.	Housewife.

Number of child of this mother, including present birth 1

Number of children, of this mother, now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn) at 11:15 A. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Ann Palmer

(Physician or Midwife)

Address Rigby

Given name added from a supplemental report

..... 19.....

..... Registrar

Filed Jan. 10 1913 J. Ray Fisher M.D. Registrar

S-Y CO., 16669

MARGIN RESERVED FOR BINDING

WRITE PLAINLY. WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at a birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

75-15-022-469

PLACE OF BIRTH

County of Fremont

City of LaBelle

No. ..... St.

Hospital .....

STATE OF IDAHO

Bureau of Vital Statistics

Form V. S. No. (1-10m-4-20-12)

CERTIFICATE OF BIRTH

Registration District No. 9

File No. 10715

Primary Registration District No. 2040

Registered No. 719

FULL NAME OF CHILD JOHN EMERALD PEARSON

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
M			Yes	Dec 15, 191 2

FATHER		MOTHER	
FULL NAME	Carl Pearson	FULL MAIDEN NAME	Grace Morgan
RESIDENCE	LaBelle	RESIDENCE	LaBelle
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY	31 (Years)	AGE AT LAST BIRTHDAY	23 (Years)
BIRTHPLACE	Sweden	BIRTHPLACE	Idaho
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 3

Number of children, of this mother, now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn) at 3.30 P.M. on the date above stated.

(Signature) Ray H. Fisher M.D.

(Physician or Midwife)

Address Rigby

Filed Jan 10 19 13 Ray H. Fisher M.D. Registrar

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given name added from a supplemental report

..... 19.....

..... Registrar

S-Y CO., 16669

JUL 6 1942

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No.....
Local Reg. No.....
Reg. Dist. No.....

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Jefferson (b) City LaBelle
(c) Street Address or R.F.D. No.....
(d) Name of Hospital or Maternity Home: at home
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 23 years 1 months 10 days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Jefferson
(c) City LaBelle
(d) Street Address or R.F.D. No. Lorenzo R.F.D.1
(e) How long has **MOTHER** lived in Idaho? 45 yrs.

3. RESIDENCE OF FATHER (city, state) LaBelle Idaho

4. FULL NAME OF CHILD John Emerald Pearson

5. Date of Birth of Child (Month, day, year) Dec. 15 ~~1909~~ 1912

6. Sex male

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy 9

9. Legitimate? yes

FATHER OF CHILD

10. FULL NAME Carl Albert Pearson
11. Color or Race Swedish **12.** Age at time of THIS birth 30 yrs.
13. Birthplace Malmo (City or town) Sweden (State or foreign country)
14. Exact Occupation Carpenter
15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME Grace Scott Morgan
17. Color or Race American **18.** Age at time of THIS birth 23 yrs.
19. Birthplace LaBelle (City or town) Idaho (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. ~~Name prophylactic used to prevent Ophthalmia Neonatorum~~ Boric acid

23. Number of children of this mother: (a) At time of birth and including this child 3 (b) Born alive and now living 2

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was.....(Born alive, stillborn) at.....M. on the date and at the place stated above, and that personal particulars were furnished by.....(First name) (Last name), who is related to this child as.....(Mother, etc.)

25. Attendant's **OWN** signature..... M.D. Midwife Address..... Date.....

State of California }
County of Los Angeles } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Father (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 58 years of age, that I have known this person for 32 years, and that Doctor (First name) (Last name), who attended this birth Cannot be located (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Carl Albert Pearson Signature
2227 Walnut Glendale P. O. Address

Subscribed and sworn to before me this 18th day of June, 19 42

(SEAL) J. Edward Gaugh Notary Public, residing at 832 E Garvey Glendale

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

My Commission Expires January 12, 1946

Received for filing on JUL 3 1942 by....., Registrar.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

795-22-2533

PLACE OF BIRTH

County of Fremont

City of Rigby

No. ____, ____ St.

Hospital ____

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

Form V. S. No. 11—10m-6-20-11

Registration District No. 9

Primary Registration District No. 2040

File No. 10716

Registered No. 757

FULL NAME OF CHILD ____

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
f			Yes	Dec 23 1917

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	Orson Greenwood	Sydna E. Ellsworth
RESIDENCE	Rigby	Rigby
COLOR	W	W
AGE AT LAST BIRTHDAY (Years)	36	33
BIRTHPLACE	Utah	Idaho
OCCUPATION	Farmer	Housewife

Number of child of this mother, including present birth 1

Number of children, of this mother, now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive at 8 a. M. on the date above stated.

(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Ray K. Fuller M.D.

(Physician or Midwife)

Address Rigby

Given name added from a supplemental report

..... 19.....

..... Registrar

Filed Jan 10 1918 Ray K. Fuller M.D.

Registrar

S-Y CO., 16669

MARGIN RESERVED FOR BINDING

WRITE PLAINLY. WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at a birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

JAN 2 6 1975

JUL 2 8 1976

966-223-032-386

PLACE OF BIRTH

Form V. S. No. 11—10m-6-20-11

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

County of Fremont

City of Rudy

No. ..... St.

Hospital .....

Registration District No. 9 File No. 10718

Primary Registration District No. 2040 Registered No. 745

FULL NAME OF CHILD .....

Sex of Child	Twin, Triplet, or other?	and	Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
F				Yes	Oct 23, 191[illegible]

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	Joe M. Rowe	FULL MAIDEN NAME	Josephine Thompson
RESIDENCE	Rudy	RESIDENCE	Rudy
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY (Years)	43	AGE AT LAST BIRTHDAY (Years)	31
BIRTHPLACE	Utah	BIRTHPLACE	Denmark
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 8

Number of children, of this mother, now living, including present birth 7

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive, at 5 P. M. on the date above stated.

(Born alive or stillborn)

(Signature) Mrs. Scott

(Physician or Midwife)

Address Rigby - R.F.D.

Filed Jan. 10 19 27 Ray Hatch Registrar

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given name added from a supplemental report

..... 19.....

..... Registrar

S-Y CO., 16669

MARGIN RESERVED FOR BINDING

WRITE PLAINLY. WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at a birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

993.120.022-993

PLACE OF BIRTH

STATE OF IDAHO

Bureau of Vital Statistics

Form V. S. No. 11—10m-6-20-11

CERTIFICATE OF BIRTH

County of Fremont

City of LaBelle

Registration District No. 9 File No. 10719

No. ____, ____ St.

Primary Registration District No. 2040 Registered No. 830

Hospital ____

FULL NAME OF CHILD Edwood Dee Gillam

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
M			Yes.	10-20-191-

	FATHER	MOTHER
FULL NAME	Julius Gillam	FULL MAIDEN NAME Jennie Gillam
RESIDENCE	LaBelle	RESIDENCE LaBelle.
COLOR	W.	COLOR W
AGE AT LAST BIRTHDAY	32 (Years)	AGE AT LAST BIRTHDAY 34 (Years)
BIRTHPLACE	Poland Idaho	BIRTHPLACE ~~Utah~~, Poland
OCCUPATION	Farmer	OCCUPATION Housewife,

Number of child of this mother, including present birth 4

Number of children, of this mother, now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive, at 7 P. M. on the date above stated.

(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Hyrum Mrs. Scalt.

(Physician or Midwife)

Address Lorenzo - R.F.D.

Given name added from a supplemental report

See # 303048, 19....

Filed Jan 10 19.. Ray H. Fisher, M.D.

Registrar

S-Y CO., 16669

Registrar

MARGIN RESERVED FOR BINDING

• WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at a birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

MAR 25 1949

dupe of 12-303048

Z Edward

85124-022-296

Form V. S. No. 11-C—20m-2-15-12

PLACE OF BIRTH

County of Fremont

City of Menan

No. ..... St.

Hospital .....

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 9 File No. 10720

Primary Registration District No. 2040 Registered No. 769

FULL NAME OF CHILD Maurice C. Yearsley

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births) and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Male		Yes	Dec. 24 1912

FATHER	MOTHER
FULL NAME: John Yearsley	FULL MAIDEN NAME: Julia Brown
RESIDENCE: Menan	RESIDENCE: Menan
COLOR: W	COLOR: W
AGE AT LAST BIRTHDAY: 38 (Years)	AGE AT LAST BIRTHDAY: 36 (Years)
BIRTHPLACE: Utah	BIRTHPLACE: Idaho
OCCUPATION: Farmer	OCCUPATION: Housewife

Number of child of this mother, including present birth: 7

Number of children of this mother now living, including present birth: 6

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn), at 4:45 a. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. E. Melton

(Physician or midwife)

Address Menan Idaho

Given names added from a supplemental report

..... 19.....

Filed Jan 10 1913 Ray H. Faisher Registrar

..... Registrar

A.M.R.

S-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

760212 022-533

PLACE OF BIRTH

Form V. S. No. 11-C—20m-2-15-12

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Fremont

City of Menan

No. ..... St.

Hospital .....

Registration District No. 9 File No. 10721

Primary Registration District No. 2040 Registered No. 768

FULL NAME OF CHILD .....

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Female			Yes	Dec 12 1912

FATHER	MOTHER
FULL NAME: Binton Poole	FULL MAIDEN NAME: Mary Ellsworth
RESIDENCE: Menan	RESIDENCE: Menan
COLOR: W	COLOR: W
AGE AT LAST BIRTHDAY: 30 (Years)	AGE AT LAST BIRTHDAY: 30 (Years)
BIRTHPLACE: Utah	BIRTHPLACE: Utah
OCCUPATION: Carpenter	OCCUPATION: Housewife

Number of child of this mother, including present birth: 6

Number of children of this mother now living, including present birth: 6

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn), at 9:35 A. M. on the date above stated.

(Signature) J. C. Milton

(Physician or midwife)

Address Menan Ida

Filed Jan 10 1913 Ray H. Fisher Registrar

A. M. P.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report

..... 19.....

..... Registrar

S-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

631411402-389

Form V. S. No. 11-C—20m-2-15-12

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH

County of Fremont

City of Menan

No. ..... St.

Hospital .....

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 9 File No. 10722

Primary Registration District No. 2040 Registered No. 767

FULL NAME OF CHILD .....

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births) and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Male		Yes	Dec 11 1912

FATHER		MOTHER	
FULL NAME	H. E. Olmstead	FULL MAIDEN NAME	Maud Christopherson
RESIDENCE	Menan	RESIDENCE	Menan
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY (Years)	30	AGE AT LAST BIRTHDAY (Years)	28
BIRTHPLACE	Norway	BIRTHPLACE	Utah
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 2

Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn), at 9 40 P M. on the date above stated.

(Signature) J. E. Melton

(Physician or midwife)

Address Menan Ida

Filed Jan 10 1913 Ray H. Fisher Registrar

a.m.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report

..... 19.....

..... Registrar

8-Y CO. 20174

NOV 3 0 1973

Amended 10/26/70

Form V. S. No. 11-C—20m-2-15-12

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

PLACE OF BIRTH

867-169-022-854

County of Fremont

City of Munan

No. ..... *St.*

Hospital .....

Registration District No. 9 **File No.** 10723

Primary Registration District No. 2040 **Registered No.** 766

FULL NAME OF CHILD Melton Ray Hogge

Sex of Child	Twin / Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Male			Yes	Dec 19 1912

FATHER		MOTHER	
FULL NAME	Joseph Hogge	FULL MAIDEN NAME	Mary Jo Gunsley
RESIDENCE	Munan	RESIDENCE	Munan
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY (Years)	34	AGE AT LAST BIRTHDAY (Years)	35
BIRTHPLACE	Utah	BIRTHPLACE	Utah
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 7

Number of children of this mother now living, including present birth 6

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Alive (Born alive or stillborn), at 5:20 a. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. E. Melton

(Physician or midwife)

Address Munan Ida

Given names added from a supplemental report

..... 19.....

..... Registrar

Filed Jan 10 19 13 Ray H. Fisher Registrar

S-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Amended 10\26\70

PLACE OF BIRTH

STATE OF IDAHO

BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

IDAHO DEPARTMENT OF HEALTH

BUREAU OF VITAL STATISTICS

Affidavit to Correct or Amend An Original Certificate of Birth or Death

State of ~~SALT LAKE~~ Utah } ss.
County of Salt Lake }

SEP 16 1970
Bureau of Vital Statistics

Certificate No. 10723

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of Birth (Birth or Death)
for Unnamed Hoog (male child) (Name on Original Certificate) who was born (Was Born or Died) on Dec. 19, 1912 (Date of Event)
in Menan, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts are shown by Blessing & Baptism (Bible Record, Insurance Policy, Etc.) prepared on 12-19-12 & 5-4-24 (Give Date), are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
Full Name of Child	Unnamed	Melton Ray Hogge
Full Name of Father	Joe Hoog	Joseph Hogge
Full Maiden Name of Mother	Nettie Yearsley	Mary J. Yearsley

Subscribed and sworn to before me this 8 day of Sept, 1970

[illegible]
Notary Public, residing at Log Utah
My commission expires MY COMMISSION EXPIRES JUNE 26, 1974
(Seal)

Signed Melton Ray Hogge
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

1835 South 1800 East Salt Lake City Utah 84108
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Utah } ss.
County of Salt Lake }

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 8 day of Sept, 1970

[illegible]
Notary Public, residing at Log Utah
My commission expires
(Seal)

Signed Ronald Y. Hogge (Brother)
(Signature of any Credible Person)

Box 1167 Coeur d'Alene, Idaho
(Street Address, City, State)

FORM DH 60-155 CL 11-27-64. one copy pd. rec. #6861.

Certificate of Blessing from LDS Church Menan Ward, Rigby Stake No 128 gives name as Melton Ray Hogge son of Joseph Hogge and Mary Jennettie Yearsley born Dec. 19, 1912 at Menan, Idaho. Was blessed March 2, 1913 by Gilbert M. Green. Signed by Oscar W. Green, Bishop. Viewed by V. S.

OCT 27 1970

Certificate of Baptism and Confirmation from LDS Church Menan Ward May 4, 1924 gives name as Melton Ray Hogge son of Joseph Hogge and Mary J. Yearsley. Born Dec. 19, 1912 at Menan, Idaho. Was Baptized May 3, 1924 by Wm A Tall. Signed by Geo. L. Hart, Bishop. Viewed by V. S.

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

312-214-042-318

PLACE OF BIRTH

County of Fremont

City of Grant

No. ..... St.

Hospital .....

Form V. S. No. 11-C—20m-2-15-12

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 9 File No. 10727

Primary Registration District No. 2040 Registered No. 738

FULL NAME OF CHILD .....

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births) and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
F		Yes.	Nov 14 191 7

FATHER		MOTHER	
FULL NAME	Kenneth Cosper	FULL MAIDEN NAME	Mabel Taylor
RESIDENCE	Grant	RESIDENCE	Grant
COLOR		COLOR	W
AGE AT LAST BIRTHDAY (Years)	24	AGE AT LAST BIRTHDAY (Years)	20
BIRTHPLACE	Utah	BIRTHPLACE	Utah
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 1

Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn) at 5:30 A. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Mrs. Nancy Cawdon

(Physician or midwife)

Address Grant (Idaho Falls R.3)

Given names added from a supplemental report

..... 19.....

..... Registrar

Filed Jan 10 19 17 Ray A. Fiske Reg.

Registrar

S-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

5/3-22-(C)-2-312

Form V. S. No. 11-C—20m-2-15-12

PLACE OF BIRTH

County of Fremont

City of Rigby

No. ..... St.

Hospital .....

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 9 File No. 10728

Primary Registration District No. 2040 Registered No. 737

FULL NAME OF CHILD .....

Sex of Child	Twin / Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
F			Yes	Dec 29 1912

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	Cecil Call	Jane Cooper
RESIDENCE	Rigby	Rigby
COLOR	W	W
AGE AT LAST BIRTHDAY (Years)	22	22
BIRTHPLACE	Idaho	Utah
OCCUPATION	Farmer	Housewife

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn), at 1:20 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Roy H. Finton MD

(Physician or midwife)

Address Rigby - Idaho

Filed Jan 10 1913 Roy H. Finton MD
Registrar

Given names added from a supplemental report

..... 19.....

.....
Registrar

S-Y CO. 20174

Form V. S. No. 11-C—Rev.-2-1-

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

PLACE OF BIRTH

County of

893.225.02+468

PLACE OF BIRTH

Form V. S. No. 11—10m-6-20-11

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

County of Fremont

City of Rigby.

No. ..... St.

Hospital .....

Registration District No. 9

File No. 10731

Primary Registration District No. 2040

Registered No. 719

FULL NAME OF CHILD No name

Sex of Child	Twin, Triplet, or other?	and	Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
F				Yes,	11-25-19

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	Geo. E. Hill Jr.	FULL MAIDEN NAME	Maud Johnson
RESIDENCE	Rigby.	RESIDENCE	Rigby.
COLOR	W.	COLOR	W.
AGE AT LAST BIRTHDAY (Years)	43	AGE AT LAST BIRTHDAY (Years)	40
BIRTHPLACE	Utah	BIRTHPLACE	England ~~Maud Johnson~~
OCCUPATION	Merchant.	OCCUPATION	Housewife.

Number of child of this mother, including present birth 9

Number of children, of this mother, now living, including present birth 8

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn) at 2a. M. on the date above stated.

(Signature) Ann. Talmer

(Physician or Midwife)

Address Rigby Idaho

Filed Jan 10 19 13 Ray H. Fiske M.D. Registrar

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given name added from a supplemental report

..... 19.....

..... Registrar

S-Y CO., 16669

MARGIN RESERVED FOR BINDING

WRITE PLAINLY. WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at a birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

DUP OF 12-228112

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

265 11 035-563

[redacted] OF BIRTH

Form V. S. No. 11-C—15m-6-20-11

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

County of Nez Perce

City of Lewiston

Registration District No. 16 File No. 10734

No. ____ St.

Primary Registration District No. 1009 Registered No. 263

Hospital Sisters

FULL NAME OF CHILD ~~Elizabeth~~ Sally Ellen Bonner

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
F			Yes	Nov 11, 1912

	FATHER	MOTHER
FULL NAME	John M Bonner	Lucretia Collins
RESIDENCE	Lewiston Idaho	Lewiston Idaho
COLOR	W	W
AGE AT LAST BIRTHDAY (Years)	32	32
BIRTHPLACE	U.S.	U.S.
OCCUPATION	Banker	Housekeeper

Number of child of this mother, including present birth ____ Number of children, of this mother, now living, including present birth ____

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 6:10 P.M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) C. N. Chaffee M.D.

(Physician or Midwife)

Address Lewiston

Given names added from a supplemental report

____, 19____

Filed Jan. 10 19 13 L. J. Perkins

S-Y CO., 16670 Registrar Registrar

MAR 9 1966

JAN 31 1967

499-203-035571

PLACE OF BIRTH

Form V. S. No. 11-C—20m-2-15-12

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Nez Perces

City of Lewiston

No. 1316 = 12th Ave

Registration District No. 16

File No. 10735

Primary Registration District No. 1009

Registered No. 264

Hospital

FULL NAME OF CHILD Helen Marie Arrowood

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Female			yes	Dec. 9 1912

FATHER		MOTHER	
FULL NAME	G. A. Arrowood	FULL MAIDEN NAME	Clara Egan
RESIDENCE	Lewiston Idaho	RESIDENCE	Lewiston
COLOR	W.	COLOR	W
AGE AT LAST BIRTHDAY (Years)	41	AGE AT LAST BIRTHDAY (Years)	30
BIRTHPLACE	Nevis Minn.	BIRTHPLACE	LaCrosse. Wis.
OCCUPATION	R.R. Engineer	OCCUPATION	H. W.

Number of child of this mother, including present birth 5

Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was (Born alive ~~or stillborn~~), at 2 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) L J Perkins
(Physician or midwife)

Address Lewiston Idaho

Given names added from a supplemental report

..... 19.....

Filed Jan 10 19 13 L J Perkins
Registrar

..... Registrar

S-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Form V. S. No. 11-C—20m-2-15-12

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

PLACE OF BIRTH

County of

AUG 6 1973

797-112-035-837

PLACE OF BIRTH

Form V. S. No. 11-C—20m-2-15-12

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Nez Perce

City of Cavendish

No. ..... St.

Hospital .....

Registration District No. 16 File No. 10736

Primary Registration District No. 2074 Registered No. 265

FULL NAME OF CHILD Clarence Wayne Pippinger

Sex of Child	Twin Triplet or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Male	One	2nd	Yes	Dec 12 1912

FATHER	MOTHER
FULL NAME: Clarence H. Pippinger	FULL MAIDEN NAME: Nellie M. McPhee
RESIDENCE: Cavendish	RESIDENCE: Cavindesh
COLOR: White	COLOR: White
AGE AT LAST BIRTHDAY: 28 (Years)	AGE AT LAST BIRTHDAY: 24 (Years)
BIRTHPLACE: Iowa	BIRTHPLACE: Oregon
OCCUPATION: Farmer	OCCUPATION: Housewife

Number of child of this mother, including present birth: 2

Number of children of this mother now living, including present birth: 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn), at ~~8~~ 10 A.M. on the date above stated.

(Signature) D. W. Stonebarner M D

(Physician or midwife)

Address Roland Idaho

Filed Jan 8 1913 D. W. Stonebarner Registrar

Jan 10-1913- P. J. Corkin Registrar

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report

..... 19.....

..... Registrar

S-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

APR 23 1942

419-214- Amended 11/1/72
835-833

PLACE OF BIRTH

STATE OF IDAHO

Form V. S. No. 11-C—15m-6-20-11

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

County of Nez Perce

City of Culdesac Registration District No. 16 File No. 10737

No. ____, ____ St. Primary Registration District No. 2073 Registered No. 266

Hospital ____

FULL NAME OF CHILD Laura Elizabeth Marquam

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
female	1	2	Yes	Dec 14 1912

FATHER		MOTHER	
FULL NAME	Wm A. Marquam	FULL MAIDEN NAME	Calista McCrary
RESIDENCE	Culdesac	RESIDENCE	Culdesac
COLOR	White	AGE AT LAST BIRTHDAY (Years)	30
BIRTHPLACE	Ore.	COLOR	White
OCCUPATION	Farmer	AGE AT LAST BIRTHDAY (Years)	33
		BIRTHPLACE	Neb.
		OCCUPATION	Housewife

Number of child of this mother, including present birth 2nd

Number of children, of this mother, now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was ____ (Born alive or stillborn) at 4:30 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. H. Ragsdale

(Physician or ~~Midwife~~)

Address Culdesac Ida

Given names added from a supplemental report

____, 19____

____ Registrar

Filed Dec. 31 19 12 Jan. 10-1913 J. H. Ragsdale Registrar

S-Y CO., 16670

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

K

NOV 25 1970

3-2-71

IDAHO DEPARTMENT OF HEALTH

BUREAU OF VITAL STATISTICS

Affidavit to Correct or Amend An Original Certificate of Birth or Death

State of Idaho
County of Nez Perce } ss.

Certificate No. 10737

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of Birth (Birth or Death)
for Laura Elizabeth Marquam (Name on Original Certificate) who was born (Was Born or Died) on Dec. 14, 1913 (Date of Event)
in Culdesac (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts are shown by Bible Record + Cradle Roll (Bible Record, Insurance Policy, Etc.) prepared on ..... (Give Date), are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
Sex of child	Male	Female
Date of birth	1913	1912

Subscribed and sworn to before me this 13th day of October, 19 72

Notary Public, residing at Culdesac

My commission expires April 14, 1973

(Seal)

Signed W A Marquam
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

Reubens, Idaho
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of .....
County of ..... } ss.

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this ..... day of ....., 19.....

Notary Public, residing at .....

My commission expires .....

(Seal)

Signed .....
(Signature of Any Credible Person)

.....
(Street Address, City, State)

FORM DH 60-155 CC (M1)

Laura Elizabeth Marquam born Dec. 14, 1912 name and date of birth given on family record. Appears to be quite old. Viewed by V. S.

NOV 1 1972

Cradle Roll Certificate from The First Presbyterian School gives name as Laura Elizabeth Marquam and was born on Dec. 14, 1912. Record dated February 10, 1914. Viewed by V. S.

319-204-035-319

PLACE OF BIRTH

STATE OF IDAHO

Form V. S. No. 11-C—15m-6-20-11

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

County of Nez Perce

City of Lewiston

Registration District No. 16 File No. 10738

No. ....., ... St.

Primary Registration District No. 1009 Registered No. 267

Hospital Sisters St. Joseph's

FULL NAME OF CHILD Marie May Cargill

Sex of Child	Twin, triplet, or other? (To be filled only in event of plural births)	Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Female	Single	1st	Yes	Dec 9th 191[illegible]

	FULL NAME OF FATHER	FULL MAIDEN NAME OF MOTHER
	James D Cargill	Mary A Cargill
RESIDENCE	Frazer Idaho	Frazer Idaho
COLOR	White	White
AGE AT LAST BIRTHDAY (Years)	39	40
BIRTHPLACE	Spring Ranch Nebraska	Edmonton Canada
OCCUPATION	Saw Milling	Housewife

Number of child of this mother, including present birth .....

Number of children, of this mother, now living, including present birth .....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born Alive (Born alive or stillborn) at 12 M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) F P Downie M.D.

(Physician or Midwife)

Address Lewiston Idaho

Given names added from a supplemental report

....., 19.....

Filed Jan. 10 1913 L. J. Parkins

Registrar

S-Y CO., 16670

Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

STATE OF IDAHO
Bureau of Vital Statistics
CERTIFICATE OF BIRTH

PLACE OF BIRTH

MARGIN RESERVED FOR BINDING
WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Amended 2-23-61

PLACE OF BIRTH

75-114-035-036

County of Nez Perce

City of Myrtle

No. ..... St.

Hospital .....

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 16 File No. 10739

Primary Registration District No. 2074 Registered No. 268

FULL NAME OF CHILD Doyle Floyd Pearson
(Certificate of no value without full name of child.)

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and (Number in order of birth)	Legitimate?	Date of birth (Month) (Day) (Year)
M.			Yes	Dec. 14, [redacted]

What bactericidal solution was used in eyes? .....

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

FATHER		MOTHER	
FULL NAME	Floyd L. Pearson	FULL MAIDEN NAME	Hattie I. Storie
RESIDENCE	Myrtle, Ida.	RESIDENCE	Same
COLOR	W.	COLOR	W.
AGE AT LAST BIRTHDAY	21 (Years)	AGE AT LAST BIRTHDAY	20 (Years)
BIRTHPLACE	Wash.	BIRTHPLACE	Wash.
OCCUPATION	Farming	OCCUPATION	Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born Alive (Born alive or stillborn) at 8:30 A. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Give names added from a supplemental report.

....., 192.....

..... Registrar.

(Signature) A. J. Douglas, M.D.

(Physician or midwife)

Address Gifford, Ida.

Filed 12-20-1912 [redacted] E. E. Watts Registrar.

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

Form V. S. No. 11-C—15m-6-20-11

PLACE OF BIRTH

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

County of Nez Perce

City Myrtle

No. ..... St.

Registration District No. 16 File No. 10739

Primary Registration District No. 2074 Registered No. 268

Hospital .....

FULL NAME OF CHILD Floyd Doyle Pearson

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) Dec (Day) 14 (Year) 1912
M			Yes	

FATHER		MOTHER	
FULL NAME	Floyd D Pearson	FULL MAIDEN NAME	Hattie J Stone
RESIDENCE	Myrtle Idaho	RESIDENCE	Same
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY	21 (Years)	AGE AT LAST BIRTHDAY	20 (Years)
BIRTHPLACE	Wash	BIRTHPLACE	Wash
OCCUPATION	Farming	OCCUPATION	Housewife

Number of child of this mother, including present birth 2

Number of children, of this mother, now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 8:20 A.M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report

..... 19.....

..... Registrar

(Signature) Chas D Douglass M.D.

(Physician or Midwife)

Address Gifford Idaho

Filed 12-20 19 12 E E Watts Registrar

Jan. 10 1913 - D.F. Perkins

S-Y CO., 16670

FEB 23 1961

Documents listed on back -

IDAHO DEPARTMENT OF HEALTH

BUREAU OF VITAL STATISTICS

Affidavit to Correct or Amend An Original Certificate of Birth or Death

State of Oregon } ss.
County of Multn.

Certificate No. 10739

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of Birth (Birth or Death)
for Floyd Doyle Pearson (Name on Original Certificate) who was born (Was Born or Died) on Dec. 14, 1912 (Date of Event)
in Myrtle, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts are shown by Christian Science Practitioner (Bible Record, Insurance Policy, Etc.) prepared on (Give Date), are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
Full Name of Child	Floyd Doyle Pearson	Doyle Floyd Pearson

Subscribed and sworn to before me this 27th day of Jan, 1961

Notary Public, residing at 626 NE Emerson

My commission expires Aug. 17, 1963

(Seal)

Signed Hattie L. Pearson (Mother)
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

6533 N. Campbell ave Portland Ore
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Oregon } ss.
County of Multn.

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 27th day of Jan, 1961

Notary Public, residing at 626 NE Emerson

My commission expires Aug. 17, 1963

(Seal)

Signed Floyd L. Pearson
(Signature of Any Credible Person) FATHER

200 Union Ave Portland Ore
(Street Address, City, State)

FORM DH 60. 155 CL 11-30-60. 2 copies pd. receipt #09963.

Selective Service Registration Certificate, Oct. 16, 1940 gives full name as Doyle Floyd Pearson - viewed by V.S.

Social Security Card, #533-09-1036 gives full name as Doyle Floyd Pearson - viewed by V.S.

61.9 2K 71035-713

PLACE OF BIRTH

County of Nez Perce

City of Lewiston

No. 214 - 1st Ave. St.

Hospital

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

Form V. S. No. 11-C—15m-6-20-11

Registration District No. 16 File No. 10740

Primary Registration District No. 1009 Registered No. 269

FULL NAME OF CHILD ~~Infant~~ Farrington, Jeanette

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Female			Yes	12 17 1912

FATHER	MOTHER
FULL NAME Ralph Farrington	FULL MAIDEN NAME Jean E. Patterson
RESIDENCE Lewiston	RESIDENCE Lewiston
COLOR White	COLOR White
AGE AT LAST BIRTHDAY 33 (Years)	AGE AT LAST BIRTHDAY 30 (Years)
BIRTHPLACE Minn.	BIRTHPLACE Iowa
OCCUPATION Real Estate	OCCUPATION Housewife

Number of child of this mother, including present birth 2

Number of children, of this mother, now living, including present birth 2

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was ..... (Born alive or ~~stillborn~~) at 3 A. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) E. A. Todd

(Physician or ~~Midwife~~)

Address Lewiston Ida.

Given names added from a supplemental report

....., 19.....

Registrar

Filed Jan 10 19 13 R. J. Perkins

Registrar

S-Y CO., 16670

3/10/41 L. B.

DECEASED

855-21-075-268

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

Form V. S. No. 11-C—10m-8-7-11

PLACE OF BIRTH

County of Key Power

City of Agatha

No. ____, ____ St.

Hospital ____

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

Registration District No. 16 File No. 10741

Primary Registration District No. 2073 Registered No. 270

FULL NAME OF CHILD Mildred Arlene Hensley

Sex of Child: female

Twin, Triplet or other? ____ and Number in order of birth ____ (To be answered only in event of plural births)

Legitimate? yes

Date of birth: Dec 17th (Month, Day) 1912 (Year)

FATHER	MOTHER
FULL NAME: George Hensley.	FULL MAIDEN NAME: Elsie Leora Boyce
RESIDENCE: Agatha	RESIDENCE: Agatha
COLOR: White	COLOR: White
AGE AT LAST BIRTHDAY: 26 (Years)	AGE AT LAST BIRTHDAY: 31 (Years)
BIRTHPLACE: Garden Grove Iowa	BIRTHPLACE: Weldon Iowa
OCCUPATION: Farmer.	OCCUPATION: House wife.

Number of child of this mother, including present birth: ____

Number of children, of this mother, now living, including present birth: ____

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) Dec 17th 1912 at 5-45 A.M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Mrs Joe Johnston

Midwife (Physician or Midwife)

Address Agatha Ida

Given names added from a supplemental report ____, 19____

Filed Jan. 10 19 13 L. J. Perkins Registrar

Registrar

SYMS - YORK CO., PTRS. & SDRS. 17328

DEC 3 1956

462-118035-251

PLACE OF BIRTH

Form V. S. No. 11-C—15m-6-20-11

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

County of Nez Perce

City of Lewiston

No. 326, New 16th St.

Registration District No. 16 File No. 10742

Primary Registration District No. 1009 Registered No. 271

Hospital

FULL NAME OF CHILD Donald Lester Dobbs.

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Male	—	—	Yes	Dec 18th, 1912

	FATHER	MOTHER
FULL NAME	Lester L. Dobbs	Stella Ethel Beamand
RESIDENCE	Lewiston Ida.	Lewiston Ida.
COLOR	White	White
AGE AT LAST BIRTHDAY (Years)	22	19
BIRTHPLACE	Stockton Mo	Hepner Oregon
OCCUPATION	Flour Packer	Housewife

Number of child of this mother, including present birth 1

Number of children, of this mother, now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 11.50 M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Edgar L. White M.D.

(Physician or Midwife)

Address Lewiston Idaho

Filed Jan. 10 1913 L. J. Perkins Registrar

Given names added from a supplemental report

....., 19.....

Registrar

S-Y CO., 16670

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

cc 2/27/41 rmf

APR 1 0 1953

38-218-035-396

PLACE OF BIRTH

STATE OF IDAHO

Form V. S. No. 11-C—15m-6-20-11

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

County of Nez Perce

City of Lewiston

Registration District No. 16 File No. 10743

No. ____, ____ St.

Primary Registration District No. 1009 Registered No. 272

Hospital St. Joseph Hosp.

FULL NAME OF CHILD Margaret Chaney

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Female	—	—	Yes	Dec 16 1917

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	Wilbur S. Chaney	Marie Brooks
RESIDENCE	207 Prospect Ave - Lewiston Ida	207 Prospect Ave. Lewiston Ida
COLOR	White	White
AGE AT LAST BIRTHDAY (Years)	39	34
BIRTHPLACE	Antioch Ohio.	Cambridge City - Indiana
OCCUPATION	Insurance & Loans.	Housewife.

Number of child of this mother, including present birth One

Number of children, of this mother, now living, including present birth ____

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 9.50 A. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Edgar L. White M.D.

(Physician or Midwife)

Address Lewiston Ida

Given names added from a supplemental report

____, 19____

____ Registrar

Filed Jan. 10 1918 L. J. Perkins Registrar

S-Y CO., 16670

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

K

APR 8 1976

942.118 1035-235

PLACE OF BIRTH

STATE OF IDAHO

Bureau of Vital Statistics

Form V. S. No. 11-C—15m-6-20-11

CERTIFICATE OF BIRTH

County of Nez Perce

City of Rosella

Registration District No. 16

File No. 10744

No. ____, ____ St.

Primary Registration District No. 2074

Registered No. 273

Hospital ____

FULL NAME OF CHILD Fred R. Russell

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
M			Yes	Dec 18, 1912

FATHER		MOTHER	
FULL NAME	Emile A. Russell	FULL MAIDEN NAME	Anna B. Blevins
RESIDENCE	Rosella	RESIDENCE	Same
COLOR	W	AGE AT LAST BIRTHDAY (Years)	23
COLOR	W	AGE AT LAST BIRTHDAY (Years)	21
BIRTHPLACE	Missouri	BIRTHPLACE	Same
OCCUPATION	Farming	OCCUPATION	Housewife

Number of child of this mother, including present birth 1

Number of children, of this mother, now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 1:30 a.m. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) C. F. Douglass M.D.

(Physician or Midwife)

Address Grangeville, Idaho

Given names added from a supplemental report

....., 19.....

Registrar

Filed 12-20 19 12 E. E. Watts

Registrar

Jan. 10 - 1913 - L. J. Perkins

S-Y CO., 16670

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

8-1-41

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

319-219-035-414

PLACE OF BIRTH

County of Nez Perce

City of Lewiston

No. 1325, 18th St.

Hospital

Form V. S. No. 11-C—15m-6-20-11

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

Registration District No. 16 File No. 10745

Primary Registration District No. 1009 Registered No. 274

FULL NAME OF CHILD Mary Catherine Carr.

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Female	—	—	No	Dec 19th, 1912

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	Lloyd M. Carr	Charlotte Daugherty
RESIDENCE	1325 18th St Lewiston Ida	Lewiston Ida
COLOR	White	White
AGE AT LAST BIRTHDAY (Years)	33	31
BIRTHPLACE	Iowa	Indiana
OCCUPATION	Teamster	Housewife

Number of child of this mother, including present birth 2

Number of children, of this mother, now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 1:30 A. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Edgar L. White M.D

(Physician or Midwife)

Address Lewiston Ida

Given names added from a supplemental report

....., 19.....

Filed Jan 10 1913 E. J. Perkins Registrar

.....

S-Y CO., 16670 Registrar

236-124-1055-366

PLACE OF BIRTH

STATE OF IDAHO

Form V. S. No. 41-C—15m-6-20-11

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

County of Nez Perce

City of Culdesac

Registration District No. 16

File No. 10746

No. ____, ____ St.

Primary Registration District No. 2073

275

Registered No. 38

Hospital ____

FULL NAME OF CHILD NORMAN FRANK STOREY

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Male	✓	1	Yes	DEC 24, 1912

FATHER		MOTHER	
FULL NAME	Ira E Storey	FULL MAIDEN NAME	Nolia Coffin
RESIDENCE	Culdesac	RESIDENCE	Culdesac
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	36	AGE AT LAST BIRTHDAY (Years)	19
BIRTHPLACE	Washington	BIRTHPLACE	Mich
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 1

Number of children, of this mother, now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was ____ at 4:30 P.M. on the date above stated.

(Born alive ~~or stillborn~~)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. H. Ragsdale

(Physician or ~~Midwife~~)

Address Culdesac Ida

Given names added from a supplemental report

____, 19____

Filed DEC. 31 1912 J. H. Ragsdale Registrar

Jan. 10-1913 J. H. Perkins

____ Registrar

S-Y CO., 16670

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

STATE OF IDAHO
Bureau of Vital Statistics
CERTIFICATE OF BIRTH

PLACE OF BIRTH
County of

STATE OF IDAHO

DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of ..... } ss.
County of ..... }

Certificate No. 10746

Date Filed .....

The undersigned does solemnly swear that certain facts on the certificate of ..... (BIRTH OR DEATH)
for ..... (NAME ON ORIGINAL CERTIFICATE) who ..... (WAS BORN OR DIED) on ..... (DATE OF EVENT)
in ..... (PLACE OF EVENT) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts as shown by ..... (BIBLE RECORD, INSURANCE POLICY, ETC.) prepared on ..... (GIVE DATE), are:

FACTS TO BE CORRECTED ("NAME", "BIRTH DATE", "CAUSE OF DEATH", ETC.)	FROM (AS ON ORIGINAL)	TO (THE CORRECT FACTS)
Name	Unnamed	Norman Frank Storey

Subscribed and sworn to before me this 1st
day of July, 1943.

Signed Mrs. Ora E. Storey
(SIGNATURE OF PARENT OR ATTENDANT IF CORRECTING A BIRTH RECORD; OF ATTENDANT, FUNERAL DIRECTOR, INFORMANT IF CORRECTING A DEATH RECORD; OR OTHER CREDIBLE PERSON.)

Notary Public, residing at Lewiston, Ida.

My commission expires April 1-1946
(SEAL)

Orofino, Ida.
(STREET ADDRESS, CITY, STATE)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of ..... } ss.
County of ..... }

[THIS AFFIDAVIT MUST ALSO BE EXECUTED. (SEE CHAPTER 139, 1937 IDAHO SESSION LAWS.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this .....
day of ....., 19 .....

Signed .....
(SIGNATURE OF ANY CREDIBLE PERSON OTHER THAN PREVIOUS AFFIANT.)

Notary Public, residing at .....

My commission expires .....
(SEAL)

.....
(STREET ADDRESS, CITY, STATE)

Received for filing on ..... By .....
(REGISTRAR'S SIGNATURE)

FEB 4 1943

141-127035-815

PLACE OF BIRTH

Form V. S. No. 11-C—15m-6-20-11

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

County of Nez Perce

City of Lewiston

Registration District No. 16

File No. 10747

No. ____, ____ St.

Primary Registration District No. 1069

Registered No. 276

Hospital St Joseph's

FULL NAME OF CHILD Edwin William Adams

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Male		2d	yes	June 27, 1912

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	Ray L Adams	Lessie Haverneck
RESIDENCE	Lewiston	Lewiston
COLOR	W	W
AGE AT LAST BIRTHDAY (Years)	35	29
BIRTHPLACE	U S	Lewiston
OCCUPATION	Merchant	Housewife

Number of child of this mother, including present birth 2

Number of children, of this mother, now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn), at 6 P.M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J F Hurlburt

Physician

(Physician or Midwife)

Address Lewiston Idaho

Given names added from a supplemental report

....., 19.....

Registrar

Filed Dec 19 12

Registrar

S-Y CO., 16670

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

PLACE OF BIRTH

857-2291035-249

PLACE OF BIRTH

Form V. S. No. 11-C—20m-2-15-12

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Nez Perce

City of Southwick

No. ..... St.

Registration District No. 66 File No. 2 10748

Primary Registration District No. 2076 Registered No. 277

Hospital .....

FULL NAME OF CHILD Heath Lucy Pearl

Sex of Child	Twin, Triplet or other?	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Female	One (To be answered only in event of plural births)	2	Yes	Dec. 29 1912

FATHER	MOTHER
FULL NAME: Gorden Heath	FULL MAIDEN NAME: Margret Smith
RESIDENCE: Southwick Idaho	RESIDENCE: Southwick
COLOR: White	COLOR: White
AGE AT LAST BIRTHDAY: 28 (Years)	AGE AT LAST BIRTHDAY: 28 (Years)
BIRTHPLACE: Pennsylvania	BIRTHPLACE: Oregon
OCCUPATION: Farmer	OCCUPATION: House wife

Number of child of this mother, including present birth .....

Number of children of this mother now living, including present birth .....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive, at 8:15 A.M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. W. Stonebrumer M.D.
(Physician or midwife)

Address Yeland Idaho

Given names added from a supplemental report

..... 19.....

Filed Jan 8 1913 J. W. Stonebrumer
Registrar

..... Registrar

Jan. 10 1918 L. V. Perkins

S-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

FEB 4 1943

385-129.035-343

PLACE OF BIRTH

County of Nez Perce

City of Lewiston

No. 1308 Snake R. Ave

Hospital

FULL NAME OF CHILD Infant Tyer, Arthur Lewis

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

Form V. S. No. 11-C—15m-6-20-11

Registration District No. 16 File No. 10749

Primary Registration District No. 1009 Registered No. 278

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Male			Yes.	Dec 29, 1912

FATHER		MOTHER	
FULL NAME	Daniel Arthur Tyer	FULL MAIDEN NAME	Ella Luce
RESIDENCE	1308 Snake R. Ave Lewiston	RESIDENCE	1308 Snake River Ave
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	28 (Years)	AGE AT LAST BIRTHDAY	23 (Years)
BIRTHPLACE	Wash.	BIRTHPLACE	Wash
OCCUPATION	Plasterer	OCCUPATION	Housewife

Number of child of this mother, including present birth 3

Number of children, of this mother, now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was ..... at 9 a.m. M on the date above stated.

(Born alive ~~or stillborn~~)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Elizabeth A. Todd M.D.

(Physician or ~~Midwife~~)

Given names added from a supplemental report

..... 19.....

Registrar

Address .....

Filed Jan. 10 1913 L.J. Perkins

Registrar

S-Y CO., 16670

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

c.c. 6/5/41. w.h.

MAY 27 1968

JAN 24 1975

AUG 29 1942

315-229-035-685

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

Form V. S. No. 11-C—15m-6-20-11

PLACE OF BIRTH

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

County of Nezperce

City of Lapwai

No. ....., ... St.

Hospital St Josephs

Registration District No. 16 File No. 10750

Primary Registration District No. 1009 Registered No. 279

FULL NAME OF CHILD Kathryne Gertrude Canter

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
female		10	yes	Dec 29, 1912

FATHER		MOTHER	
FULL NAME	Harrison A Canter	FULL MAIDEN NAME	
RESIDENCE	Lapwai	RESIDENCE	Helen Wheatcroft
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY	47 (Years)	AGE AT LAST BIRTHDAY	34 (Years)
BIRTHPLACE	U S	BIRTHPLACE	England
OCCUPATION	Merchant	OCCUPATION	Housewife

Number of child of this mother, including present birth 10

Number of children, of this mother, now living, including present birth 8

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn) at 2 9 M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J F Hurlbus

Physician

(Physician or Midwife)

Address .....

Given names added from a supplemental report

....., 19.....

Filed Jan. 10 1913 R J Perkins

S-Y CO., 16670 Registrar

Registrar

NOV 13 1917

DECEASED

249-130-035-286

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

Form V. S. No. 11-C—10m-8-7-11

PLACE OF BIRTH

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

County of Nez Perce

City of Lewiston

Registration District No 16 File No. 10751

No ....., ... St.

Primary Registration District No. 2073 Registered No. 280

Hospital .....

FULL NAME OF CHILD Wm. C. Bundy

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
M		4	Yes	12 30 1912

FATHER		MOTHER	
FULL NAME	Wm Bundy	FULL MAIDEN NAME	Dell Snowden
RESIDENCE	Lewiston	RESIDENCE	Lewiston
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY (Years)	42	AGE AT LAST BIRTHDAY (Years)	36
BIRTHPLACE	Wash	BIRTHPLACE	Ka
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 4

Number of children, of this mother, now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn), at 6 A. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) John N. Allen M.D.

(Physician or Midwife)

Given names added from a supplemental report

J. W. M. Bundy, 19.....

Address .....

Registrar

Filed Jan. 10 19 13 L. J. Perkins

Registrar

SYMS - YORK CO., PTRS. & BDRS. 17328

STATE OF IDAHO

PLACE OF BIRTH

319-214-035-355

PLACE OF BIRTH

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

County of Nez Perce

City of Lapwai

Registration District No. 16 File No. 10752

No. ____, ____ St.

Primary Registration District No. 2117 Registered No. 281

Hospital ____

FULL NAME OF CHILD Elvira Mae Clarman

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
F.		2	Yes	12 14 1912

FATHER		MOTHER	
FULL NAME	W. E. Clarman	FULL MAIDEN NAME	Iva R Lee
RESIDENCE	Lewiston	RESIDENCE	Lewiston
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY	24 (Years)	AGE AT LAST BIRTHDAY	22 (Years)
BIRTHPLACE	Idaho	BIRTHPLACE	Wash
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 2

Number of children, of this mother, now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Alive (Born alive or stillborn), at 6 A. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) John H Alley M.D.

(Physician or Midwife)

Given names added from a supplemental report

W. E. Clarman, 19....

Address ____

Filed Jan. 10 1913 L.J. Perkins

SYMS - YORK CO., PTRS. & BORS. 17826

Registrar

Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

APR 15 1942

599.111.035.433

PLACE OF BIRTH

Form V. S. No. 11-C—15m-6-20-11

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

County of Key Perce

City of Kels Reubens Registration District No. 16 File No. 10753

No. ____, ____ St. Primary Registration District No. 2074 Registered No. 282

Hospital ____

FULL NAME OF CHILD Albert Murrell Erickson

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Male			Yes	Sept 11th 191 2

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	Enos Erickson	Bessie McCall
RESIDENCE	Reubens	Reubens
COLOR	White	White
AGE AT LAST BIRTHDAY (Years)	23	22
BIRTHPLACE	Idaho	Washington
OCCUPATION	Farmer	Housewife

Number of child of this mother, including present birth... one Number of children, of this mother, now living, including present birth... one

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 2.00 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) George Gaigmard

Physician (Physician or Midwife)

Address Reubens Idaho

Given names added from a supplemental report

..... 19....

..... Registrar

Filed Jan. 10 1918 L. J. Perkins Registrar

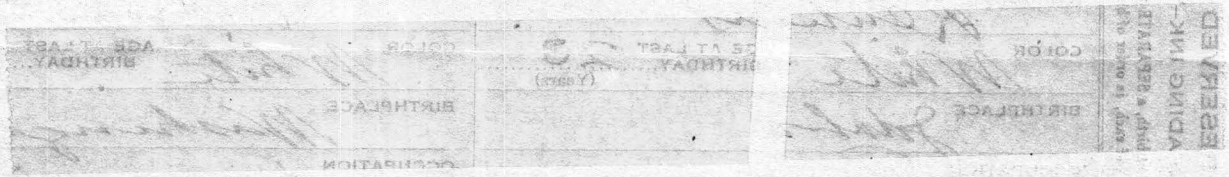
S-Y CO., 16670

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

DEC 2 9 1942



717.220.035.315

PLACE OF BIRTH

Form V. S. No. 11-C—15m-6-20-11

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

County of Key Perce

City of Near Reubens Registration District No. 16 File No. 10754

No. ____, ____ St. Primary Registration District No. 2074 Registered No. 283

Hospital ____

FULL NAME OF CHILD Dorothy Maxine Page

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Female			Yes	Sept 20, 1912

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	D. Cleo Page	Ada M. Langhoff
RESIDENCE	Reubens	Reubens
COLOR	White	White
AGE AT LAST BIRTHDAY (Years)	24	21
BIRTHPLACE	Missouri	Iowa
OCCUPATION	Farmer	Housewife

Number of child of this mother, including present birth 3

Number of children, of this mother, now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 3.00 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) George Gaisford

Physician (Physician or Midwife)

Address Reubens Idaho

Given names added from a supplemental report

....., 19.....

Filed Jan. 10 1913 L. J. Perkins Registrar

S-Y CO., 16670 Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

JUN 18 1955

943-11 81035-235

(Be sure the information is complete and accurate)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 10755
Local Reg. No. 284
Reg. Dist. No. 16

1. PLACE OF BIRTH

a. COUNTY: Nez Perce

b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN: Near Reubens

c. FULL NAME OF (If NOT in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION:

2. USUAL RESIDENCE OF MOTHER (Where does mother live?)

a. STATE: Idaho b. COUNTY: Nez Perce

c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN: Reubens

d. STREET ADDRESS (If rural, give location):

3. CHILD'S NAME (Type or print)

a. (First): Edward b. (Middle): James c. (Last): Ruckman

4. SEX: Male

5a. THIS BIRTH: SINGLE ____ TWIN ____ TRIPLET ____

5b. IF TWIN OR TRIPLET (This child born): 1st ____ 2nd ____ 3rd ____

6. DATE OF BIRTH (Month) (Day) (Year): Nov. 18, 1912

FATHER OF CHILD

7. FULL NAME

a. (First): Edward b. (Middle): c. (Last): Ruckman

8. AGE (At time of this birth): 46 YEARS

9. BIRTHPLACE (State or foreign country) (City or Town): West Virginia

10. USUAL OCCUPATION: Farmer

11. KIND OF BUSINESS OR INDUSTRY:

MOTHER OF CHILD

12. FULL MAIDEN NAME

a. (First): Nettie b. (Middle): c. (Last): Steele

13. AGE (At time of this birth): 35 YEARS

14. BIRTHPLACE (State or foreign country) (City or Town): Missouri

15. CHILDREN PREVIOUSLY BORN TO THIS MOTHER (Do NOT include this child)

a. How many OTHER children are now living? 4

b. How many OTHER children were born alive but are now dead?

c. How many children were stillborn (born dead after 20 wks. pregnancy?)

16. INFORMANT'S SIGNATURE OR NAME (Relationship):

I hereby certify that this child was born alive on the date stated above.

17. SIGNATURE: George Gaignard

18. ATTENDANT AT BIRTH: M.D. X MIDWIFE ____ OTHER (Specify) ____

19. ADDRESS: Reubens, Idaho

20. DATE SIGNED:

21. DATE REC'D BY LOCAL REG.: Jan. 10, 1913

22. REGISTRAR'S SIGNATURE: L. J. Perkins

23. DATE ON WHICH GIVEN NAME ADDED BY ____ Registrar

Record typewriter ribbon in completing this certificate. This certificate MUST be filed with the District where the birth occurred WITHIN 10 days after the date of birth of the child. Address VITAL STATISTICS, BOISE, IDAHO.

PLACE OF BIRTH

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

County of Ada Bureau

City of West Reubens Registration District No. 16 File No. 10755

No. ....., ... St. 2014 Primary Registration District No. ..... Registered No. 384

Hospital ..... Name not obtained at time

FULL NAME OF CHILD ~~Dorothy Mathews~~ Page Edward James

Sex of Child ~~Male~~ Female | Twin, Triplet, or other? (To be answered only in event of plural births) | and { Number in order of birth } | Legitimate? Yes | Date of birth ~~Sept~~ Nov 18 (Month) (Day) 1912 (Year)

FATHER

FULL NAME ~~D. Edward Page~~ Edward Ruckman

RESIDENCE Reubens

COLOR White AGE AT LAST BIRTHDAY ~~46~~ (Years)

BIRTHPLACE ~~Maryland~~ West Virginia

OCCUPATION Farmer

MOTHER

FULL MAIDEN NAME ~~Ida M. Lockhart~~ Nettie Steele

RESIDENCE Reubens

COLOR White AGE AT LAST BIRTHDAY 35 (Years)

BIRTHPLACE ~~Iowa~~ Missouri

OCCUPATION Housewife

Number of child of this mother, including present birth 5

Number of children, of this mother, now living, including present birth 5

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 3:30 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) George Gagnard

Physician

(Physician or Midwife)

Address Reubens Idaho

Given names added from a supplemental report

....., 19.....

Filed Jan 10 1913 L. J. Perkins

Registrar

S-Y CO., 16670

Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

Form V. S. No. 11-C—10m-0-20-11

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

File No. 10755

PLACE OF BIRTH

AUG 5 1974

753-126-029-762

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Form V. S. No. 11-C—20m-2-15-12

PLACE OF BIRTH

County of Latah

City of Moscow

No. ..... St.

Hospital .....

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 2 File No. 10757

Primary Registration District No. 128 Registered No. 389

FULL NAME OF CHILD JOHN ROBERT PETERSEN

Sex of Child	Twin / Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Male			Yes	Dec. 26, 1912

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	Hans William Petersen	Nettie Gosend
RESIDENCE	Moscow	Moscow
COLOR	White	White
AGE AT LAST BIRTHDAY (Years)	33	33
BIRTHPLACE	Germany	Norway
OCCUPATION	Merchant	Housewife

Number of child of this mother, including present birth .....

Number of children of this mother now living, including present birth .....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 11:40 A.M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Chas. D. Gutsman
Pres. C. S.
(Physician or midwife)

Address Moscow, Ida

Given names added from a supplemental report

..... 19.....

Filed Dec 30 19 12 W. H. Pratt
Registrar

..... Registrar

S-Y CO. 20174

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of Oregon } ss.
County of Lane }

Certificate No. 10757

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of Birth (BIRTH OR DEATH)
for Willie Petersen (NAME ON ORIGINAL CERTIFICATE) who was born (WAS BORN OR DIED) on Dec. 26th 1912 (DATE OF EVENT)
in Moscow (PLACE OF EVENT) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts as shown by Baptismal Certificate (BIBLE RECORD, INSURANCE POLICY, ETC.) prepared on Feb. 23, 1913 (GIVE DATE), are:

FACTS TO BE CORRECTED ("NAME", "BIRTH DATE", "CAUSE OF DEATH", ETC.)	FROM (AS ON ORIGINAL)	TO (THE CORRECT FACTS)
Name	Willie Peterson	John Robert Petersen

Subscribed and sworn to before me this 16th
day of January, 19 42

L Nicholas Grauoff

Notary Public, residing at Cottage Grove, Ore.

My commission expires 1-31-45
(SEAL)

Signed Wm M Petersen
(SIGNATURE OF PARENT OR ATTENDANT IF CORRECTING A BIRTH RECORD; OF ATTENDANT, FUNERAL DIRECTOR, INFORMANT IF CORRECTING A DEATH RECORD; OR OTHER CREDIBLE PERSON.)

Cottage Grove, Ore.
(STREET ADDRESS, CITY, STATE)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Oregon } ss.
County of Lane }

[THIS AFFIDAVIT MUST ALSO BE EXECUTED. (SEE CHAPTER 139, 1937 IDAHO SESSION LAWS.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 16th
day of January, 19 42

L Nicholas Grauoff

Notary Public, residing at Cottage Grove, Ore.

My commission expires 1-31-45
(SEAL)

Signed Nellie Petersen
(SIGNATURE OF ANY CREDIBLE PERSON OTHER THAN PREVIOUS AFFIANT.)

Cottage Grove, Ore.
(STREET ADDRESS, CITY, STATE)

Received for filing on ..... By .....
(REGISTRAR'S SIGNATURE)

JAN 31 1942

MAR 27 1942

JUN 11 1974

984-209-029-154

Form V. S. 1907. 11-C—20m-2-15-12

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Latah

City of Moscow, Idaho — Registration District No. 15 — File No. 10758

No. ____ St. — Primary Registration District No. 1008 — Registered No. 375

Hospital ____

FULL NAME OF CHILD: MARGARET VICTORIA RYDHOLM

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Female			Yes	Dec. 9 1912

FATHER		MOTHER	
FULL NAME	Andrew T. Rydholm	FULL MAIDEN NAME	Huldah Anderson
RESIDENCE	Moscow, Ida.	RESIDENCE	Moscow, Ida.
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	49 (Years)	AGE AT LAST BIRTHDAY	34 (Years)
BIRTHPLACE	Sweden	BIRTHPLACE	Sweden
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother including present birth 1 — Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) on the date above stated, at 6:10 P. M.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Chas. L. Gritman M. D. Per L. H. C. (Physician or midwife)

Address Moscow, Ida.

Given names added from a supplemental report

....., 19.....

Filed Jan. 10, 1913 — W. F. Rae, Jr. Registrar

S-Y CO. 20174 — Registrar

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS
AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of Idaho }
County of Latah } ss.

Certificate No. 10758

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of Birth (Birth or Death)
for Margaret Victoria Rydholm (Name on Original Certificate) who was born (Was Born or Died) on December 9, 1912 (Date of Event)
in Moscow (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts are shown by (Bible Record, Insurance Policy, Etc.) prepared on (Give Date), are:

FACTS TO BE CORRECTED ("Name", "Birth Date", "Cause of Death", Etc.)	FROM (As on Original)	TO (The Correct Facts)
Name	Unnamed	~~Margaret V. Rydholm~~ Margaret Victoria Rydholm

Subscribed and sworn to before me this 3rd
day of July, 1943.
Ina Schneider
Notary Public, residing at Moscow Idaho
My commission expires Oct. 27, 1943
(Seal)

Signed Mrs A.V. Rydholm
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)
202 E. 7th St. Moscow, Idaho
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of }
County of } ss.

[This Affidivat **MUST** Also be Executed.
(See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this
day of , 19

Notary Public, residing at
My commission expires
(Seal)

Signed
(Signature of Any Credible Person Other Than Previous Year)

(Street Address, City, State)

JUL 12 1943

JUL 21 1967

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

789-110-029-814

PLACE OF BIRTH

Form V. S. No. 11-C—20m-2-15-12

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Latah

City of North Moscow Registration District No. 15 File No. 10759

No. ____ St. Primary Registration District No. 1008 Registered No. 376

Hospital ____

FULL NAME OF CHILD Virgil Ede Moss Phillips

Sex of Child	Twin / Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Male			Yes	Dec. 10 1912

FATHER

FULL NAME: Joseph Phillips

RESIDENCE: North Moscow

COLOR: White AGE AT LAST BIRTHDAY: 56 (Years)

BIRTHPLACE: North Dakota

OCCUPATION: Farmer

MOTHER

FULL MAIDEN NAME: Louise Hamilton

RESIDENCE: North Moscow

COLOR: White AGE AT LAST BIRTHDAY: 26 (Years)

BIRTHPLACE: New York

OCCUPATION: Housewife

Number of child of this mother, including present birth: 2

Number of children of this mother now living, including present birth: 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 12:30 P.M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Chas. L. Gilman M. D. Per L.H.C.

(Physician or midwife)

Address Moscow, Ida.

Given names added from a supplemental report

....19....

Filed Jan. 10 19 13 D. F. Mac Kay Co. Registrar

....Registrar

8-Y CO. 20174

By J R

JUL 27 1972

819-215-029-466

Form V. S. No. 11-C—20m-2-15-12

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Latah

City of Moscow, Ida.

Registration District No. 15 File No. 10760

No. ..... St.

Primary Registration District No. 1708 Registered No. 377

Hospital Gritman

FULL NAME OF CHILD Dorothy Margaret

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Female			Yes	Dec. 15 1912

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	Frank Hartman	Mary A. Moore
RESIDENCE	Moscow, Ida.	Moscow, Ida.
COLOR	White	White
AGE AT LAST BIRTHDAY (Years)	51	36
BIRTHPLACE	Akron, Ohio	Ogden, Utah
OCCUPATION	Railroad man	Housewife

Number of child of this mother, including present birth 10 Number of children of this mother now living, including present birth 10

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 7:25 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Chas. L. Gritman, M. D.
Per L. H. C.
(Physician or midwife)

Given names added from a supplemental report

..... 19.....

Address .....

Filed Jan 1 19 13 D. F. Rae

S-Y CO. 20174 Registrar Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Form V. S. No. 11-C—20m-2-19-12

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

PLACE OF BIRTH

County of

51 4/12 9 : 029-291

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

Form V. S. No. 11-C—10m-8-7-11

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

Registration District No. 15 — File No. 10761

Primary Registration District No. 2064 — Registered No. 390

PLACE OF BIRTH

County of Lalote

City of Kendrick

No. ____, ____ St.

Hospital ____

FULL NAME OF CHILD Clair Laverne Vaughan

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births) and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
M		yes	12 2 12

FATHER		MOTHER	
FULL NAME	Claude L. Vaughan	FULL MAIDEN NAME	Bertha A. Bratcher
RESIDENCE	Kendrick Idaho	RESIDENCE	same
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	23 (Years)	AGE AT LAST BIRTHDAY	21 (Years)
BIRTHPLACE	Mo.	BIRTHPLACE	Wash
OCCUPATION	farmer	OCCUPATION	housewife

Number of child of this mother, including present birth: one

Number of children, of this mother, now living, including present birth: one

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 7 40 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J E Hoyt M.D.

(Physician or Midwife)

Address Kendrick Ida

Given names added from a supplemental report

....., 19.....

Filed 12-30 19 12 J E Hoyt

Registrar

SYMS - YORK CO., PTRS. & BDRS. 17826

Registrar

APR 7 1970

315·206·029-291

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

PLACE OF BIRTH

County of Latah

City of Kendrick

No. ____, ____ St.

Hospital ____

Form V. S. No. 11-C—15m-6-20-11

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

Registration District No. 15 File No. 10762

Primary Registration District No. 3064 Registered No. 291

FULL NAME OF CHILD Francis Lamray

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Female			Yes	12 6 1912

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	Francis Earl Lamray	Pauline Bratten
RESIDENCE	Kendrick Ida.	Kendrick Idaho
COLOR / AGE AT LAST BIRTHDAY (Years)	White / 24	White / 27
BIRTHPLACE	Missouri	Washington
OCCUPATION	Farmer	Housewife

Number of child of this mother, including present birth ____ Number of children, of this mother, now living, including present birth ____

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Alive (Born alive or stillborn) at 8 A. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) W. A. Rothwell M.D.

(Physician or Midwife)

Address Kendrick Idaho

Given names added from a supplemental report

____, 19____

Filed 1-2 1913

J. E. Hoyt
Registrar

____
Registrar

S-Y CO., 16670

Dup of 1912. 344271

291-124-02 9-315

PLACE OF BIRTH

County of Latah

City of Kendrick

No. ____, ____ St.

Hospital ____

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

Form V. S. No. 11-C—15m-6-20-11

Registration District No. 15 File No. 10763

Primary Registration District No. 2064 Registered No. 392

FULL NAME OF CHILD Howard Adair Bratcher

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Male			Yes	11, 24, 1912

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	Elman S. Bratcher	Grace Edith Lanway
RESIDENCE	Kendrick Ida.	Kendrick Idaho
COLOR	White	White
AGE AT LAST BIRTHDAY (Years)	23	16
BIRTHPLACE	Mo. - Washington	Idaho
OCCUPATION	Farmer	Housewife

Number of child of this mother, including present birth 1

Number of children, of this mother, now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Alive (Born alive or stillborn) at 10 P M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) W. A. Rothwell M.D. (Physician or Midwife)

Address Kendrick Idaho

Given names added from a supplemental report

..... 19.....

Filed 1-2— 1913 J. E. Hoyt

S-Y CO., 16670 Registrar Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

FEB 27 1942

APR 13 1976

863-411079.493

PLACE OF BIRTH

County of Latah

City of ~~Deary~~ Avon

No. ..... St.

Hospital .....

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

Form V. S. No. 11-C—20m-2-15-12

CERTIFICATE OF BIRTH

Registration District No. 13

File No. 10764

Primary Registration District No. 2068

Registered No. 394

FULL NAME OF CHILD Gladys Mae

Sex of Child	Twin, Triplet or Other?	Number in order of birth	Legitimate?	Date of Birth
F.	—	4	Yes	Dec 11 — 2 (Month) (Day) 191 (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	Jacob Horbel	FULL MAIDEN NAME	Annie Michaelson
RESIDENCE	~~Deary~~ Avon	RESIDENCE	Avon
COLOR	W	COLOR	W.
AGE AT LAST BIRTHDAY	43 (Years)	AGE AT LAST BIRTHDAY	35 (Years)
BIRTHPLACE	Norway	BIRTHPLACE	Iowa
OCCUPATION	Farmer	OCCUPATION	H.W.

Number of child of this mother, including present birth 6th

Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive at 9:40 A.M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) P. C. Stanert

(Physician or midwife)

Address Deary

Given names added from a supplemental report

..... 19.....

Filed 12/11 19 2 P. C. Stanert

Registrar

S-Y CO. 20174

Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

MAY 1 9 1972

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

650 [illegible]

County of [illegible]

City of Deary — Registration District No. 13 — File No. 107[illegible]

No. _____ St. — Primary Registration District No. 2066 — Registered No. [illegible]

Hospital _____ Valley

FULL NAME OF CHILD _____

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
F.			Yes	Dec [illegible]

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	Carl Westby	Linne Peters
RESIDENCE	Deary Ida	Deary Ida
COLOR	W.	W.
AGE AT LAST BIRTHDAY (Years)	36	3[illegible]
BIRTHPLACE	Norway	Norway
OCCUPATION	laborer	H. W.

Number of child of this mother, including present birth 4 — Number of children of this mother now living, including present birth [illegible]

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn) at 3. [illegible] M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report

..... 19.....

..... Registrar

(Signature) Thomas Ware & Co

Bro. & family (can't write Eng)

(Physician or midwife)

Deary Ida.

Address .....

Filed 12/9 19 12 J. C. B Stamet Registrar

S-Y CO. 20174

JUN 2 1942

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

835.107.022219

PLACE OF BIRTH

County of Latah

City of Deary

No. ____ St.

Hospital ____

Form V. S. No. 11-C—20m-2-15-12

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 15 File No. 10766

Primary Registration District No. 2068 Registered No. 396

FULL NAME OF CHILD Clayton Douglas

Sex of Child	Twin, Triplet or other?	Number in order of birth	Legitimate?	Date of Birth
M.	(To be answered only in event of plural births)		Yes	Dec 7 (Month) (Day) 1912 (Year)

FATHER		MOTHER	
FULL NAME	Wilton H. Stevens	FULL MAIDEN NAME	Ella Karr
RESIDENCE	Deary	RESIDENCE	Deary
COLOR	W.	COLOR	W.
AGE AT LAST BIRTHDAY	28 (Years)	AGE AT LAST BIRTHDAY	22 (Years)
BIRTHPLACE	Canada	BIRTHPLACE	Kas.
OCCUPATION	carpenter	OCCUPATION	H.W.

Number of child of this mother, including present birth 3

Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn), at 10.9 A.M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) P. C. Stanst

Physician

(Physician or midwife)

Address Deary

Given names added from a supplemental report

....., 19.....

.....
Registrar

Filed 12/9 1912 P. C. Stanst
Registrar

S-Y CO. 20174

Form V. S. No. 11-C—20m-2-15-12

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

PLACE OF BIRTH

County of

(Day) (Year)

495-13-029-437

Form V. S. No. 11-C—20m-2-15-12

PLACE OF BIRTH

County of Latah

City of Deary

No. ..... St.

Hospital .....

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 15 File No. 10767

Primary Registration District No. 2066 Registered No. 397

FULL NAME OF CHILD Clyde Eugene Dinsmore

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
M			Yes	Dec 3, 1912

FATHER		MOTHER	
FULL NAME	Homer E. Dinsmore	FULL MAIDEN NAME	Florence McGary
RESIDENCE	Deary	RESIDENCE	Deary
COLOR	W.	COLOR	W.
AGE AT LAST BIRTHDAY (Years)	24	AGE AT LAST BIRTHDAY (Years)	23
BIRTHPLACE	Mo.	BIRTHPLACE	Mo.
OCCUPATION	Laborer	OCCUPATION	H.W.

Number of child of this mother, including present birth 1

Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn) on the date above stated, at 12:20 P.M.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) H. C. Stanat

Physician

(Physician or midwife)

Address Deary

Given names added from a supplemental report

..... 19.....

..... Registrar

Filed 12/9 19 12 H. C. Stanat

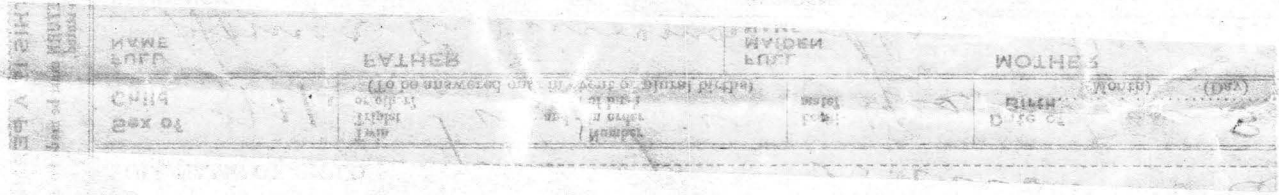
Registrar

5-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.



59-210-029 [redacted]

Form V. S. No. 11-C—20m-8-15-12

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH

County of Latah

City of Moscow

No. ..... St.

Hospital .....

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 15 File No. 10768

Primary Registration District No. 2062 Registered No. 378

FULL NAME OF CHILD Sally Eldora Erickson

Sex of Child	Twin, Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth (Month) (Day) (Year)
F		yes	Dec. 10 1912

FATHER		MOTHER	
FULL NAME	H. E. Erickson	FULL MAIDEN NAME	Mary Sather
RESIDENCE	Moscow	RESIDENCE	Moscow
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY	36 (Years)	AGE AT LAST BIRTHDAY	32 (Years)
BIRTHPLACE	Minn	BIRTHPLACE	Norway
OCCUPATION	Farmer	OCCUPATION	

Number of child of this mother, including present birth 3

Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was ..... (Born alive or ~~stillborn~~) at 11. P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. M. Clarke

(Physician or ~~midwife~~)

Address Moscow

Filed Dec 26 1912

Given names added from a supplemental report

..... 19.....

..... Registrar

S-Y CO. 20174

L. F. Rae Registrar

PLACE OF BIRTH

County of

5875

IDAHO DEPARTMENT OF HEALTH
BUREAU OF VITAL STATISTICS

RECEIVED
BUREAU OF
VITAL STATISTICS
JUN 9 11 07 AM '75

Affidavit to Correct or Amend An Original Certificate of Birth or Death

State of Idaho } ss.
County of ____

Certificate No. 10768

Date Filed ____

The undersigned does solemnly swear that certain facts on the certificate of birth (Birth or Death) for Unnamed Erickson (Name on Original Certificate) who was born (Was Born or Died) on Dec. 10, 1912 (Date of Event) in Moscow, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the true facts are shown by ____ (Bible Record, Insurance Policy, Etc.) prepared on ____ (Give Date), are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
Name	Omitted	Sally Eldora ~~Minnie Eldora~~ Erickson
Mothers maiden name	Mary Sather	Mary Holten

Subscribed and sworn to before me this ____ day of ____, 19____

Notary Public, residing at ____
My commission expires ____
(Seal)

Signed ____
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

____
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Wash. } ss.
County of King

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 29th day of May, 1975

Katherine M. Hutchinson
Notary Public, residing at Seattle, Wash.
My commission expires 1-30-79
(Seal)

Signed Jim E. Erickson (Brother)
(Signature of Any Credible Person)

561 - 24th Ave. Longview, Wash
12516 Pinnacle Ave. North, Seattle

FORM DH 60-155

JUL 1 6 1975

Memento & Certif. of Baptism for David Warren Middendorf child of Burton Kenneth Middendorf and Sally Eldors. born Nov. 23, 1945. Baptized March 30, 1947. view viewed by V. S.

Notific ton of Birth registrationf rom Seattle, Wash gives namd as Douglas John Middendorf born Feb. 25, 1939 at Seattle, Wash gives father's nameas Burton Kenneth Middendorf and mother's name as Sally Eldora Erickson. File no. 791 in Vol 1939. viewed by V. S

396-110-022-419

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

MARGIN RESERVED FOR BINDING

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Form V. S. No. 11-C—20m-2-16-12

PLACE OF BIRTH

County of Latah

City of Moscow

No. ..... St.

Hospital .....

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 15 File No. 10769

Primary Registration District No. 2062 Registered No. 379

FULL NAME OF CHILD Gerald Martin Crowe

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
M			yes	Dec 10 1912

FATHER		MOTHER	
FULL NAME	Bert Crowe	FULL MAIDEN NAME	Inez Martin
RESIDENCE	Moscow	RESIDENCE	Moscow
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY	25 (Years)	AGE AT LAST BIRTHDAY	25 (Years)
BIRTHPLACE	Wash.	BIRTHPLACE	Ore
OCCUPATION	Farmer	OCCUPATION	

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was ..... at 7 a. m. (Born alive or ~~stillborn~~) on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. H. Clarke

(Physician or midwife)

Address Moscow

Given names added from a supplemental report

..... 19.....

..... Registrar

Filed Dec 21 19 12

W. F. Kerr Registrar

S-Y CO. 20174

SEP 3 1942

SEP 20 1945

MAR 31 1975

295·225·02-2132

Form V. S. No. 11-C—20m-2-15-12

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

PLACE OF BIRTH

County of Ada

City of Meridian

No. ..... St.

Hospital

Registration District No. 15

Primary Registration District No. 2063

File No. 10770

Registered No. 393

FULL NAME OF CHILD Dagmar Breivik

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and — Number in order of birth	Legitimate?	Date of Birth
F	—	—	Yes	12 (Month) 25 (Day) 191 (Year)

FATHER		MOTHER	
FULL NAME	G. J. Breivik	FULL MAIDEN NAME	Inga Tollerud
RESIDENCE	Meridian	RESIDENCE	Meridian
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY (Years)	44	AGE AT LAST BIRTHDAY (Years)	24
BIRTHPLACE	Norway	BIRTHPLACE	Texas
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth .....

Number of children of this mother now living, including present birth .....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn), at 3 P M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) W. H. Cohen

Meridian

(Physician or midwife)

Address .....

Given names added from a supplemental report

..... 19.....

Filed 12-25 1912 W. H. Cohen

..... Registrar

S-Y CO. 20174

..... Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

OCT 1 3 1971

DECEASED

893-102-024-168

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

Form V. S. No. 11-C—10m-8-7-11

PLACE OF BIRTH

County of Latah

City of Troy

No. ____, ____ St.

Hospital ____

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

Registration District No. 1 S

Primary Registration District No. 2065

File No. 10771

Registered No. 381

FULL NAME OF CHILD Edward Floyd Hicks

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Male			Yes	Dec 2nd 1912

	FATHER	MOTHER
FULL NAME	Earl R Hicks	Cora M. Johnson
RESIDENCE	Troy Idaho	Troy Idaho
COLOR	White	White
AGE AT LAST BIRTHDAY (Years)	23	28
BIRTHPLACE	Idaho	Minn.
OCCUPATION	Common Laborer	Home Wife

Number of child of this mother, including present birth 4

Number of children, of this mother, now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive Dec 2nd 1912 at 6 a. M. on the date above stated.

(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J W Thorn

Physician

(Physician or Midwife)

Address Troy Idaho

Given names added from a supplemental report

....., 19.....

.....

Registrar

Filed Dec 2 1912 J W Thorn

Registrar

SYMS - YORK CO., PTRS. & BDRS. 17826

4/14/41 L. B.

Mountain Home Ida

RECEIVED

APR 29 1941

April 28-41

This is to certify that my Son Edward's full name is Edward Floyd Hicks

Earl R. Hicks

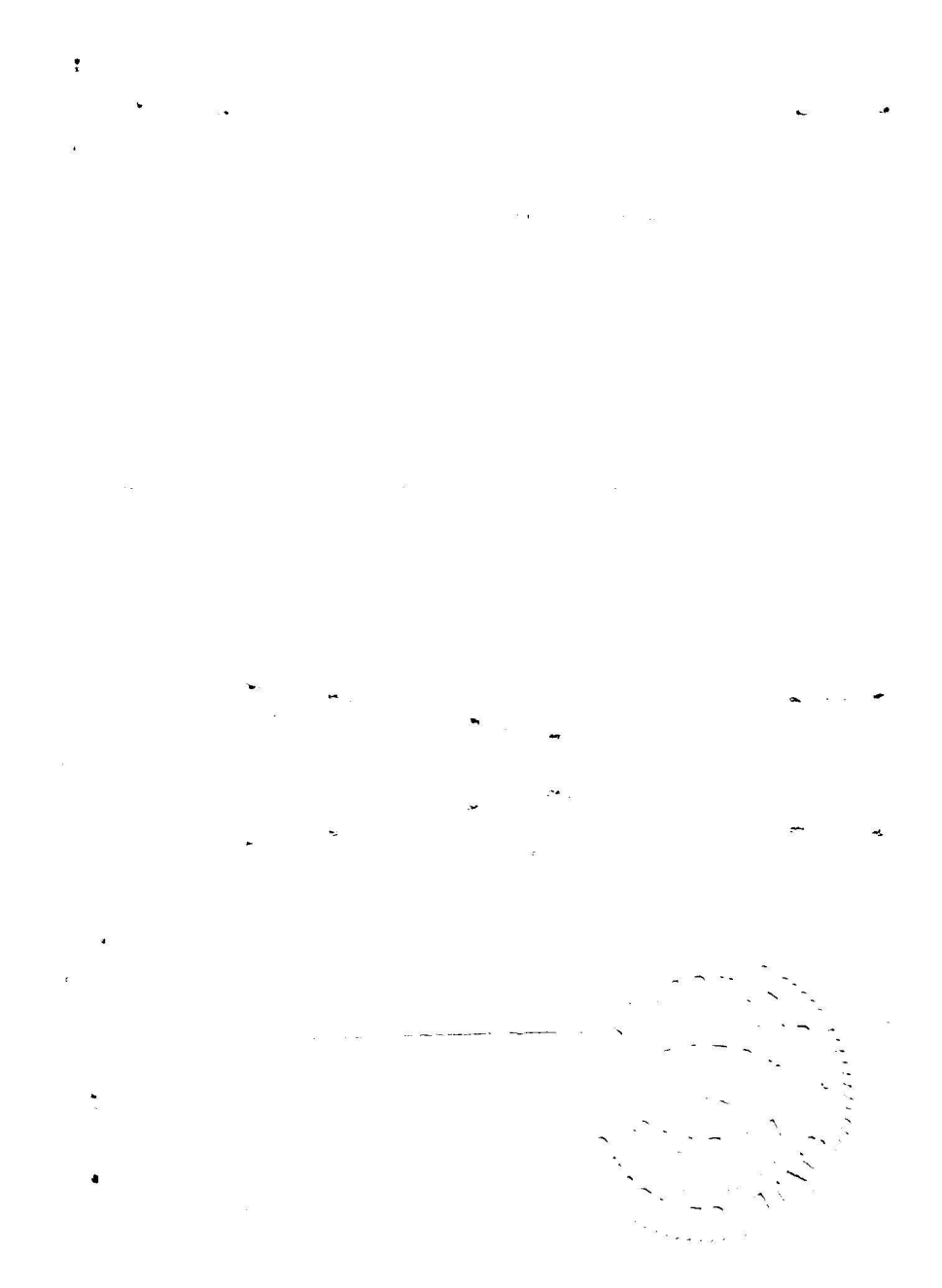
Father.

Subscribed and swern to before me this 28th day of April, 1941.

O. E. Worell

Notary Public.

Mountain Home, Idaho.



353-119-029-699

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

PLACE OF BIRTH

County of Latah

City of Troy

No ____, ____ St.

Hospital ____

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

Registration District No 15 File No. 10772

Primary Registration District No. 2065 Registered No. 382

FULL NAME OF CHILD Arthur Henry Leland

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Male			yes	Dec 19, 1912

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	Wm S. Leland	Selma Christina Frisk
RESIDENCE	Troy Idaho	Troy Idaho
COLOR / AGE AT LAST BIRTHDAY (Years)	White / 28	White / 23
BIRTHPLACE	Neb.	Troy Idaho
OCCUPATION	Electrician	Domestic Duties

Number of child of this mother, including present birth 1

Number of children, of this mother, now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive Dec 19th 1912, at 6:15 P.M. on the date above stated.

(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J W Olson

Physician

(Physician or Midwife)

Address Troy Idaho

Given names added from a supplemental report

....., 19.....

Filed Dec 19 1912 J W Olson

Registrar

SYMS - YORK CO., PTRS. & BDRS. 17326

Registrar

MAR 27 1942

MARGIN RESERVED FOR BINDING

WRITE PLAINLY. WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, SEPARATE RETURN must be made for each and the number of each in order of birth stated

253/12 (029-369)

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

Form V. S. No. 11-C—10m-8-7-11

PLACE OF BIRTH

County of Latah

City of Troy

No ____, ____ St.

Hospital ____

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

Registration District No 18

File No. 10773

Primary Registration District No 2065

Registered No. 383

FULL NAME OF CHILD Richard Lewis Kelly

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Male			Yes	Dec 22 1912

FATHER

FULL NAME Wm James Kelly

RESIDENCE Troy Idaho

COLOR White AGE AT LAST BIRTHDAY 35 (Years)

BIRTHPLACE Isle of Mann

OCCUPATION Farmer

MOTHER

FULL MAIDEN NAME Ruth Corkill

RESIDENCE Troy Idaho

COLOR White AGE AT LAST BIRTHDAY 35 (Years)

BIRTHPLACE Isle of Mann

OCCUPATION Honor Wife

Number of child of this mother, including present birth 5

Number of children, of this mother, now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive Dec 22, at 5 P. M. on the date above stated.

(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J W Dolan

Physician

(Physician or Midwife)

Address Troy Idaho

Given names added from a supplemental report

....., 19....

Filed Dec 23 1912

J W Dolan

Registrar

SYMS - YORK CO., PTRS. & SDRS. 17326

Registrar

JAN 14 1947

216-130-029-673

Form U. S. No. 11-C—10m-8-7-11

PLACE OF BIRTH

County of Latah

City of Troy

No _____, _____ St.

Hospital _____

STATE OF IDAHO
Bureau of Vital Statistics
CERTIFICATE OF BIRTH

Registration District No. 2065 File No. 10774

Primary Registration District No. 15 Registered No. 384

FULL NAME OF CHILD ~~Orvelle~~ Roger Sawyer

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Male			Yes	Dec 30 1912

FATHER		MOTHER	
FULL NAME	Clayton R Sawyer	FULL MAIDEN NAME	Dolly E Oglesby
RESIDENCE	Troy Idaho	RESIDENCE	Troy Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	27 (Years)	AGE AT LAST BIRTHDAY	28 (Years)
BIRTHPLACE	S. D.	BIRTHPLACE	Mo.
OCCUPATION	Mail Carrier	OCCUPATION	Housewife

Number of child of this mother, including present birth 3

Number of children, of this mother, now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) on the date above stated. Dec 30 1912, at 1:45 a M.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J E Wolcott
Physician
(Physician or Midwife)

Address Troy Idaho

Given names added from a supplemental report

....., 19.....

Filed Dec 30 1912 J E Wolcott
Registrar

.....
Registrar

SYMS - YORK CO., PTRS. & BORS. 17326

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS
AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of Washington }
County of Clark } ss.

Certificate No. 10774

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of Birth (Birth or Death)
for Orville Roger Sawyer (Name on Original Certificate) who was Born (Was Born or Died) on December 30th.1912 (Date of Event)
in Troy, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts are shown by (Bible Record, Insurance Policy, Etc.) prepared on (Give Date), are:

FACTS TO BE CORRECTED ("Name", "Birth Date", "Cause of Death", Etc.)	FROM (As on Original)	TO (The Correct Facts)
Name	Orville	Orval Roger Sawyer

Subscribed and sworn to before me this 30th. day of June, 19 43

L J Moody
Notary Public, residing at Washougal.
My commission expires August 4th.1946
(Seal)

Signed Orlie Sawyer
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)
Washougal, Washington.
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Washington }
County of Clark } ss.

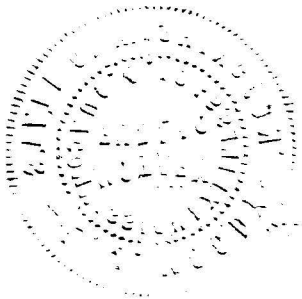
[This Affidivat **MUST** Also be Executed.
(See Chapter 139, 1937 Idaho Session Laws.)]

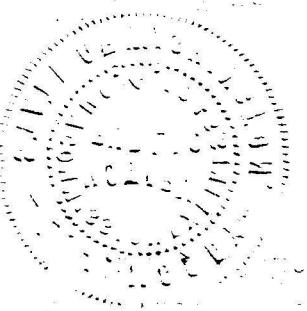
The undersigned does solemly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 30th. day of June, 19 43

L J Moody
Notary Public, residing at Washougal,
My commission expires August 4th.1946
(Seal)

Signed Mrs Nettie Gardner
(Signature of Any Credible Person Other Than Previous Year)
Washougal, Washington.
(Street Address, City, State)





JUL 6 1943

168-112-02-265

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

Form V. S. No. 11-C—10m-8-7-11

PLACE OF BIRTH

County of Latah

City of Troy

No. ____, ____ St.

Hospital ____

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

Registration District No. 2065 File No. 10775

Primary Registration District No. 15 Registered No. 385

FULL NAME OF CHILD Verner Emmanuel Johnson

Sex of Child	Twin, Triplet or other?	Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Male	(To be answered only in event of plural births)		yes	Sept 12 1912

FATHER	MOTHER
FULL NAME Erick O Johnson	FULL MAIDEN NAME Anna Victoria Sonneson
RESIDENCE Troy Idaho	RESIDENCE Troy Idaho
COLOR White AGE AT LAST BIRTHDAY 32 (Years)	COLOR White AGE AT LAST BIRTHDAY 22 (Years)
BIRTHPLACE Sweden	BIRTHPLACE Sweden
OCCUPATION Farmer	OCCUPATION Housewife

Number of child of this mother, including present birth 2

Number of children, of this mother, now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive Sept 12 1912 at 10 a. M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Erick O Johnson
Father
(Physician or Midwife)

Address Troy Idaho

Given names added from a supplemental report

....., 19.....

Filed Dec 31 1912 Jno Loom
Registrar

.....
Registrar

SYMS - YORK CO., PTRS. & BDRS 17326

285-11-41039-249

PLACE OF BIRTH

County of Latah

City of Potlatch

No. ____, ____ St.

Hospital ____

Form V. S. No. 11-C—15m-6-20-11

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

Registration District No. 15 File No. 10776

Primary Registration District No. 2066 Registered No. 387

FULL NAME OF CHILD Howard Albert Shearer

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
M			Yes	12 14 1912

FATHER	MOTHER
FULL NAME Frank Shearer	FULL MAIDEN NAME Luisa Smith
RESIDENCE Potlatch	RESIDENCE Potlatch
COLOR W AGE AT LAST BIRTHDAY 23 (Years)	COLOR W AGE AT LAST BIRTHDAY 21 (Years)
BIRTHPLACE Iowa	BIRTHPLACE Iowa
OCCUPATION Painter	OCCUPATION House Wife

Number of child of this mother, including present birth 2

Number of children, of this mother, now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn) at 10 A. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. S. LePard M D

(Physician or Midwife)

Address Potlatch Ida

Given names added from a supplemental report

....., 19.....

Registrar

Filed Dec. 21 - 1912 D. Jr. Thompson

Registrar

S-Y CO., 16670

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

PLACE OF BIRTH

RESIDENCE

COLOR

AGE AT LAST BIRTHDAY (Years)

BIRTHPLACE

432-108-029-693

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

Form V. S. No. 11-C—10m-8-7-11

PLACE OF BIRTH

County of Latah

City of

No. ____, ____ St.

Hospital

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

Registration District No. 16. File No. 10777

Primary Registration District No. 2066 Registered No. 388

FULL NAME OF CHILD Wiley Thomas McBride

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Male			Yes	June 8, 1912

FATHER		MOTHER	
FULL NAME	J F McBride	FULL MAIDEN NAME	Josie Wiley
RESIDENCE	Latah Co	RESIDENCE	Latah Co
COLOR	White	AGE AT LAST BIRTHDAY (Years)	45
COLOR	White	AGE AT LAST BIRTHDAY (Years)	34
BIRTHPLACE	Ind.	BIRTHPLACE	Iowa
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 4

Number of children, of this mother, now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 7 a M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) D B Hanson MD

(Physician or Midwife)

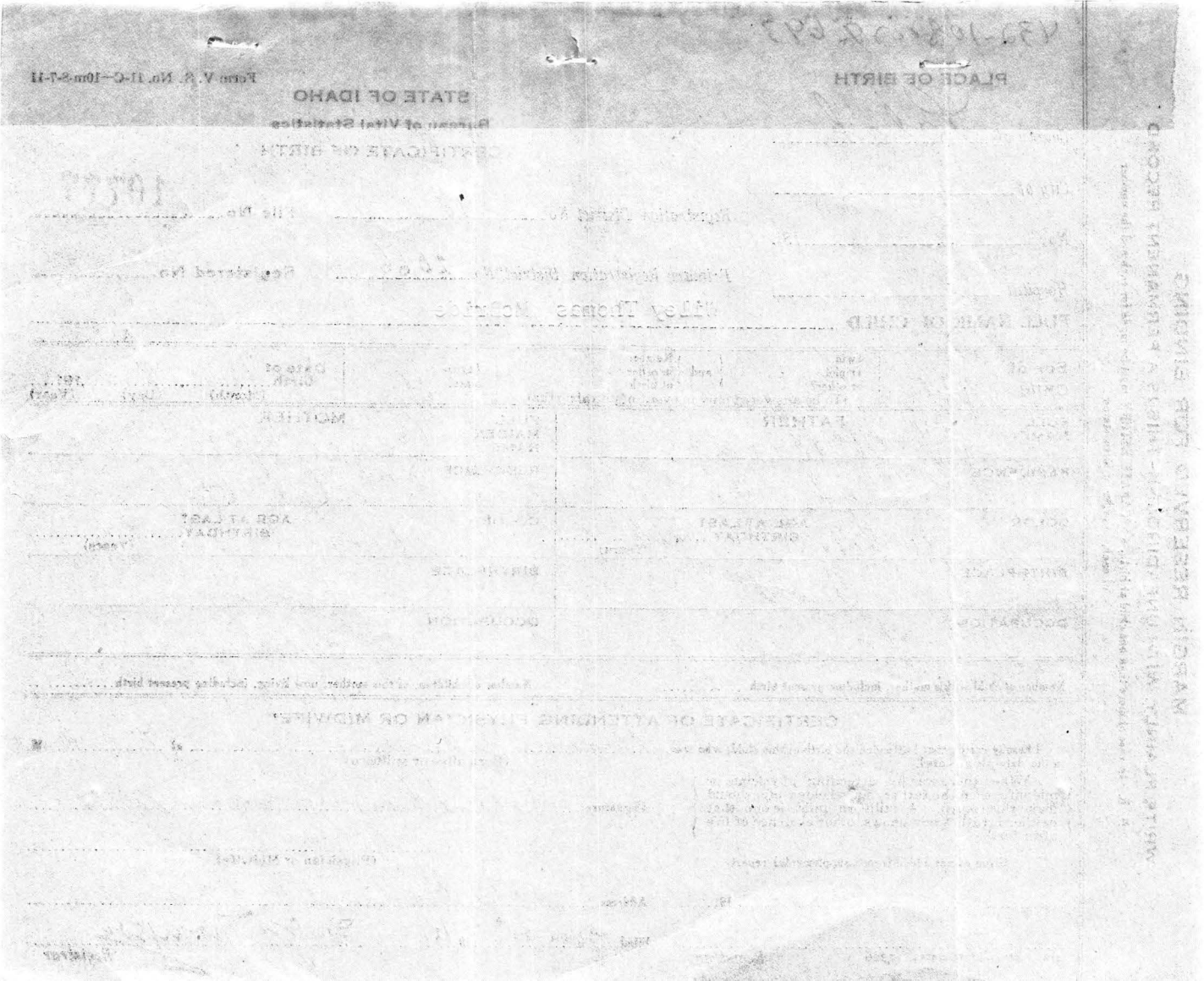
Address Palouse Wash

Given names added from a supplemental report

....., 19.....

Filed June 20th 1912. Dr. J.W. Thompson Registrar

SYMS - YORK CO., PTRS. & SDRS. 17826 Registrar



IDAHO DEPARTMENT OF HEALTH

BUREAU OF VITAL STATISTICS

RECEIVED JUL 26 4 21 PM '73 VITAL STATISTICS BUREAU OF HEALTH

Affidavit to Correct or Amend An Original Certificate of Birth or Death

State of Idaho } ss.
County of Latah }

Certificate No. 10777

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of birth for Unnamed McBride (Male) who was born on June 8, 1912
(Name on Original Certificate) (Was Born or Died) (Birth or Death) (Date of Event)

in Latah Co., Idaho are erroneous or were omitted; and that, to the best of his knowledge, the
(Place of Event)

true facts are shown by Certificate of Marriage prepared on Nov. 23, 1932, are:
(Bible Record, Insurance Policy, Etc.) (Give Date)

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
Child's name	Unnamed	Wiley Thomas McBride

Subscribed and sworn to before me this 23 day of July, 1973.

Notary Public, residing at Moscow, Idaho

My commission expires 7-1-74

(Seal)

Signed Janice Lauer, daughter
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

2060 First Ave, Aberdeen, Wn. 98520
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Idaho } ss.
County of Latah }

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 23 day of July, 1973.

Notary Public, residing at Moscow, Idaho

My commission expires 7-1-74

(Seal)

Signed Ralph McBride
(Signature of Any Credible Person)

630 Residence Moscow Ida 83843
(Street Address, City, State)

FORM DH 60-155 CL 7/19/73 nm

Own child's birth certificate on file in Idaho (#254202) gives child's name as Janis Rae McBride. Father's name as Wiley Thomas McBride. Viewed by V. S.

AUG 21 1973

Social Security Card (519-22-6112) gx gives name as Wiley T. McBride. Viewe d VS

MAR 15 1976

243.103.0292/2/3

PLACE OF OCCURRENCE

County of Latah

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

City of Moscow Registration District No. 15 File No. 10778

No. ____, ____ St. Primary Registration District No. 2066 Registered No. 374

Hospital ____

FULL NAME OF CHILD Chester Bull

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Male			Yes	12, 3, 1912

FATHER		MOTHER	
FULL NAME	Walbert Bull	FULL MAIDEN NAME	Luella Bull
RESIDENCE	Moscow	RESIDENCE	Moscow
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY (Years)	35	AGE AT LAST BIRTHDAY (Years)	34
BIRTHPLACE	Minn	BIRTHPLACE	Idaho
OCCUPATION	Laborer	OCCUPATION	Housewife

Number of child of this mother, including present birth 5 Number of children, of this mother, now living, including present birth 5

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 3 a M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. S. McCarl M.D.

(Physician or Midwife)

Address Potlatch Idaho

Given names added from a supplemental report

....., 19.....

Filed Dec. 10 1912. D. J. M. Thompson

Registrar

S-Y CO., 16670

Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

SEP 20 1955

NOV 9 1976

693-102-029

PLACE OF BIRTH

Form V. S. No. 11-C—10m-9-7-11

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

File No. 10729

County of Latah.

City of Potlatch

Registration District No. 30

No ....., ... St.

Primary Registration District No. 30 Registered No. 370

Hospital .....

FULL NAME OF CHILD Kenneth. Ogden. Williams.

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Male.	✓	2	yes.	Nov. 2 1912.

FATHER	MOTHER
FULL NAME: Samuel. P. Williams.	FULL MAIDEN NAME: Bessie. M. Elworthy.
RESIDENCE: Potlatch.	RESIDENCE: Potlatch.
COLOR: white. AGE AT LAST BIRTHDAY: 26 (Years)	COLOR: white. AGE AT LAST BIRTHDAY: 24. (Years)
BIRTHPLACE: Oregon.	BIRTHPLACE: Oregon.
OCCUPATION: Drug. Clerk.	OCCUPATION: Housewife.

Number of child of this mother, including present birth... 2. twin

Number of children, of this mother, now living, including present birth... 2.

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive. (Born alive or stillborn) at 5 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) D. J. W. Thompson M D.

(Physician or Midwife)

Address Potlatch Idaho.

Given names added from a supplemental report

....., 19.....

Filed Dec - 14 - 1912. J. W. Thompson M.D.

Registrar

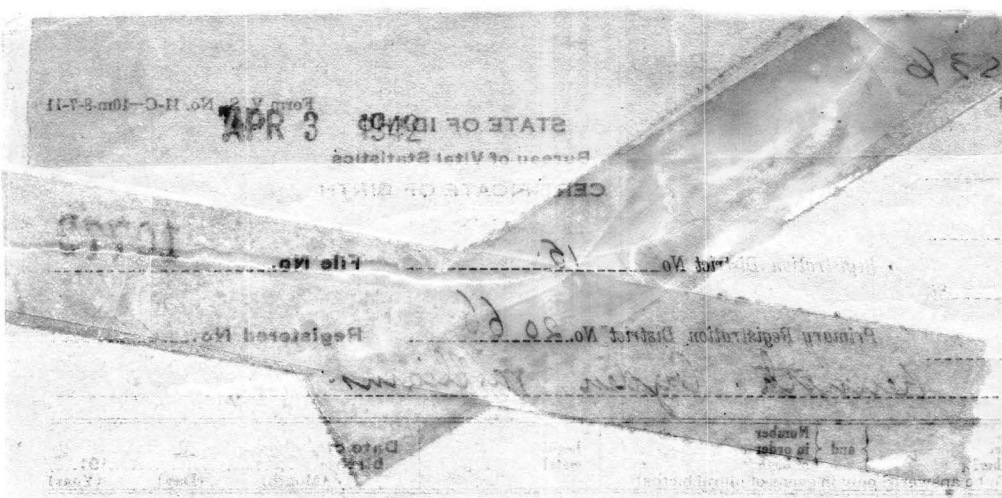
Registrar

SYMS - YORK CO., PTRS. & BDRS. 17326

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated



331-205 22-9-85

MARGIN RESERVED FOR BINDING

WRITE PLAINLY. WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

Form V. S. No. 11-C—10m-8-7-11

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

PLACE OF BIRTH

County of Latah

City of Potlatch

No ____, ____ St.

Hospital ____

Registration District No. 15 File No. 10780

Primary Registration District No. 2066 Registered No. 371

FULL NAME OF CHILD Maren Clausen

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Female	✓	✓	yes	Dec. 5, 1912

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	Rasmus Clausen	Maren C. Hansen
RESIDENCE	Potlatch	Potlatch
COLOR	White	White
AGE AT LAST BIRTHDAY (Years)	38	30
BIRTHPLACE	Denmark	Denmark
OCCUPATION	Farmer	Housewife

Number of child of this mother, including present birth 4th

Number of children, of this mother, now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 11 05 P.M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report

....., 19.....

.....
Registrar

(Signature) J. W. Thompson M.D.

(Physician or Midwife)

Address Potlatch Idaho

Filed Dec 17 1912 J. W. Thompson
Registrar

SYMS - YORK CO., PTRS. & BDRS. 17326

MAR 16 1956

764-122-029-293

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

Form V. S. No. 11-C—10m-8-7-11

PLACE OF BIRTH

County of Latah

City of Potlatch

No ____, ____ St.

Hospital ____

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

Registration District No 15. File No. 10781

Primary Registration District No. 2066. Registered No. 372

FULL NAME OF CHILD Donald Oscar Roarch.

Sex of Child: Male	Twin, Triplet or other? ✓ and Number in order of birth ✓ (To be answered only in event of plural births)	Legitimate? yes	Date of birth: Dec. 22. 1912. (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	George Oscar Roarch.	FULL MAIDEN NAME	Nellie Elvira Boyce (Bice)
RESIDENCE	Potlatch	RESIDENCE	Potlatch
COLOR	white	COLOR	white
AGE AT LAST BIRTHDAY	26 (Years)	AGE AT LAST BIRTHDAY	18 (Years)
BIRTHPLACE	N. Carolina	BIRTHPLACE	Minnesota
OCCUPATION	Sawyer in Lumber Mill	OCCUPATION	Housewife

Number of child of this mother, including present birth 1st

Number of children, of this mother, now living, including present birth one.

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive. (Born alive or stillborn) at 4.30 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report

....., 19.....

.....
Registrar

(Signature) D. J. M. Thompson M. D.
(Physician or Midwife)

Address Potlatch Idaho.

Filed Dec 30 19 12. D. J. M. Thompson
Registrar

SYMS - YORK CO., PTRS. & BDRS. 17326

FOR RECORDING
MARION ERICKSON
INSTRUMENT NUMBER

413217: 029-253

PLACE OF BIRTH

County of Latah

City of Potlatch

No. 220, Line St.

Hospital

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

Form V. S. No. 11-C—15m-6-20-11

Registration District No. 15

File No. 10782

Primary Registration District No. 2066

Registered No. 373

FULL NAME OF CHILD alice Daly

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Female			Yes	12 17 1912

FATHER	MOTHER
FULL NAME: Richard C Daly	FULL MAIDEN NAME: Nellie Betz
RESIDENCE: Potlatch	RESIDENCE: Potlatch
COLOR: W	COLOR: W
AGE AT LAST BIRTHDAY: 22 (Years)	AGE AT LAST BIRTHDAY: 18 (Years)
BIRTHPLACE: Texas	BIRTHPLACE: Missouri
OCCUPATION: Laborer	OCCUPATION: Housewife

Number of child of this mother, including present birth: 1

Number of children, of this mother, now living, including present birth: 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn) at 6:00 A.M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J S LePard MD

(Physician or Midwife)

Address Potlatch

Given names added from a supplemental report

....., 19.....

Filed Dec 21 1912 D. J. Thompson

S-Y CO., 16670

Registrar

Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

MAY 27 1964

295-107-029-295

PLACE OF BIRTH

Form V. S. No. 11-C—15m-6-20-11

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

County of Latah

City of Onaway

Registration District No. 15 File No. 10783

No. ____, ____ St.

Primary Registration District No. 2066 Registered No. 386

Hospital ____

FULL NAME OF CHILD Ernest King

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) 12 (Day) 7 (Year) 1912
Male			Yes	

	FATHER	MOTHER
FULL NAME		FULL MAIDEN NAME Edith King
RESIDENCE		RESIDENCE Onaway
COLOR	AGE AT LAST BIRTHDAY ____ (Years)	COLOR W AGE AT LAST BIRTHDAY 19 (Years)
BIRTHPLACE		BIRTHPLACE Oregon
OCCUPATION		OCCUPATION Domestic

Number of child of this mother, including present birth 1

Number of children, of this mother, now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was ____ (Born alive or stillborn) at 6 P M. on the date above stated.

(Signature) J S Le Pard

(Physician or Midwife)

Address ____

Filed Dec. 12 1912. J.W. Thompson Registrar

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report

____, 19____

____ Registrar

S-Y CO., 16670

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

Dup #1912-221421

652.21 [redacted] 623

PLACE [redacted]

Form V. S. No. 11-C—10m-8-7-11

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

County of Lewis

City of Nezperce

No ____, ____ St.

Registration District No. 32 File No. 10784

Primary Registration District No. 2127 Registered No. 208

Hospital ____

FULL NAME OF CHILD Amanda Magdalena Westerman

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Fem			Yes	1 17 1912

FATHER	MOTHER
FULL NAME H. Westerman	FULL MAIDEN NAME Emma Osterman
RESIDENCE Nezperce	RESIDENCE Nezperce
COLOR W. AGE AT LAST BIRTHDAY 43 (Years)	COLOR W. AGE AT LAST BIRTHDAY 33 (Years)
BIRTHPLACE Ill.	BIRTHPLACE Ger.
OCCUPATION Farmer	OCCUPATION Hse

Number of child of this mother, including present birth 6

Number of children, of this mother, now living, including present birth 6

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was ____, at 7 30 P. M. on the date above stated.

(Born alive ~~or stillborn~~)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) O. G. Jeffreys

(Physician or ~~Midwife~~)

Given names added from a supplemental report

....., 19.....

Address Nezperce Idaho

Filed 1-7-13 Elmer B. Rogers

SYMS - YORK CO., PTRS. & BDRS. 17326

Registrar

Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

STATE OF IDAHO

MAY 29 1951

360-206 (C3-464

PLACE OF BIRTH

Form V. S. No. 11-C—10m-8-7-11

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

County of Lewis

City of Nezperce

No ____, ____ St.

Hospital ____

Registration District No. 32 File No. 10785

Primary Registration District No. 2127 Registered No. 209

FULL NAME OF CHILD Elsie Thomas

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
F.			Yes	2 6 1913

FATHER		MOTHER	
FULL NAME	Henry Thomas	FULL MAIDEN NAME	Hattie Hodson
RESIDENCE	Nezperce	RESIDENCE	Nezperce
COLOR	W.	AGE AT LAST BIRTHDAY (Years)	38
COLOR	W.	AGE AT LAST BIRTHDAY (Years)	32
BIRTHPLACE	Mich.	BIRTHPLACE	Can.
OCCUPATION	Farmer	OCCUPATION	Yes.

Number of child of this mother, including present birth 4

Number of children, of this mother, now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was ____, at 1 P M. on the date above stated.

(Born alive ~~or stillborn~~)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) O. A. Jefferys

(Physician or Midwife)

Given names added from a supplemental report

____ 19__

Address Nezperce Idaho

Filed 1-7-13 Elsie B. Rogers

Registrar

Registrar

SYMS - YORK CO., PTRS. & BDRS. 17626

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

PLACE OF BIRTH

STATE OF IDAHO

Form V. S. No. [illegible]—10m-8-7-41

ted from a supplemental report

(Physician or Midwife)

Address

Filed 19

Registrar

419.17.037-844

PLACE OF BIRTH

STATE OF IDAHO — Form V. S. No. 11-E—16m-6-20-14

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

County of Lemhi

City of Reubens — Registration District No. 32 — File No. 10786

No. ____, ____ St. — Primary Registration District No. 2127 — Registered No. 210

Hospital ____

FULL NAME OF CHILD George Humphreys Marshall

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Male			yes	March 17, 1912

FATHER		MOTHER	
FULL NAME	George W Marshall	FULL MAIDEN NAME	Gertrude Humphreys
RESIDENCE	Reubens, Ida.	RESIDENCE	Reubens, Ida.
COLOR	White	AGE AT LAST BIRTHDAY (Years)	33
COLOR	White	AGE AT LAST BIRTHDAY (Years)	31
BIRTHPLACE	Missouri	BIRTHPLACE	Missouri
OCCUPATION	Farm Wheelwrightman	OCCUPATION	Housewife

Number of child of this mother, including present birth 4

Number of children, of this mother, now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 3 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) George Gaisgmard

Physician (Physician or Midwife)

Address Reubens Ida.

Given names added from a supplemental report

....., 19.....

Filed 1-9-1913 Elton B. Rogers Registrar

.....
Registrar

S-Y CO., 16670

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

JAN 21 1975

652-217-031-315

PLACE OF BIRTH

Form V. S. No. 11-C—15m-6-20-11

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

County of Lewis

City of Reubens

Registration District No. 32 File No. 10787

No. ____, ____ St.

Primary Registration District No. 2127 Registered No. 211

Hospital EUFA

FULL NAME OF CHILD Ernestine [illegible] Webb

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth
Female			yes	July (Month) 17 (Day) 1912 (Year)

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	Ernest Webb	Lula Landers
RESIDENCE	Reubens	Reubens
COLOR	White	White
AGE AT LAST BIRTHDAY	29 (Years)	30 (Years)
BIRTHPLACE	Missouri	Virginia
OCCUPATION	Lumberman	Housewife

Number of child of this mother, including present birth 4

Number of children, of this mother, now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 1130 A. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) George Gaignard

Physician

(Physician or Midwife)

Address Reubens Idaho

Given names added from a supplemental report

....., 19.....

Filed 1-9- 19.1[illegible] Elsie B. Rogers

Registrar

.....

Registrar

S-Y CO., 16670

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

Form V. S. No. 11-C—Rev. 6-30-41

PLACE OF BIRTH

County of Ada

DEC 20 1944

MARGIN RESERVED FOR BINDING

WRITE PLAINLY. WITH UNFADING INK—THIS IS A PERMANENT RECORD.

If it is one of more than one child at birth, a SEP ARATE RETURN must be made for each and the number of each, in order of birth, added.

S67-102-031-267

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

Form V. S. No. 11-C—10m-8-7-11

STATE OF IDAHO
Bureau of Vital Statistics
CERTIFICATE OF BIRTH

PLACE OF BIRTH

County of Lewis

City of Russel

No _____, _____ St.

Hospital _____

Registration District No 32 File No. 10788

Primary Registration District No 2127 Registered No. 212

FULL NAME OF CHILD Martin Joseph Peter Nogengast

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
M			yes	10 7 1912

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	Geo H. Nogengast	Josephine Bogner
RESIDENCE	Russel	Russel
COLOR	W.	W.
AGE AT LAST BIRTHDAY (Years)	37	30
BIRTHPLACE	Ner	Ner.
OCCUPATION	Farmer	Hse

Number of child of this mother, including present birth 8

Number of children, of this mother, now living, including present birth 7

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended ~~the~~ did not birth of this child, who was _____ (Born alive or ~~stillborn~~) at 1 30 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) O. A. Jeffreys

(Physician or ~~Midwife~~)

Address Nampa Ida

Given names added from a supplemental report

_____, 19____

_____ Registrar

Filed 1-7-1913 Ellen B. Rogers Registrar

SYMS - YORK CO., PTRS. & BDRS. 17326

JUL 7 1976

789-114-031-651

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

Form V. S. No. 11-C—10m-8-7-11

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

PLACE OF BIRTH

County of Lewis

City of Nezperce

No ____, ____ St.

Hospital CLAIR

Registration District No. 32 File No. 10789

Primary Registration District No. 3127 Registered No. 213

FULL NAME OF CHILD Clair Maurice Phillips

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Male			Yes	10 14 1912

FATHER		MOTHER	
FULL NAME	Chas. A. Phillips	FULL MAIDEN NAME	Cleo Vear
RESIDENCE	Nezperce	RESIDENCE	Nezperce
COLOR	W.	COLOR	W.
AGE AT LAST BIRTHDAY (Years)	25	AGE AT LAST BIRTHDAY (Years)	19
BIRTHPLACE	Kan.	BIRTHPLACE	Wash
OCCUPATION	Laborer	OCCUPATION	None

Number of child of this mother, including present birth 1

Number of children, of this mother, now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was (Born alive ~~or stillborn~~), at 9:40 A. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) D. A. Jeffreys

(Physician or ~~midwife~~)

Address Nezperce Ida.

Given names added from a supplemental report

....., 19.....

Filed 1-7-1913 Edna D. Rogers

Registrar

SYMS - YORK CO., PTRS. & BDRS. 17326

Registrar

NOV 20 1942

JUL 12 1944

Corrected from certificate #257583

Dup of 1912-257583

659-116-031-231

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

Form V. S. No. 11-C—10m-8-7-11

PLACE OF BIRTH

County of Lemhi

City of Nezperce

No ____, ____ St.

Hospital ____

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

Registration District No. 32 File No. 10790

Primary Registration District No. 2127 Registered No. 214

FULL NAME OF CHILD Harley Allen Fenuabaw

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
M.			Y	10 16 192

FATHER		MOTHER	
FULL NAME	Crawford Fenuabaw	FULL MAIDEN NAME	Josie Blakely
RESIDENCE	Nezperce	RESIDENCE	Nezperce
COLOR	W.	COLOR	W.
AGE AT LAST BIRTHDAY (Years)	45	AGE AT LAST BIRTHDAY (Years)	37
BIRTHPLACE	Iowa	BIRTHPLACE	Iowa
OCCUPATION	Farmer	OCCUPATION	Hse

Number of child of this mother, including present birth 7

Number of children, of this mother, now living, including present birth 7

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was ____ (Born alive ~~or stillborn~~), at 12 57 A. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) D. A. Jaffray

(Physician ~~or Midwife~~)

Address Nezperce

Given names added from a supplemental report

____, 19____

Filed 1-7-1913 Elmer B. Rogers

____ Registrar

Registrar

SYMS - YORK CO., PTRS. & BDRS. 17326

APR 1 1 1973

439-118-07-659

PLACE OF BIRTH

County of Lewis

City of Nezperce

No ____, ____ St.

Hospital ____

Form V. S. No. 11-C—10m-8-7-11

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

* Registration District No 32 File No. 10791

Primary Registration District No. 2127 Registered No. 215

FULL NAME OF CHILD Ben McInroy

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births) and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
M.		Y	10 18 1912

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	Joe McInroy	Ida Ferguson
RESIDENCE	Nezperce	Nezperce
COLOR	W.	W.
AGE AT LAST BIRTHDAY (Years)	38	32
BIRTHPLACE	Cal.	Cal.
OCCUPATION	Laborer	Hse

Number of child of this mother, including present birth 5

Number of children, of this mother, now living, including present birth 5

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was ____, at 11 55 P. M. on the date above stated.

(Born alive ~~or stillborn~~)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) O A Jayne

(Physician ~~or Midwife~~)

Address Nezperce

Given names added from a supplemental report

____, 19____

____ Registrar

Filed 1-7-1913 Elmo B. Rogers Registrar

SYMS - YORK CO., PTRS. & BDRS. 17326

RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a separate return must be made for each and the number of each, in order of birth stated

IDAHO DEPARTMENT OF HEALTH

BUREAU OF VITAL STATISTICS

RECEIVED
VITAL STATISTICS
JUN 24 9 04 AM '77

Affidavit to Correct or Amend An Original Certificate of Birth or Death

State of ..... } ss.
County of ..... }

Certificate No. 10791

Date Filed .....

The undersigned does solemnly swear that certain facts on the certificate of birth (Birth or Death)
for Unnamed McInroy (Male) (Name on Original Certificate) who was born (Was Born or Died) on Oct 18, 1912 (Date of Event)
in Nezperce, Idaho (Lewis) (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts are shown by ..... (Bible Record, Insurance Policy, Etc.) prepared on ..... (Give Date), are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
child's name	Unnamed	Benjaman Franklin McInroy

Subscribed and sworn to before me this 12th day of December, 1977

Robert T. Richard

Notary Public, residing at W. Sacto. Ca.

My commission expires 12-2-78

ROBERT T. RICHARD
NOTARY PUBLIC
COUNTY OF YOLO
My Commission
Expires December 2, 1978

Signed Stella McInroy Pennick
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.) Sister

1605 Meadow Rd West
(Street Address, City, State) Sacramento Ca 95691

SUPPORTING AFFIDAVIT OF A SECOND PERSON

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

State of ..... } ss.
County of ..... }

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this ..... day of ....., 19.....

Notary Public, residing at .....

My commission expires .....
(Seal)

Signed .....
(Signature of Any Credible Person)

.....
(Street Address, City, State)

FORM DH 60-155

CL 6/16/77 CL 7-18-77

Marriage certif from Washington gives name as Ben McInroy and the bride's name as Zola Perkins. dated May 4, 1934. viewed by V. S.

Certficate of birth for child gives father's name as Ben McInroy. Child born Feb. 21, 1943 in Yakima, Washington and Mother is Zola Marie Perkins
Certificate on file under state file # 177, of 1943.
Viewed by V.S.

347-219-031-347

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

PLACE OF BIRTH

Form V. S. No. 11-C—10m-8-7-11

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

County of Lewis

City of Nezperce

No ____, ____ St.

Hospital ____

Registration District No. 32 File No. 10792

Primary Registration District No. 2127 Registered No. 216

FULL NAME OF CHILD ~~Helen~~ Theogdelena Sophia Lutz

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
F			Yes	10 19 1912

FATHER		MOTHER	
FULL NAME	Martin Lutz	FULL MAIDEN NAME	Elizabeth Lutz
RESIDENCE	Nezperce	RESIDENCE	Nezperce
COLOR	W.	COLOR	W.
AGE AT LAST BIRTHDAY (Years)	41	AGE AT LAST BIRTHDAY (Years)	30
BIRTHPLACE	Ger.	BIRTHPLACE	Neb.
OCCUPATION	Farmer	OCCUPATION	Home

Number of child of this mother, including present birth 3

Number of children, of this mother, now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was ____ (Born alive or ~~stillborn~~), at 4:15 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) O. G. Jeffrays

(Physician or ~~Midwife~~)

Address Nezperce

Given names added from a supplemental report

____, 19____

Filed 1-7-1913 Elmer B. Rogers

Registrar

SYMS - YORK CO., PTRS. & BDRS. 17326

Registrar

JUN 3 1944

433-223-031-249

PLACE OF BIRTH

Form V. S. No. 11.C—10m-8-7-11

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

County of Lewis

City of Kamiah

No ____, ____ St.

Registration District No. 32 File No. 1079

Primary Registration District No. 2127 Registered No. 218

Hospital ____

FULL NAME OF CHILD Loretta Ellen McClanahan

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
F			y	10 22 1912

FATHER		MOTHER	
FULL NAME	A. D. McClanahan	FULL MAIDEN NAME	Nola Burgess
RESIDENCE	Kamiah	RESIDENCE	Kamiah
COLOR	W.	AGE AT LAST BIRTHDAY (Years)	26
COLOR	W.	AGE AT LAST BIRTHDAY (Years)	17
BIRTHPLACE	Ida	BIRTHPLACE	Wash.
OCCUPATION	Laborer	OCCUPATION	Hse

[Number of child of this mother, including present birth 1

Number of children, of this mother, now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was ____ (Born alive ~~or stillborn~~), at 6 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) O. G. Jeffreys

(Physician ~~or Midwife~~)

Address Kamiah

Given names added from a supplemental report

____, 19____

____ Registrar

Filed 1-7-1913 Elmer B. Rogers Registrar

SYMS - YORK CO., PTRS. & BDRS. 17326

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

OCT 8 1965

OCT 3 1961

818-124-031-Y45

MARGIN RESERVED FOR BINDING

WRITE PLAINLY. WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

Form V. S. No. 11-C—10m-8-7-11

PLACE OF BIRTH

County of Lewis

City of Nezperce

No ____, ____ St.

Hospital ____

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

Registration District No. 32 File No. 10795

Primary Registration District No. 3127 Registered No. 219

FULL NAME OF CHILD ____

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
M.			Y	10 24 1912

FATHER		MOTHER	
FULL NAME	W. Hayden	FULL MAIDEN NAME	Effie Howe
RESIDENCE	Nezperce	RESIDENCE	Nezperce
COLOR	W.	AGE AT LAST BIRTHDAY (Years)	36
BIRTHPLACE	Ore	COLOR	W.
OCCUPATION	Farmer	AGE AT LAST BIRTHDAY (Years)	21
		BIRTHPLACE	Wash
		OCCUPATION	Hm

Number of child of this mother, including present birth 2

Number of children, of this mother, now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was ____ (Born alive or ~~stillborn~~) at 7:30 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) O. G. Jaffray

(Physician or ~~Midwife~~)

Address Nezperce

Given names added from a supplemental report

____, 19____

____ Registrar

Filed 1-7-1913 Elsie B. Rogers Registrar

SYMS - YORK CO., PTRS. & BDRS. 17326

K

MAY 21 1974

DECEASED

453-224.031-238

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

Form V. S. No. 11-C—10m-8-7-11

PLACE OF BIRTH

County of Lewis

City of Nezperce

No _____, _____ St.

Hospital _____

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

Registration District No. 32 File No. 10796

Primary Registration District No. 2137 Registered No. 220

FULL NAME OF CHILD ~~man girl~~ York Helen Catherine

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
F			Y	10 24 1912

FATHER		MOTHER	
FULL NAME	Thomas Lee Courtney	FULL MAIDEN NAME	Lenna Schaulman
RESIDENCE	Nezperce	RESIDENCE	Nezperce
COLOR	W.	COLOR	W.
AGE AT LAST BIRTHDAY (Years)	38	AGE AT LAST BIRTHDAY (Years)	24
BIRTHPLACE	Ill.	BIRTHPLACE	Neb.
OCCUPATION	Barber	OCCUPATION	Home

Number of child of this mother, including present birth 2

Number of children, of this mother, now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was _____, at 10 30 P. M.
(Born alive or ~~stillborn~~)
on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) O. A. Jayne

(Physician or ~~Midwife~~)

Address Nezperce

Given names added from a supplemental report

....., 19.....

Filed 1-7-1913 Edson B. Rogers
Registrar

.....
Registrar

SYMS - YORK CO., PTRS. & BDRS. 17326

MAY 5 1972

135-128-031-793

PLACE OF BIRTH

Form V. S. No. 11-C—15m-6-20-11

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

County of Lewis

City of Ilo

No. ____, ____ St.

Hospital ____

Registration District No. 32 File No. 10797

Primary Registration District No. 2127 Registered No. 221

FULL NAME OF CHILD Ralph Alexander

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Male			yes	Oct 28, 1912

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	Albert Mitchell Alexander	Harriet J Gillespie
RESIDENCE	Ilo, Idaho,	Ilo, Idaho,
COLOR	White	White
AGE AT LAST BIRTHDAY (Years)	33	30
BIRTHPLACE	North Carolina	North Carolina
OCCUPATION	Farmer	housewife

Number of child of this mother, including present birth 8

Number of children, of this mother, now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 3:30 a M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return.. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Ilo Co. Parrish M. D.

(Physician or Midwife)

Address Ilo, Idaho,

Given names added from a supplemental report

....., 19.....

Filed 12-25- 1912 Elton B. Rogers

Registrar

S-Y CO., 16670

Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

RESERVE
FADING INK
(INK + SEDIMENT
Read, remember
COLOR
AGE AT LAST
BIRTHDAY
(Years)
BIRTHPLACE
COLOR
AGE AT LAST
BIRTHDAY
(Years)
BIRTHPLACE

Amended 10/15/73

419-131-031-635

(Be sure the information is complete and accurate)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 10798
Local Reg. No.
Reg. Dist. No. 32

1. PLACE OF BIRTH
a. COUNTY: Lewis
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN: Ilo
c. FULL NAME OF (If NOT in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION:

2. USUAL RESIDENCE OF MOTHER (Where does mother live?)
a. STATE: Idaho
b. COUNTY: Lewis
c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN: Ilo
d. STREET ADDRESS (If rural, give location):

3. CHILD'S NAME (Type or print)
a. (First): Lloyd
b. (Middle): Andrew
c. (Last): Martin

4. SEX: Male

5a. THIS BIRTH: SINGLE ____ TWIN ____ TRIPLET ____

5b. IF TWIN OR TRIPLET (This child born): 1st ____ 2nd ____ 3rd ____

6. DATE OF BIRTH: (Month) Oct. (Day) 31, (Year) 1912

FATHER OF CHILD

7. FULL NAME
a. (First): Edward
b. (Middle): H.
c. (Last): Martin

8. AGE (At time of this birth): 38 YEARS

9. BIRTHPLACE (State or foreign country) (City or Town): Indiana

10. USUAL OCCUPATION: Farmer

11. KIND OF BUSINESS OR INDUSTRY:

MOTHER OF CHILD

12. FULL MAIDEN NAME
a. (First): Ida
b. (Middle):
c. (Last): Flemming

13. AGE (At time of this birth): 37 YEARS

14. BIRTHPLACE (State or foreign country) (City or Town): Kansas

15. CHILDREN PREVIOUSLY BORN TO THIS MOTHER (Do NOT include this child)
a. How many OTHER children are now living? 6
b. How many OTHER children were born alive but are now dead?
c. How many children were stillborn (born dead after 20 wks. pregnancy?)

16. INFORMANT'S SIGNATURE OR NAME (Relationship):

I hereby certify that this child was born alive on the date stated above.

17. SIGNATURE: H. C. Parrish, M. D.

18. ATTENDANT AT BIRTH: M.D. X MIDWIFE ____ OTHER (Specify) ____

19. ADDRESS: Ilo, Idaho

20. DATE SIGNED:

21. DATE REC'D BY LOCAL REG.: 12-28-12

22. REGISTRAR'S SIGNATURE: Elton B. Rogers

23. DATE ON WHICH GIVEN NAME ADDED BY ____ Registrar

Record typewritten through all copies. Make certificate must be filed with the district where the birth occurred WITHIN 10 days after the date of birth of the child. Address VITAL STATISTICS, BOISE, IDAHO.

3-30-72

IDAHO DEPARTMENT OF HEALTH

BUREAU OF VITAL STATISTICS

Affidavit to Correct or Amend An Original Certificate of Birth or Death

State of Idaho }
County of Lewis } ss.

Certificate No. 10798

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of Birth (Birth or Death)
for Earl Andrew Martin (Name on Original Certificate) who was born (Was Born or Died) on October 31, 1912 (Date of Event)
in Lio, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts are shown by Bible Record (Bible Record, Insurance Policy, Etc.) prepared on Oct 1912 (Give Date), are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
Childs name	Earl	Lloyd
		Older Sister

Subscribed and sworn to before me this 12 day of Feb, 19 73

William G. Feeney

Notary Public, residing at Spokane, Wash

My commission expires 1-2-1974

(Seal)

Signed X Rose E. Sundeen

(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

6 8403 Main

(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Washington }
County of Spokane } ss.

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 12 day of Feb, 19 73

William G. Feeney

Notary Public, residing at Spokane, Wash

My commission expires 1-2-1974

(Seal)

Signed

(Signature of Any Credible Person)

(Street Address, City, State)

Family Bible record gives name as Lloyd Andrew Martin born Oct. 31, 1912. Appeared to be quite old, Viewed by V. S.

Insurance Policy from Metropolitan Life Insurance Co. gives name as Lloyd A. Martin. Policy No. 20 492 922. Dated May 26, 1958. Viewed by V. S.

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

Form V. S. No. 11-C—15m-6-20-11

PLACE OF BIRTH

County of Lewis

City of Ho

No. ____, ____ St.

Hospital ____

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

Registration District No. 32 File No. 10798

Primary Registration District No. 2127 Registered No. 222

FULL NAME OF CHILD unnamed Earl Andrew

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Male			yes	Oct 31, 191 2

FATHER		MOTHER	
FULL NAME	Edward H Martin	FULL MAIDEN NAME	Ida Fleming
RESIDENCE	Ho, Idaho,	RESIDENCE	Ho, Idaho,
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	38 (Years)	AGE AT LAST BIRTHDAY	37 (Years)
BIRTHPLACE	Indiana	BIRTHPLACE	Kansas
OCCUPATION	Farmer	OCCUPATION	housewife

Number of child of this mother, including present birth 10

Number of children, of this mother, now living, including present birth 7

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 7 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) H. C. Parrish M. D.

(Physician or Midwife)

Address Ho, Idaho,

Given names added from a supplemental report

....., 19.....

Filed 12-28 1912 Elsie B. Rogers

Registrar

S-Y CO., 16670

Registrar

OCT 15 1973

269-106-031-291

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

Form V. S. No. 11-C—10m-8-7-11

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

PLACE OF BIRTH

County of Lewis

City of Mobler

No ....., ... St.

Hospital .....

Registration District No 32 File No. 10799

Primary Registration District No. 3127 Registered No. 223

FULL NAME OF CHILD Johnson James Woodrow

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
M.			yes	11 6 1912

FATHER	MOTHER
FULL NAME James Johnson	FULL MAIDEN NAME Kulbin Bowman
RESIDENCE Mobler	RESIDENCE Mobler
COLOR W. AGE AT LAST BIRTHDAY 44 (Years)	COLOR W. AGE AT LAST BIRTHDAY 29 (Years)
BIRTHPLACE Denmark	BIRTHPLACE Iowa.
OCCUPATION Farmer	OCCUPATION Hm

Number of child of this mother, including present birth 1

Number of children, of this mother, now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was ..... at 12 a.m. p.m. on the date above stated.

(Born alive or ~~stillborn~~)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) [signature]

(Physician or ~~Midwife~~)

Given names added from a supplemental report

Address [illegible]

....., 19.....

Filed 1-7-1913 Elmer B. Rogers

SYMS - YORK CO., PTRS. & BDRS. 17326

Registrar

Registrar

FEB 6 1967

JUN 14 1943

269-102-081-433

PLACE OF BIRTH

Form V. S. No. 11-C—10m-3-7-11

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

County of Lewis

City of Kamiah

Registration District No 32 File No. 10800

No ____, ____ St.

Primary Registration District No. 2128 Registered No. 224

Hospital ____

FULL NAME OF CHILD Richard Taylor Swingler

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Male		2	Yes	Nov. 7 1912

FATHER		MOTHER	
FULL NAME	William H Swingler	FULL MAIDEN NAME	Ethel McCarty
RESIDENCE	Kamiah	RESIDENCE	Kamiah
COLOR	White	AGE AT LAST BIRTHDAY (Years)	30
COLOR	White	AGE AT LAST BIRTHDAY (Years)	28
BIRTHPLACE	Minnesota	BIRTHPLACE	Texas
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 2

Number of children, of this mother, now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive Nov 7, at 6:00 P.M. on the date above stated.

(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) O Taylor M.D.

(Physician or Midwife)

Given names added from a supplemental report

....., 19.....

Address Kamiah

Filed Nov 12 1912 O Taylor

Registrar

Registrar

SYMS - YORK CO., PTRS. & SDRS. 17326

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

JAN 30 1962

45-1191031-281

PLACE OF BIRTH

Form V. S. No. 11-C—10m-8-7-11

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

10801

County of Lewis

City of Kamiah

No ....., ... St.

Registration District No 32

File No .....

Primary Registration District No 2128

Registered No. 220

Hospital .....

FULL NAME OF CHILD Ollie Dean

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Male		3	yes	Nov. 19, 1912

FATHER		MOTHER	
FULL NAME	Ollie J Dean	FULL MAIDEN NAME	Arlie Bryant
RESIDENCE	Kamiah	RESIDENCE	Kamiah
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	28 (Years)	AGE AT LAST BIRTHDAY	27 (Years)
BIRTHPLACE	Indiana	BIRTHPLACE	California
OCCUPATION	Farmer	OCCUPATION	House Wife

Number of child of this mother, including present birth 3d

Number of children, of this mother, now living, including present birth 3d

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 7a M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) E. Taylor M.D

(Physician or Midwife)

Address Kamiah

Given names added from a supplemental report

....., 19.....

Filed Nov 21 1912 E Taylor M.D

Registrar

SYMS - YORK CO., PTRS. & BDRS. 17326

Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.

M. D. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth, stated.

PLACE OF BIRTH

STATE OF IDAHO

Bur. of Vital Statistics

Form V. S. No. 11-C—10m-8-11

213-121031-756

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

Form V. S. No. 11-C—10m-8-7-11

PLACE OF BIRTH

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

County of Lewis

City of Kamiah

No ____, ____ St.

Hospital ____

Registration District No 32 — File No. 10802

Primary Registration District No. 2128 — Registered No. 226

FULL NAME OF CHILD HAROLD ALBERT ~~Walter~~ BaCon

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Male				yes	nov 21st 1912

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	Fredrick BaCon	Ora George
RESIDENCE	Kamiah	Kamiah
COLOR	White	White
AGE AT LAST BIRTHDAY (Years)	26	24
BIRTHPLACE	Illinois	Kansas
OCCUPATION	Farmer	Housewife

Number of child of this mother, including present birth 1st

Number of children, of this mother, now living, including present birth 1st

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Burned alive (Born alive or stillborn), at 10a M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) W Taylor M D

(Physician or Midwife)

Address Kamiah

Given names added from a supplemental report

....., 19.....

Filed Nov 21 1912 W Taylor M D

Registrar

Registrar

SYMS - YORK CO., PTRS. & SDRS. 17326

MARGIN RESERVED FOR BINDING

WRITE PLAINLY. WITH UNFADING INK—THIS IS A PERMANENT RECORD.

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS
AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of Idaho
County of Fremont } ss.

Certificate No. 10802

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of (Birth or Death)
for Walter Bacon (Name on Original Certificate) who Born (Was Born or Died) on Nov 28 1912 (Date of Event)
in Woodland Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts are shown by My Knowledge (Bible Record, Insurance Policy, Etc.) prepared on (Give Date), are:

FACTS TO BE CORRECTED ("Name", "Birth Date", "Cause of Death", Etc.)	FROM (As on Original)	TO (The Correct Facts)
Name	Walter	Harold Albert Bacon

Subscribed and sworn to before me this 8 day of August, 1942.

Notary Public, residing at Rammon Idaho

My commission expires Feb 16 - 1944
(Seal)

Signed Anna Doane Bacon
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

Rammon Idaho
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Idaho
County of Fremont } ss.

[This Affidivat MUST Also be Executed.
(See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 8 day of August, 1942.

Notary Public, residing at Rammon Idaho

My commission expires Feb 16 - 1944
(Seal)

Signed George Robert Bacon
(Signature of Any Credible Person Other Than Previous Year)

Route 1 Box 86
(Street Address, City, State)
Longview Wash

AUG 12 1942

JAN 12 1971

AUG 14 1942

259-121031-314

PLACE OF BIRTH

Form V. S. No. 11-C—10m-8-7-11

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

County of Lewis

City of Kamiah

No ____, ____ St.

Hospital ____

Registration District No 32 File No. 10803

Primary Registration District No. 2128 Registered No. 227

FULL NAME OF CHILD Joseph Berry

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Male		6	Yes	Nov 21 1912

FATHER		MOTHER	
FULL NAME	Charly Berry	FULL MAIDEN NAME	Alice Lamb
RESIDENCE	Kamiah	RESIDENCE	Kamiah
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	30 (Years)	AGE AT LAST BIRTHDAY	24 (Years)
BIRTHPLACE	Oregon	BIRTHPLACE	Washington
OCCUPATION	Carpenter	OCCUPATION	Housewife

Number of child of this mother, including present birth 6

Number of children, of this mother, now living, including present birth 5

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 7 P M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) E D Taylor M D

(Physician or Midwife)

Address Kamiah

Given names added from a supplemental report

....., 19.....

Filed Nov 21 1912

E Taylor M D

Registrar

Registrar

SYMS - YORK CO., PTRS. & BDRS. 17326

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

STATE OF IDAHO

Bureau of Vital Statistics

PLACE OF BIRTH

467-222-03-852

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

Form V. S. No. 11-C—10m-8-7-11

PLACE OF BIRTH

County of Teton

City of Nezperce

No ____, ____ St.

Hospital ____

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

Registration District No. 32 File No. 10804

Primary Registration District No. 2127 Registered No. 228

FULL NAME OF CHILD Evelyn Doggett

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
F				Y	11 22 1912

FATHER		MOTHER	
FULL NAME	Herbert E Doggett	FULL MAIDEN NAME	Nellie Hess
RESIDENCE	Nezperce	RESIDENCE	Nezperce
COLOR	W.	COLOR	W.
AGE AT LAST BIRTHDAY (Years)	20	AGE AT LAST BIRTHDAY (Years)	23
BIRTHPLACE	Utah	BIRTHPLACE	Neb.
OCCUPATION	Laborer	OCCUPATION	None

Number of child of this mother, including present birth 1

Number of children, of this mother, now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was ____ (Born alive or ~~stillborn~~) at 7 10 P.M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) C. E. Jeffreys

(Physician or ~~Midwife~~)

Address Nezperce

Given names added from a supplemental report

____, 19____

Filed 1-7-1913 Elmer B. Rogers

____ Registrar

Registrar

SYMS - YORK CO., PTRS. & SDRS. 17326

OCT 5 1971

813-227.031-818

PLACE OF BIRTH

Form V. S. No. 11-C—20m-2-15-12

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Lewis

City of Winchester

Registration District No. 32 File No. 10805

No. ..... St.

Primary Registration District No. 2127 Registered No. 229

Hospital .....

FULL NAME OF CHILD Myrtle L. Hall

Sex of Child	Twin / Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Female			Yes	11-27-1912

FATHER	MOTHER
FULL NAME: Frank N. Hall	FULL MAIDEN NAME: Daisy Haywood
RESIDENCE: Winchester	RESIDENCE: Winchester
COLOR: White	COLOR: White
AGE AT LAST BIRTHDAY: 44 (Years)	AGE AT LAST BIRTHDAY: 39 (Years)
BIRTHPLACE: Mo	BIRTHPLACE: Mich
OCCUPATION: Rancher	OCCUPATION: Housewife

Number of child of this mother, including present birth: 6

Number of children of this mother now living, including present birth: 5

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 11 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Frank N Hall (Father of child)

(Physician or midwife)

Address Winchester, Idaho

Given names added from a supplemental report

..... 19.....

Filed 12-27-1912 Elmer D. Rogers

..... Registrar

S-Y CO. 20174

Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

JUL 23 1958

SEP 13 1972

365-229-031-523

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

Form V. S. No. 11-C—10m-8-7-11

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

PLACE OF BIRTH

County of Lewis

City of Nezperce

No ____, ____ St.

Registration District No. 32 — File No. 10806

Primary Registration District No. 2127 — Registered No. 230

Hospital ____

FULL NAME OF CHILD Blanch Mary Long

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
F			Y	11 29 1912

FATHER

FULL NAME: Willis Long

RESIDENCE: Nezperce

COLOR: W. AGE AT LAST BIRTHDAY: 20 (Years)

BIRTHPLACE: Idaho

OCCUPATION: Laborer

MOTHER

FULL MAIDEN NAME: Belle Estes

RESIDENCE: Nezperce

COLOR: W. AGE AT LAST BIRTHDAY: 22 (Years)

BIRTHPLACE: Iowa

OCCUPATION: None

Number of child of this mother, including present birth: 1

Number of children, of this mother, now living, including present birth: None

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was ____ (Born alive or ~~stillborn~~) at 2 46 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) O. G. Jayne

(Physician or ~~Midwife~~)

Address Nezperce

Given names added from a supplemental report

____, 19____

____ Registrar

Filed 1-7-1913 Elmer B. Rogers Registrar

SYMS - YORK CO., PTRS. & BDRS. 17326

789-104-03-485

PLACE OF BIRTH

County of Lewis

City of Rubins

No. ..... St.

Hospital .....

Form V. S. No. 11-C—20m-2-15-12

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 32 File No. 10807

Primary Registration District No. 2127 Registered No. 231

FULL NAME OF CHILD EARL BANISTER PHILLIPS

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births) and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Male		Yes	12 - 4th 1912

FATHER	MOTHER
FULL NAME Harry Phillips	FULL MAIDEN NAME Ethel Myers
RESIDENCE Rubins	RESIDENCE Rubins
COLOR White	COLOR White
AGE AT LAST BIRTHDAY 22 (Years)	AGE AT LAST BIRTHDAY 20 (Years)
BIRTHPLACE Wise	BIRTHPLACE Iowa
OCCUPATION Farmer	OCCUPATION Housewife

Number of child of this mother, including present birth 2

Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 7:20 A. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) George Gaylord M. D.

Physician (Physician or midwife)

Address Rubins.

Given names added from a supplemental report

..... 19.....

Filed 1-2- 1913 Elmer P. Rogers

..... Registrar

S-Y CO. 20174

Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

MAR 6 1942

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of WASHINGTON }
County of --- YAKIMA --- } ss.

Certificate No. 10807

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of Birth (Birth or Death)
for Earl B. Phillips (Name on Original Certificate) who born (Was Born or Died) on December 4, 1912 (Date of Event)
in Kippen, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts are shown by family records and mother's knowledge (Bible Record, Insurance Policy, Etc.) prepared on (Give Date), are:

FACTS TO BE CORRECTED ("Name", "Birth Date", "Cause of Death", Etc.)	FROM (As on Original)	TO (The Correct Facts)
name	Earl B.	Earl Banister Phillips
birthdate	December 3, 1912	December 4, 1912

Subscribed and sworn to before me this 11th
day of March, 19 42

Signed Edith Ethel Myers Phillips
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

Notary Public, residing at Toppenish, Wash.

My commission expires Nov. 11, 1945
(Seal)

14 North Elm Street, Toppenish, Washington
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of WASHINGTON }
County of YAKIMA } ss.

[This Affidivat **MUST** Also be Executed.
(See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge. I am an older sister of Earl Banister Phillips

Subscribed and sworn to before me this 11th
day of March, 19 42

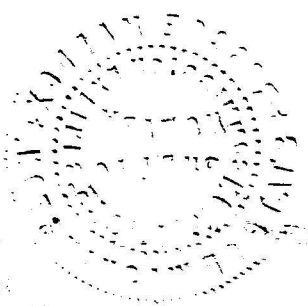
Signed Geta Phillips McCord
(Signature of Any Credible Person Other Than Previous Year)

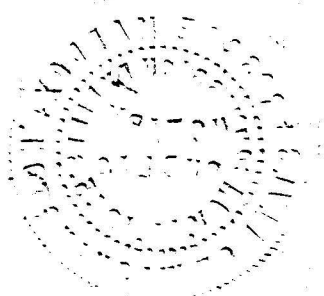
Notary Public, residing at Toppenish, Washington

My commission expires Nov. 11, 1945
(Seal)

12 North Elm Street, Toppenish, Washington.
(Street Address, City, State)

MAR 23 1942





791-105 1031-713

Form V. S. No. 11-C—20m-2-15-12

PLACE OF BIRTH

County of Lewis

City of Winchester

No. ..... St.

Hospital .....

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 32 File No. 10809

Primary Registration District No. 2127 Registered No. 233

FULL NAME OF CHILD Howard Clifton

Sex of Child	Twin / Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Male			Yes	12 - 5 - 1912

FATHER	MOTHER
FULL NAME Alex Grant	FULL MAIDEN NAME Mollie Patterson
RESIDENCE Winchester	RESIDENCE Winchester
COLOR White	COLOR White
AGE AT LAST BIRTHDAY 31 (Years)	AGE AT LAST BIRTHDAY 24 (Years)
BIRTHPLACE Canada	BIRTHPLACE Kansas
OCCUPATION Rancher	OCCUPATION Housewife

Number of child of this mother, including present birth 3

Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 6 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Elliott P. Rogers

Physician (Physician or midwife)

Address Winchester, Idaho

Given names added from a supplemental report

..... 19.....

..... Registrar

Filed 12-5-1912 Elliott P. Rogers Registrar

S-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Form V. S. No. 11-C—20m-8-15-42

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

PLACE OF BIRTH

County of

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

819.110.031.713

PLACE OF BIRTH

County of Lewis

City of Kamiah

No. ..... St.

Hospital

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

Registration District No. 32 File No. 10810

Primary Registration District No. 2128 Registered No. 234

FULL NAME OF CHILD Edward Christopher Hardman

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Male		1	yes	Dec 10, 1912

FATHER		MOTHER	
FULL NAME	Roy Henry Hardman	FULL MAIDEN NAME	Mary Gallaher
RESIDENCE	Kamiah	RESIDENCE	Kamiah
COLOR	Wht	AGE AT LAST BIRTHDAY (Years)	29	COLOR	Wht	AGE AT LAST BIRTHDAY (Years)	21
BIRTHPLACE	Oregon	BIRTHPLACE	Washington
OCCUPATION	House Carpenter	OCCUPATION	Housewife

Number of child of this mother, including present birth 1

Number of children of this mother, now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 7 a M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) E Taylor M D

(Physician or Midwife)

Address Kamiah

Filed Dec 10 1912 E Hay Registrar

Given names added from a supplemental report

....., 19.....

Registrar

S-Y CO., 16670

168-110-031-259

PLACE OF BIRTH

Form V. S. No. 11-C—20m-2-15-12

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Lewis

City of Winchester Registration District No. 32 File No. 10811

No. ..... St.

Primary Registration District No. 2127 Registered No. 235

Hospital .....

FULL NAME OF CHILD Joseph Vincent Johnson

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Male			Yes	Dec 10th 1912

FATHER	MOTHER
FULL NAME Samuel A. Johnson	FULL MAIDEN NAME Mary Knipplinp
RESIDENCE Winchester	RESIDENCE Winchester
COLOR White	AGE AT LAST BIRTHDAY 30 (Years)
BIRTHPLACE Wisc	COLOR White
OCCUPATION Lumber Inspector	AGE AT LAST BIRTHDAY 30 (Years)
	BIRTHPLACE Iowa
	OCCUPATION Housewife

Number of child of this mother, including present birth 2

Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 2:15 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Elton B. Rogers

Physician (Physician or midwife)

Address Winchester Idaho

Given names added from a supplemental report

..... 19.....

Filed 12-10-1912 Elton B. Rogers

..... Registrar

8-Y CO. 20174 Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Dep of 1912 - 263545

719-118-03-751

PLACE OF BIRTH

Form V. S. No. 11-C—15m-6-20-11

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

County of Lewis

City of Vollmer Registration District No. 82 File No. 10812

No. ____, ____ St. Primary Registration District No. 2127 Registered No. 236

Hospital ____

FULL NAME OF CHILD unnamed

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Male			yes	Dec 18, 1912

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	James A Pasedue	Austa Pearson
RESIDENCE	Vollmer, Idaho	Vollmer Idaho
COLOR / AGE AT LAST BIRTHDAY (Years)	White / 31	White / 28
BIRTHPLACE	Penn	Oregon
OCCUPATION	Farmer	housewife

Number of child of this mother, including present birth 3 Number of children, of this mother, now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 1-30 a. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) H. C. Parrish

(Physician or [redacted])

Address Vollmer Idaho

Given names added from a supplemental report

....., 19.....

Filed 12-28- 1912 Ellen B. Rozen

S-Y CO., 16670 Registrar Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

OCT 17 1975

253-191-03-953

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

Form V. S. No. 11-C—10m-8-7-11

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

PLACE OF BIRTH

County of Lewis

City of Mobleton

*No.*_____, _____ *St.*

Hospital _____

Registration District No. 32 **File No.** 10813

Primary Registration District No. 2137 **Registered No.** 237

FULL NAME OF CHILD [illegible] Arthur Samuel

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
M.			Yes	12 19 1912

FATHER	MOTHER
FULL NAME Clarence W. Beck	**FULL MAIDEN NAME** Anna Kellar
RESIDENCE Mobleton	**RESIDENCE** Mobleton
COLOR W. **AGE AT LAST BIRTHDAY** 21 (Years)	**COLOR** W **AGE AT LAST BIRTHDAY** 21 (Years)
BIRTHPLACE Wash	**BIRTHPLACE** Ore
OCCUPATION Laborer	**OCCUPATION** H

Number of child of this mother, including present birth 2

Number of children, of this mother, now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was _____ (Born alive or stillborn), at 4 20 M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) [illegible]

(Physician or Midwife)

Address [illegible]

Given names added from a supplemental report

_____, 19____

_____ *Registrar*

Filed 1-7-13 Elton B. Rogers *Registrar*

SYMS - YORK CO., PTRS. & BDRS. 17926

FEB 9 1942

355/26 10 31-355

PLACE OF BIRTH

Amended 6-13-56

County of Lewis

City of Ilo

No. ..... St.

Hospital .....

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 32 File No. 10814

Primary Registration District No. 2127 Registered No. 239

FULL NAME OF CHILD NORMAN GEORGE LENZ
(Certificate of no value without full name of child.)

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
MALE			Yes	Dec 26 1912

What bactericidal solution was used in eyes? .....

Number of child of this mother, including present birth 4 Number of children of this mother now living, including present birth .....

FATHER		MOTHER	
FULL NAME	Elmer Lenz	FULL MAIDEN NAME	Carry T. Lenz
RESIDENCE	Ilo, Idaho	RESIDENCE	Ilo, Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	34 (Years)	AGE AT LAST BIRTHDAY	34 (Years)
BIRTHPLACE	Rock Island, Ill.	BIRTHPLACE	Iowa City, Iowa
OCCUPATION	Farmer	OCCUPATION	Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 3 A M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Give names added from a supplemental report.

..... 192.....

..... Registrar.

(Signature) E. L. Burke, M.D.

(Physician or midwife)

Address Vollmer, Ida.

Filed 1 10 1913 Elton B. Rogers

Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH

Form V. S. No. 11-C—10m-8-7-11

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

County of Lewis

City of Slo.

Registration District No. 32 File No. 10814

No. ____, ____ St.

Primary Registration District No. 2127 Registered No. 239

Hospital ____

FULL NAME OF CHILD Norman Lee

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
male			Yes	Feb 26, 1912

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	Elmer Lens	Cassy T. Lens.
RESIDENCE	Slo Ida.	Slo, Ida.
COLOR	white	white
AGE AT LAST BIRTHDAY (Years)	34	34
BIRTHPLACE	Rock Island, Ill.	Iowa City, Iowa.
OCCUPATION	Farmer	Housewife

Number of child of this mother, including present birth 4

Number of children, of this mother, now living, including present birth ____

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive ~~or stillborn~~), at 3 a. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) E L Rucker MD

(Physician ~~or Midwife~~)

Given names added from a supplemental report

....., 19.....

Address Vollmer Ida.

Filed 1-10-1913 Elsie B Rogers

MS - YORK CO., PTRS. & BDRS. 17326

Registrar

Registrar

JUN 13 1956

IDAHO STATE BOARD OF HEALTH
DIVISION OF VITAL STATISTICS

RECEIVED
JUN 12 1956
Division of Vital Statistics

Affidavit to Correct or Amend An Original Certificate of Birth or Death

State of Idaho
County of Nez Perce } ss.

Certificate No. 10811

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of birth (Birth or Death)
for Norman Leo Lens (Name on Original Certificate) who was born (Was Born or Died) on December 26, 1912 (Date of Event)
in Lewis County, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts are shown by church record prepared on February 24, 1913 and Ohio National Life Insurance June 27, 1939 (Bible Record, Insurance Policy, Etc.) (Give Date), are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
Child's name	Norman Leo Lens	Norman George Lenz

Subscribed and sworn to before me this 25th day of May, 1956

Notary Public, residing at Lewiston Idaho
My commission expires Dec 15 - 1958
(Seal)

Signed Elmer R Lenz
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

Route 1 - Clarkston Wash
Box 195A (Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of
County of } ss.

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 8th day of June, 1956

Notary Public, residing at Grangeville Idaho
My commission expires Oct 25, 1956
(Seal)

Signed Alma Carrick
(Signature of Any Credible Person)

Grangeville Idaho
(Street Address, City, State)

FORM DPH 55. 155

1 copy pf

4/2-111-03-153

Form V. S. No. 11-C—10m-8-7-11

PLACE OF BIRTH

County of Lewis

City of Kla

No _____, _____ St.

Hospital _____

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

Registration District No. 32 File No. 10815

Primary Registration District No. 2127 Registered No. 238

FULL NAME OF CHILD ERVIN WILBUR MABBOTT Ervin Wilbur

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
male			Yes	12 11 1912

FATHER	MOTHER
FULL NAME: Guy Edward Mabbott	FULL MAIDEN NAME: Olena Tellefsberg
RESIDENCE: Kla, Ida	RESIDENCE: Kla, Idaho
COLOR: white	COLOR: white
AGE AT LAST BIRTHDAY: 27 (Years)	AGE AT LAST BIRTHDAY: 26 (Years)
BIRTHPLACE: Wisconsin	BIRTHPLACE: Christiania Norway
OCCUPATION: Farmer	OCCUPATION: Housewife

Number of child of this mother, including present birth _____

Number of children, of this mother, now living, including present birth _____

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn) at 1 a. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) E L Brooks MD

(Physician or ~~Midwife~~)

Address Kellogg, Ida.

Given names added from a supplemental report

_____, 19____

Filed 1-10-1913 Elton B. Rogers

_____ Registrar

SYMS - YORK CO., PTRS. & BDRS 17326

Registrar

AUG 2 8 1973

363-129-009-236

PLACE OF BIRTH

Form V. S. No. 11-C—15m-6-20-11

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

County of Boundary

City of Bonners Ferry Ida. Registration District No. 8 File No. 10816

No. ____, ____ St. Primary Registration District No. 2034 Registered No. 25-3

Hospital ____

FULL NAME OF CHILD [illegible] Collins

Sex of Child	Twin, Triplet, or other?	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Male	—	—	yes.	Sept. 29, 1912.

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	Otis E. Collins	FULL MAIDEN NAME	Cathy Stone
RESIDENCE	Bonners Ferry	RESIDENCE	Bonners Ferry
COLOR	White	AGE AT LAST BIRTHDAY (Years)	
COLOR	White	AGE AT LAST BIRTHDAY (Years)	
BIRTHPLACE	Illinois	BIRTHPLACE	Oregon
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 1

Number of children, of this mother, now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 2 A. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) E. E. Fox

Physician (Physician or Midwife)

Address Bonners Ferry, Ida.

Given names added from a supplemental report

....., 19.....

Registrar

Filed Sept. 30th 1912 E. E. Fox Registrar

S-Y CO., 16670

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

Form V. S. No. 11-C—10m-6-29-11

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

PLACE OF BIRTH

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

*. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth, added

13-126-009-451

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

PLACE OF BIRTH

Form V. S. No. 11-C—15m-6-20-11

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

County of Boundary

City of Bonners Ferry — Registration District No. 8 — File No. 10817

No. ____, ____ St. — Primary Registration District No. 2034 — Registered No. 252

Hospital ____

FULL NAME OF CHILD Frances Clayton Jackson.

Sex of Child	Twin, Triplet, or other?	Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
male	—	—	yes	Sept. 26, 1912.

(To be answered only in event of plural births)

	FATHER	MOTHER
FULL NAME	Audrey Jackson	~~Rhoda Boggett~~ Hannah Blackburn
RESIDENCE	Bonners Ferry.	Bonners Ferry
COLOR	White	White
AGE AT LAST BIRTHDAY (Years)	25	23
BIRTHPLACE	Saskatchewan, Can.	~~Victoria, Can.~~ England.
OCCUPATION	Clerk	Housewife.

Number of child of this mother, including present birth 2

Number of children, of this mother, now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 3 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) E. E. Fry

Physician

(Physician or Midwife)

Address Bonners Ferry, Ida.

Given names added from a supplemental report

....., 19.....

Filed Oct. 14 1912 E. E. Fry

Registrar

S-Y CO., 16670

Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY. WITH UNFADING INK—THIS IS A PERMANENT RECORD

PLACE OF BIRTH

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

319-225:009-213

PLACE OF BIRTH

Form V. S. No. 11-C—15m-6-20-11

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

County of Boundary

City of Bonner Ferry Registration District No. 8 File No. 10818

No. ____, ____ St. Primary Registration District No. 1034 Registered No. 251

Hospital ____

FULL NAME OF CHILD Ellen Daisy Larson.

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
f.	—	—	Yes.	Sept. 25 1912

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	Chas. Larson	Augusta Backstrom
RESIDENCE	Bonner Ferry	Bonner Ferry
COLOR	White	White
AGE AT LAST BIRTHDAY (Years)	36	33
BIRTHPLACE	Sweden	Sweden
OCCUPATION	Laborer.	Housewife.

Number of child of this mother, including present birth 3.

Number of children, of this mother, now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 7.10 A. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) E. E. Fry.

Physician. (Physician or Midwife)

Address Bonner Ferry, Ida.

Given names added from a supplemental report

....., 19.....

Filed Sept. 25 19 12. E. E. Fry Registrar

S-Y CO., 16670 Registrar

751-123009-599

PLACE OF BIRTH

Form V. S. No. 11-C—15m-6-20-11

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

County of Bonner

City of Newport Ida

Registration District No. 8 File No. 10820

No. ____, ____ St.

Primary Registration District No. 2039 Registered No. 252

Hospital ____

FULL NAME OF CHILD ____ Pearson

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
M	1	1	Yes	Nov 23, 191[illegible]

FATHER		MOTHER	
FULL NAME	John Pearson	FULL MAIDEN NAME	Stina Erickson
RESIDENCE	Newport	RESIDENCE	Newport
COLOR	White	AGE AT LAST BIRTHDAY (Years)	29
COLOR	White	AGE AT LAST BIRTHDAY (Years)	22
BIRTHPLACE	Sweden	BIRTHPLACE	Sweden
OCCUPATION	Laborer	OCCUPATION	Housewife

Number of child of this mother, including present birth 1

Number of children, of this mother, now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 7.45 a M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) C A Rogers

Newport Ward

(Physician or Midwife)

Given names added from a supplemental report

____, 19____

____ Registrar

Address ____

Filed Jan 18 1912 B M McKinnon Registrar

S-Y CO., 16670

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

PLACE OF BIRTH

County of

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

Form V.S. No. 11-C—Rev. 2-41

384-107.009-255

PLACE OF BIRTH

Form V. S. No. 11-C—15m-6-20-11

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

County of Bonner

City of Bonners Ferry

No. North Side St.

Registration District No. 8

File No. 10821

Primary Registration District No. 2034

Registered No. 255

Hospital Bonners Ferry Hospital

FULL NAME OF CHILD Thomas Ellis Thomas

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Male			yes	Dec 7, 1912

FATHER		MOTHER	
FULL NAME	Elvin Henry Thomas	FULL MAIDEN NAME	Bella Beebe
RESIDENCE	Sandpoint, Idaho	RESIDENCE	Sandpoint, Idaho
COLOR	White	AGE AT LAST BIRTHDAY (Years)	25
COLOR	White	AGE AT LAST BIRTHDAY (Years)	18
BIRTHPLACE	Minnesota	BIRTHPLACE	Medicine Hat, Alberta, Canada
OCCUPATION	Civil Engineer	OCCUPATION	Housewife

Number of child of this mother, including present birth .....

Number of children, of this mother, now living, including present birth .....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 12:10 P.M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Leslie J. Stauffer

Physician

(Physician or Midwife)

Address Bonners Ferry, Idaho

Given names added from a supplemental report

....., 19.....

Filed Dec. 8th. 1912. E. E. Fry

Registrar

.....

Registrar

S-Y CO., 16670

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

Form V. S. No. 11-C—15m-6-20-11

PLACE OF BIRTH

249-730-009-856

County of Boundary

City of Bonners Ferry

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

Registration District No. 8 File No. 10822

No. ____, ____ St.

Primary Registration District No. 2034 Registered No. 254

Hospital ____

FULL NAME OF CHILD ~~Xxxxxxxx~~ COLEN SAM Smith.

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
male	—	—	yes.	Sept. 30, 1912.

FATHER		MOTHER	
FULL NAME	Colin Smith.	FULL MAIDEN NAME	Ella Jewett
RESIDENCE	Fort Hill	RESIDENCE	Fort Hill.
COLOR	white	AGE AT LAST BIRTHDAY (Years)	COLOR white, AGE AT LAST BIRTHDAY 20, (Years)
BIRTHPLACE	Mo.	BIRTHPLACE	Montana,
OCCUPATION	Farmer.	OCCUPATION	Housewife,

Number of child of this mother, including present birth 2.

Number of children, of this mother, now living, including present birth 2.

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive, at 11 P. M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Mrs C L Ames

Midwife.
(Physician or Midwife)

Address Fort Hill, Ida.

Given names added from a supplemental report

....., 19.....

Filed Nov. 28th 19 12. E. E. Fry, Registrar

.....
Registrar

S-Y CO., 16670

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

STATE OF IDAHO

DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

Certificate No. 10822

State of Washington } ss.
County of Kittitas }

JAN 26 1942

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of Colen Sam Smith (BIRTH OR DEATH)

for none (NAME OF ORIGINAL CERTIFICATE) who was born (WAS BORN OR DIED) on Sept 30 1941 (DATE OF EVENT)

in Fairfield Idaho (PLACE OF EVENT) are erroneous or were omitted; and that, to the best of his knowledge, the true facts as shown by ..... (BIBLE RECORD, INSURANCE POLICY, ETC.) prepared on ..... (GIVE DATE), are:

FACTS TO BE CORRECTED ("NAME", "BIRTH DATE", "CAUSE OF DEATH", ETC.)	FROM (AS ON ORIGINAL)	TO (THE CORRECT FACTS)
Name	Frances Smith	Colen Sam Smith

Subscribed and sworn to before me this 13 day of January, 1942

Notary Public, residing at Cle Elum

My commission expires March 1, 1945

(SEAL)

Signed Ellen Hewett Smith Crigler

(SIGNATURE OF PARENT OR ATTENDANT IF CORRECTING A BIRTH RECORD; OF ATTENDANT, FUNERAL DIRECTOR, INFORMANT IF CORRECTING A DEATH RECORD; OR OTHER CREDIBLE PERSON.)

South Cle Elum Wash

(STREET ADDRESS, CITY, STATE)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Washington } ss.
County of Spokane }

[THIS AFFIDAVIT MUST ALSO BE EXECUTED. (SEE CHAPTER 139, 1937 IDAHO SESSION LAWS.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 23rd day of January, 1942

Notary Public, residing at Spokane

My commission expires Jan. 24, 1945

(SEAL)

Signed Mary Ellen Wallingson (SIGNATURE OF ANY CREDIBLE PERSON OTHER THAN PREVIOUS AFFIANT.)

Route #3 Spokane Wash

(STREET ADDRESS, CITY, STATE)

Received for filing on ..... By .....

(REGISTRAR'S SIGNATURE)

JAN 28 1947

SEP 28 1946

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

122-125-009-963

PLACE OF BIRTH

Form V. S. No. 11-C—15m-6-20-11

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

County of Bonner

City of Newport, Ida. Registration District No. 8 File No. 10823

No. ____, ____ St. Primary Registration District No. 2034 Registered No. 257

Hospital

FULL NAME OF CHILD John Marion Abbenhouse

Sex of Child: Male	Twin, Triplet, or other? 1 (To be answered only in event of plural births)	and Number in order of birth 1	Legitimate? Yes	Date of birth: Nov. (Month) 25 (Day) 1912 (Year)	

FATHER		MOTHER	
FULL NAME	C. A. Abbenhouse	FULL MAIDEN NAME	Rockafge Rockafeller
RESIDENCE	Newport	RESIDENCE	Newport
COLOR	White	AGE AT LAST BIRTHDAY (Years)	31
BIRTHPLACE	Holland	BIRTHPLACE	Holland
OCCUPATION	Rancher	OCCUPATION	Housewife

Number of child of this mother, including present birth 1

Number of children, of this mother, now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 1 P M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report

..... 19.....

..... Registrar

(Signature) C. L. Rogers

Newport, Wash.

(Physician or Midwife)

Address .....

Filed Jan 10 19 13 M McKinnon Registrar

S-Y CO., 16670

Form V. S. No. H. C.—Jan. 6-11

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

PLACE OF BIRTH

County of

717-108-009-362

PLACE OF BIRTH

Form V. S. No. 11-C—15m-6-20-11

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

County of Bonner

City of Bonners Ferry Registration District No. 8 File No. 10824

No. ....., ... St. Primary Registration District No. 2037 Registered No. 207

Hospital .....

FULL NAME OF CHILD Glenn Carlyle Page.

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
male	—	—	Yes	Oct. 8 — 1912

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	Marion J. Page	Edna Cobb.
RESIDENCE	Bonners Ferry	Bonners Ferry
COLOR	White	White
AGE AT LAST BIRTHDAY (Years)	39	35
BIRTHPLACE	Wis.	Wis.
OCCUPATION	Laborer.	Housewife.

Number of child of this mother, including present birth 4

Number of children, of this mother, now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 8.40 A. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report

....., 19.....

..... Registrar

(Signature) E. B. Fry, Physician.

(Physician or Midwife)

Address Bonners Ferry, Idaho.

Filed Oct. 16 1912. E. B. Fry, Registrar

S-Y CO., 16670

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

Form V.S. No. H-C-15m-6-39-11

PLACE OF BIRTH

County of [illegible]

APR 7 1942

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

1. In case of more than one child at birth, a separate CERTIFICATE must be made for each and the number

613-226-009-696

PLACE OF BIRTH

Form V. S. No. 11-C—15m-6-20-11

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

County of Boundary

City of Bonners Ferry — Registration District No. 8 — File No. 10825

No. ____, ____ St. — Primary Registration District No. 2034 — Registered No. 266

Hospital ____

FULL NAME OF CHILD Charlotte Louise Waterman

Sex of Child	Twin, Triplet, or other?	and	Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
female	—		—	yes	Dec. 26th 1912

(To be answered only in event of plural births)

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	John L. Waterman	Mary L. Frok.
RESIDENCE	Bonners Ferry, Ida.	Bonners Ferry, Ida.
COLOR	white	white
AGE AT LAST BIRTHDAY (Years)	28	28
BIRTHPLACE	Neb.	Cal.
OCCUPATION	Farmer.	Housewife.

Number of child of this mother, including present birth 1

Number of children, of this mother, now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 3.10 A.M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) E. E. Fry

Physician

(Physician or Midwife)

Address Bonners Ferry, Ida.

Given names added from a supplemental report

____, 19____

____ Registrar

Filed Dec. 27 — 19 13. E. E. Fry Registrar

S-Y CO., 16670

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

JUN 12 1948

343-125-009-866

PLACE OF BIRTH

County of Bonner

City of Bonners Ferry

No. ____, ____ St.

Hospital ____

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

Form V. S. No. 11-C—15m-6-20-11

Registration District No. 8 File No. 10826

Primary Registration District No. 2034 Registered No. 264

FULL NAME OF CHILD ____

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
male	—	—	yes.	Dec. 25 — 1912

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	Roy E. Luce.	Oley Hood.
RESIDENCE	Bonner Ferry, Ida.	Bonner Ferry, Ida.
COLOR	White	White
AGE AT LAST BIRTHDAY (Years)	25	27.
BIRTHPLACE	Neb.	Iowa.
OCCUPATION	Farmer	Housewife

Number of child of this mother, including present birth 3

Number of children, of this mother, now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 3 A. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) E. E. Fry.

Physician. (Physician or Midwife)

Address Bonner Ferry, Ida.

Given names added from a supplemental report

____, 19____

____ Registrar

Filed Dec. 25 — 1912 E. E. Fry. Registrar

S-Y CO., 16670

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

No. 1a. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth, be clearly stated.

PLACE OF BIRTH

County of

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

Form V. S. No. 11C—Jan-C 2-31

155-227-009-693

PLACE OF BIRTH

Form V. S. No. 11-C—15m-6-20-11

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

County of Bonner

City of Bonners Ferry Ida

Registration District No. 8 File No. 10827

No. ____, ____ St.

Primary Registration District No. 2034 Registered No. 249

Hospital ____

FULL NAME OF CHILD Florence Leota Jennings.

Sex of Child	Twin, Triplet, or other?	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
female	— (To be answered only in event of plural births)	—	yes	Nov. 27th, 1912.

FATHER		MOTHER	
FULL NAME	Archie A. Jennings.	FULL MAIDEN NAME	Hattie Wilson
RESIDENCE	Bonners Ferry, Ida.	RESIDENCE	Bonners Ferry, Ida.
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	30. (Years)	AGE AT ~~LAST~~ BIRTHDAY	28. (Years)
BIRTHPLACE	Iowa.	BIRTHPLACE	Mo.
OCCUPATION	Farmer	OCCUPATION	Housewife.

Number of child of this mother, including present birth 2.

Number of children, of this mother, now living, including present birth 2.

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 11 A. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) E. E. Fry.

Physician (Physician or Midwife)

Address Bonners Ferry, Ida.

Given names added from a supplemental report

....., 19.....

Filed Nov. 27 1912. E. E. Fry. Registrar

.....
Registrar

S-Y CO., 16670

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

AUG 14 1963

DEC 2 1942

543-229-009-763

PLACE OF BIRTH

Form V. S. No. 11-C—15m-6-20-11

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

County of Bonner

City of Bonners Ferry Registration District No. 6 File No. 10828

No. ____, ____ St. Primary Registration District No. 2034 Registered No. 268

Hospital ____

FULL NAME OF CHILD Violet Marie Erlwein

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Female			Yes	Oct 29, 1912

FATHER		MOTHER	
FULL NAME	Lewis W. Erlwein	FULL MAIDEN NAME	Minnie Polzin
RESIDENCE	Bonners Ferry, Ida.	RESIDENCE	Bonners Ferry, Ida.
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	45 (Years)	AGE AT LAST BIRTHDAY	36 (Years)
BIRTHPLACE	Wisconsin	BIRTHPLACE	Wisconsin
OCCUPATION	Rancher	OCCUPATION	Housewife

Number of child of this mother, including present birth ____ Number of children, of this mother, now living, including present birth ____

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 8:30 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Leslie E. Stauffer MD

Physician

(Physician or Midwife)

Address Bonners Ferry, Idaho

Given names added from a supplemental report

____, 19____

____ Registrar

Filed Oct. 31 — 19 12 E. E. Fox Registrar

S-Y CO., 16670

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

Form V. S. No. U-C-15m-6-28-11

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

PLACE OF BIRTH

County of

313-128-2009-315

U. S. No. 11-C—15m-6-20-11

MARGIN RESERVED FOR BINDING

WRITE PLAINLY. WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

PLACE OF BIRTH

County of Bonner

City of Bonners Ferry

No. ____, ____ St.

Hospital ____

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

Registration District No. 8 File No. 10829

Primary Registration District No. 2034 Registered No. 269

FULL NAME OF CHILD ROGER DOMENIC LATEANO

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Male			Yes	Oct 28, 1912

FATHER

FULL NAME	James Lateano
RESIDENCE	Bonners Ferry, Idaho
COLOR	White
AGE AT LAST BIRTHDAY	36 (Years)
BIRTHPLACE	Italy
OCCUPATION	Railway Section foreman

MOTHER

FULL MAIDEN NAME	Teresina Conterucci
RESIDENCE	Bonners Ferry, Ida
COLOR	White
AGE AT LAST BIRTHDAY	27 (Years)
BIRTHPLACE	Italy
OCCUPATION	Housewife

Number of child of this mother, including present birth .....

Number of children, of this mother, now living, including present birth .....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 8:30 a. M., on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Leslie J. Stauffer, M.D.

Physician

(Physician or Midwife)

Address Bonners Ferry, Idaho

Given names added from a supplemental report

....., 19.....

Filed Oct. 31 – 1912. E. B. Ames

Registrar

.....

Registrar

S-Y CO., 16670

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of ..... } ss.
County of ..... }

Certificate No. 10829
Date Filed .....

The undersigned does solemnly swear that certain facts on the certificate of Birth (Birth or death)
for Lateano (Name on original certificate) who was Born (Was born or died) on Oct. 28, 1912 (Date of event)
in Bonners Ferry, Idaho (Place of event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts as shown by State Statistics (Bible record, insurance policy, etc.) prepared on about Oct 30, 1912 (Give date), are:

FACTS TO BE CORRECTED ("Name", "birth date", "cause of death", etc.)	FROM (As on original)	TO (The correct facts)
Name	Unnamed Lateano	Roger Domenic Lateano
ROGER DOMENIC	LATEANO	
BORN OCTOBER 28, 1912		

Subscribed and sworn to before me this 5
day of March, 19 42

Notary Public, residing at Niles, O.
My commission expires My Commission Expires Jan 1, 1943
[SEAL]

Signed (MOTHER) Mrs Teresa Lateano
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

821 MASON ST - NILES, OHIO
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Ohio } ss.
County of Trumbull }

[This affidavit MUST also be executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 5
day of March, 19 42

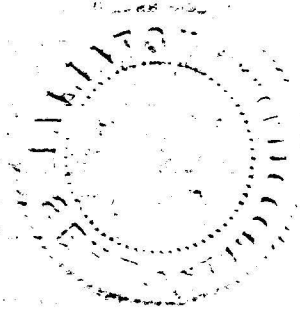
Notary Public, residing at Youngstown, O.
My commission expires My Commission Expires Jan 1, 1943
[SEAL]

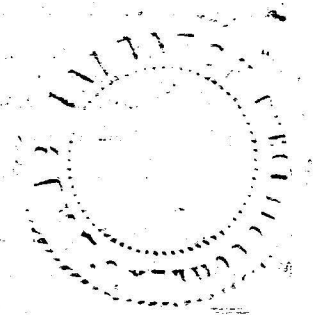
Signed A G Harrison
(Signature of any credible person other than the previous affiant.)

510 W. Federal Youngstown O.
(Street Address, City, State)

Received for filing on ..... By .....
(Registrar's signature)

MAR 25 1942





665-108-009-281

PLACE OF BIRTH

STATE OF IDAHO

Form V. S. No. 11-C—15m-6-20-11

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

County of Bonner

City of Priest River Registration District No. 8 File No. 10830

No. ____, ____ St. Primary Registration District No. 2036 Registered No. 248

Hospital ____

FULL NAME OF CHILD James Abner Wonch

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Male		2	yes	Dec. 8th 1912

FATHER		MOTHER	
FULL NAME	Jas. Earnest Wonch	FULL MAIDEN NAME	Eva Shaw
RESIDENCE	Bonner Co.	RESIDENCE	Bonner Co
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	26	AGE AT LAST BIRTHDAY (Years)	21
BIRTHPLACE	Mich.	BIRTHPLACE	Arkansas
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 2 Number of children, of this mother, now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 4 A. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) C Busey

(Physician or Midwife)

Address Priest River

Given names added from a supplemental report

....., 19.....

Filed Dec 18 19 12 M. McKinnon

Registrar

S-Y CO., 16670

Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

MARGIN RESERVED FOR BINDING

WRITE PLAINLY. WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child of birth, a SEPARATE RETURN must be made for each such child

PLACE OF BIRTH

County of

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

261-207-1009-261

PLACE OF BIRTH

STATE OF IDAHO

Form V. S. No. 11-C—15m-6-20-11

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

County of Bonner.

City of Hope,

No. ——, ——— St.

Hospital ———

Registration District No. 8 File No. 10831

Primary Registration District No. 2035 Registered No. 258

FULL NAME OF CHILD Genevieve Swaim.

Sex of Child	Twin, Triplet, or other?	Number in order of birth	Legitimate?	Date of birth
Female	one	one	Yes	December 7th, 1912 (Month) (Day) (Year)

(To be answered only in event of plural births)

FATHER	MOTHER
FULL NAME: John Swaim	FULL MAIDEN NAME: Permilla Swaim.
RESIDENCE: Hope, Idaho	RESIDENCE: Hope, Idaho.
COLOR: White	COLOR: White
AGE AT LAST BIRTHDAY: 29 (Years)	AGE AT LAST BIRTHDAY: 21 (Years).
BIRTHPLACE: Radner, Ind.	BIRTHPLACE: Ohio.
OCCUPATION: Mill Man.	OCCUPATION: House-wife

Number of child of this mother, including present birth 1

Number of children, of this mother, now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 11 A. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) H. P. Hawes, M.D.

(Physician or Midwife)

Given names added from a supplemental report

January 1st. 1913

Address Hope, Idaho

Filed Jan 18 1913 M. McKinnon

S-Y CO., 16670 Registrar Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

MAY 15 1943

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

PLACE OF BIRTH

(County of BOUNDARY.

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.

815-211009-271

Form V. S. No. 11-C—20m-2-15-12

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Bonner

City of Sandpoint

Registration District No. 8 File No. 10832

No. ____ St.

Primary Registration District No. 2033 Registered No. 249

Hospital ____

FULL NAME OF CHILD Bessie Bernadine Hansen

Sex of Child	Twin / Triplet or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Female	and	1	Yes	Dec 11 1912

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	Rolf Hansen	Martha Spearhawk
RESIDENCE	Sandpoint	
COLOR	White	White
AGE AT LAST BIRTHDAY (Years)	21	18
BIRTHPLACE	Colorado	Mich
OCCUPATION	Butcher	Housewife

Number of child of this mother, including present birth 1

Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn), at 12 M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) M. McKinnon

Physician

(Physician or midwife)

Address Sandpoint Idaho

Given names added from a supplemental report

....., 19.....

Registrar

Filed Dec 18 1912 M. McKinnon

Registrar

S-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

6/18/41 L. B.

632-106-009-547

PLACE OF BIRTH

Form V. S. No. 11-C—20m-2-15-12

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Bonner

City of Sandpoint — Registration District No. 6 — File No. 10833

No. ____ St. — Primary Registration District No. 2033 — Registered No. 247

Hospital ____

FULL NAME OF CHILD Vernoy W. Olson

Sex of Child	Twin / Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Male		4	yes	Dec 6 1912

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	Wolfred Olson	Christie Edgren
RESIDENCE	Sandpoint	Sandpoint
COLOR	White	White
AGE AT LAST BIRTHDAY (Years)	37	29
BIRTHPLACE	Sweden	Sweden
OCCUPATION	Sawyer	Housewife

Number of child of this mother, including present birth 4

Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 2 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) M. McKinnon M.D.

(Physician or midwife)

Address Sandpoint

Given names added from a supplemental report

....., 19.....

Filed Dec 10 1912 W. McKinnon
Registrar

.....
Registrar

S-Y CO. 0174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

DEC 1 8 1968

IDAHO DEPARTMENT OF HEALTH

BUREAU OF VITAL STATISTICS

Affidavit to Correct or Amend An Original Certificate of Birth or Death

RECEIVED JAN 8 - 1975 Bureau of Vital Statistics

State of ..... } ss.
County of ..... }

Certificate No. 10833

Date Filed .....

The undersigned does solemnly swear that certain facts on the certificate of birth (Birth or Death)
for Unnamed Olson (Male) (Name on Original Certificate) who was born (Was Born or Died) on Dec. 6, 1912 (Date of Event)
in Sandpoint, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts are shown by ..... (Bible Record, Insurance Policy, Etc.) prepared on ..... (Give Date), are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
child's name	Unnamed	Vernoy W. Olson

Subscribed and sworn to before me this ..... day of
....., 19.....

.....
Notary Public, residing at .....
My commission expires .....
(Seal)

Signed .....
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

.....
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Idaho } ss.
County of Bonner }

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 6th day of
January, 1975

Darwin M. Bishop

Notary Public, residing at Sandpoint
My commission expires January 15, 1978
(Seal)

Signed E. W. Longdon
(Signature of Any Credible Person)

701 N. 4th Ave. Sandpoint Ida 83864
(Street Address, City, State)

FORM DH 60-155

CL 10/7/74 lbc. pd. & lcc pd. rec.#17408.

Marriage return from Washington gives names as Vernoy W. Olson and Glayds Chamberlain. dated Nov. 4, 1933. viewed by V. S.

JAN 22 1975

Church record gives name as Vernoy Valderman Olson. born Dec 6, 1912 and baptized Feb. 16, 1913. viewed by V. S. (written in Swiss or German)

795-201-009-759

Form V. S. No. 11-C—20m-2-15-12

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Bonner

City of Sandpoint

Registration District No. 5

File No. 10834

No. ____ St.

Primary Registration District No. 2033

Registered No. 246

Hospital ____

FULL NAME OF CHILD Kathryn ~~Ella~~ Pierce

Sex of Child	Twin / Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Female		1	Yes	Dec 1 1912

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	Hugh Pierce	Florence Gorman
RESIDENCE	Sandpoint	Sandpoint
COLOR	White	White
AGE AT LAST BIRTHDAY (Years)	28	21
BIRTHPLACE	Maine	Iowa
OCCUPATION	Farmer	Housewife

Number of child of this mother, including present birth 1

Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Alive (Born alive or stillborn) at E. 4. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) W. McKinnon M.D.

(Physician or midwife)

Address Sandpoint Ida.

Given names added from a supplemental report

....., 19.....

Filed Dec 10 1912 W. McKinnon

Registrar

S-Y CO. 20174

Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and this number

IDAHO DEPARTMENT OF HEALTH

BUREAU OF VITAL STATISTICS

Affidavit to Correct or Amend An Original Certificate of Birth or Death

RECEIVED
NOV 22 1968
Bureau of Vital Statistics

State of Nebraska } ss.
County of Howard

Certificate No. 10834

Date Filed

The undersigned does solemnly swear that certain facts in the certificate of Birth (Birth or Death)
for Unnamed Pierce (female child) (Name on Original Certificate) who was born (Was Born or Died) on Dec. 1, 1912 (Date of Event)
in Sandpoint, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts are shown by Bible Record (Bible Record, Insurance Policy, Etc.) prepared on December 10, 1912 (Give Date), are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
Full Name of Child	Unnamed	Kathryn Ella Pierce
Kathryn Ella Pierce		
December 1, 1912		

Subscribed and sworn to before me this 6th day of September, 1968.

Notary Public, residing at St. Paul, Nebraska
My commission expires May 7, 1970.
(Seal)

Signed Sarah E. Pierce
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.) Aunt of Kathryn Ella Pierce
St. Paul, Nebraska
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of California } ss.
County of Santa Clara

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 20th day of November, 1968.

Esther Epping
ESTHER EPPING
NOTARY PUBLIC — CALIFORNIA
PRINCIPAL OFFICE IN
SANTA CLARA COUNTY
My Commission Expires June 28, 1972
(Notary Public, residing at
My commission expires
(Seal)

Signed Kenneth A. Johnson
(Signature of Any Credible Person)
634 University Avenue, Palo Alto, California 94301
(Street Address, City, State)

FORM DH 60-155

CL 3-30-66, one copy, pd. rec. #9917.

Certified copy of birth record from California for Alyce Mae Cleland born May 16, 1936. Father's name George Alfred Cleland and mother's name as Kathryn Ella Pierce. Certif. no. 102. Viewed by V. S.

NOV 16 1972

School Record from Palo Alto Unified School District, Palo Alto, California 94306. gives name as Kathryn Ella Pierce. Date of birth Dec. 1, 1912. Graduate june 19, 1931. Viewed by V. S.

693.112-009-295

PLACE OF BIRTH

County of Bonner

City of Sandpoint

No. ____ St.

Hospital ____

Form V. S. No. 11-C—20m-2-15-12

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 8 File No. 10835

Primary Registration District No. 2033 Registered No. 245

FULL NAME OF CHILD GORDON ELLSWORTH WILD

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Male		1	Yes	Nov 12 191-

FATHER		MOTHER	
FULL NAME	Hommy Wild.	FULL MAIDEN NAME	Leila Kirgsbury
RESIDENCE	Sandpoint	RESIDENCE	Sandpoint
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	32	AGE AT LAST BIRTHDAY (Years)	28
BIRTHPLACE	Ohio	BIRTHPLACE	Maine
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth ____ Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was 1 alive. (Born alive or stillborn) at 11:45 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) M. McKinnon, M.D.

(Physician or midwife)

Address Sandpoint Ida.

Given names added from a supplemental report

....19....

Filed Dec 13 19 12 M. McKinnon

S-Y CO. 20174

Registrar

Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS
AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of Washington } ss.
County of Thurston }

Certificate No. 10835

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of Gor[illegible] Birth[illegible]ld (Birth or Death)
for Gordon Ellsworth Wild (Name on Original Certificate) who born (Was Born or Died) on Nov. 12, 1912 (Date of Event)
in Sandpoint Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts are shown by Public School Olympia Wash. (Bible Record, Insurance Policy, Etc.) prepared on Sept. 1922 (Give Date), are:

FACTS TO BE CORRECTED ("Name", "Birth Date", "Cause of Death", Etc.)	FROM (As on Original)	TO (The Correct Facts)
name	unnamed	Gordon Ellsworth Wild

Subscribed and sworn to before me this 18th day of March, 1942
Clarice Walther
Notary Public, residing at Olympia
My commission expires
(Seal)

Signed Lulu K. Wild (Mother)
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)
R.7 Box 146 Olympia Wash.
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Washington } ss.
County of Thurston }

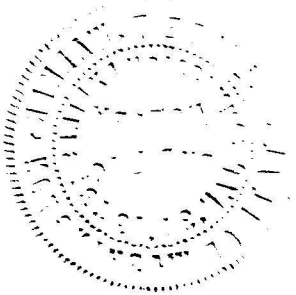
[This Affidivat **MUST** Also be Executed.
(See Chapter 139, 1937 Idaho Session Laws.)]

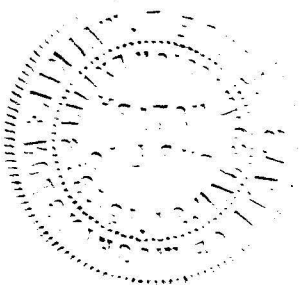
The undersigned does solemly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 18th day of March, 1942
Clarice Walther
Notary Public, residing at Olympia
My commission expires
(Seal)

Signed Mrs. Edith M. Luedecker
(Signature of Any Credible Person Other Than Previous Year)
2205 E. 9th Ave, Olympia, Wash.
(Street Address, City, State)

MAR 25 2012





667-112-009-849

PLACE OF BIRTH

Form V. S. No. 11-C—20m-2-15-12

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Bonner

City of Sandpoint Registration District No. 8 File No. 10836

No. ____ St. Primary Registration District No. 2033 Registered No. 244

Hospital ____

FULL NAME OF CHILD Henry Arthur Fagen

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Male		3	yes	Nov 12 191 2

FATHER		MOTHER	
FULL NAME	William Fagen	FULL MAIDEN NAME	Florice Hurd.
RESIDENCE	Sandpoint	RESIDENCE	Sandpoint
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	32	AGE AT LAST BIRTHDAY (Years)	21
BIRTHPLACE	Ohio	BIRTHPLACE	Minn
OCCUPATION	Laborer	OCCUPATION	Housewife

Number of child of this mother, including present birth 3

Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 9-45 A. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) M. McKinnon

Physician

(Physician or midwife)

Address Sandpoint Ida.

Given names added from a supplemental report

.....19.....

.....
Registrar

Filed Dec 10 19 12 M. McKinnon
Registrar

8-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

APR 1 1 1973

615 105 009-545

PLACE OF BIRTH

Form V. S. No. 11-C—20m-2-15-12

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Bonner

City of Sandpoint — Registration District No. 8 — File No. 10837

No. ____ St. — Primary Registration District No. 2033 — Registered No. 2413

Hospital ____

FULL NAME OF CHILD ____

Sex of Child	Twin / Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Male		5	yes	Nov 5 1912

FATHER		MOTHER	
FULL NAME	Lewis Waelty	FULL MAIDEN NAME	Theresa Munn
RESIDENCE	Sandpoint	RESIDENCE	Sandpoint
COLOR	White	AGE AT LAST BIRTHDAY (Years)	42
BIRTHPLACE	Germany	COLOR	White
OCCUPATION	Laborer	AGE AT LAST BIRTHDAY (Years)	36
		BIRTHPLACE	Germany
		OCCUPATION	Housewife

Number of child of this mother, including present birth 5

Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 12-16 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) M. McKinnon

Physician

(Physician or midwife)

Address Sandpoint Ida

Given names added from a supplemental report

..... 19.....

..... Registrar

Filed Dec 18 1912 M. McKinnon Registrar

5-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Form V. S. No. 11-C—20m-2-15-12

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

PLACE OF BIRTH

County of

965-1011 009-454

PLACE OF BIRTH

Form V. S. No. 11-C—20m-8-15-12

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Bonner

City of Sandpoint

Registration District No. 5

File No. 10838

No. ____ St.

Primary Registration District No. 2033

Registered No. 242

Hospital ____

FULL NAME OF CHILD Earl Joseph Rheinschmidt

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Male		2	Yes	Nov 1 1912

FATHER		MOTHER	
FULL NAME	Theodore Rheinschmidt	FULL MAIDEN NAME	Clara Demers
RESIDENCE	Sandpoint	RESIDENCE	Sandpoint
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	27 (Years)	AGE AT LAST BIRTHDAY	24 (Years)
BIRTHPLACE	Wisconsin	BIRTHPLACE	Wisconsin
OCCUPATION	Rhemmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 2

Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) on the date above stated, at 1.20 P.M.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) M. McKinnon MD

(Physician or midwife)

Address Sandpoint Ida

Given names added from a supplemental report

....19....

Registrar

Filed Dec 10 1912 M. McKinnon

Registrar

8-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

FEB 18 1942

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Amended 2/25/71

Form V. S. No. 11-C—20m-2-15-12

PLACE OF BIRTH

231-20B009-735

County of Bonner

City of Sandpoint

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 8 File No. 10839

No. ____ St.

Primary Registration District No. 2033 Registered No. 24

Hospital ____

FULL NAME OF CHILD Ila Edith Olean Stamm

Sex of Child	Twin / Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Female		5	yes	Nov 1 1912

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	Ed. Stamm	Helen Stumpenny
RESIDENCE	Sandpoint	Sandpoint
COLOR	White	White
AGE AT LAST BIRTHDAY (Years)	42	32
BIRTHPLACE	Kansas	Montana
OCCUPATION	Laborer Music	Housewife

Number of child of this mother, including present birth 5

Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 3 A. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) W. McKinnon

Physician (Physician or midwife)

Address Sandpoint Ida.

Given names added from a supplemental report

....., 19.....

Filed Nov 13 1912 W. McKinnon

Registrar

S-Y CO. 20174

Registrar

Amended 2/25/71

PLACE OF BIRTH

County of

Form V. S. No. 1-O—20m-2-15-12

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

2-1-71

IDAHO DEPARTMENT OF HEALTH

BUREAU OF VITAL STATISTICS

Affidavit to Correct or Amend An Original Certificate of Birth or Death

RECEIVED
FEB 24 1971
Bureau of Vital Statistics

State of Washington
County of Asotin } ss.

Certificate No. 10839

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of Birth (Birth or Death)
for Edith Aleen Stemm (Name on Original Certificate) who was born (Was Born or Died) on Nov. 1, 1912 (Date of Event)
in Sandpoint, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts are shown by (Bible Record, Insurance Policy, Etc.) prepared on (Give Date), are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
Childs nm	Edith Aleen Stemm	Edith Aleen Stamm

Subscribed and sworn to before me this 19th day of February, 1971

Notary Public, residing at Clarkston

My commission expires Dec. 15, 1974
(Seal)

Signed X Mrs. Juanita C. Eathorne
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

1505 Elm St., Clarkston, Wash. 99403
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of
County of } ss.

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this day of , 19

Notary Public, residing at

My commission expires
(Seal)

Signed
(Signature of Any Credible Person)

(Street Address, City, State)

FORM DH 60-155 Correction corresp. (S)

This Certifies that Miss Edith Stamm was Baptized inot the Fellowship of the Seventh-day Adventist Church at Sandpoint, Idaho on the 15thday of May in 1937. Signed by C. A. Scriner, Pastor. Viewed by V. S.

FEB 25 1971

Bonner County School District No. 82 Verification of School Record, Sandpoint School Dist. No. 1, Sandpoint, Idaho gives name as Edith Stamm. Date of birth Nov. 4, 1912. Date of school record: First Tuesday in Sept. 1918. Signed by Mike Lamanna, Asst. Supt. Viewed by V. S. School record gives parent's name as E. D. Stamm.

299-124-009-249

PLACE OF BIRTH

Form V. S. No. 11-C—20m-2-15-12

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Bonner

City of Sandpoint

No. ..... St.

Hospital .....

Registration District No. 8 File No. 10840

Primary Registration District No. 2033 Registered No. 240

FULL NAME OF CHILD Roy Joseph Kirkhoven

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Male		4	Yes	Oct 24 1912

FATHER	MOTHER
FULL NAME Mostin Kirkhoven	FULL MAIDEN NAME Alice Smith
RESIDENCE Sandpoint	RESIDENCE Sandpoint
COLOR White	COLOR White
AGE AT LAST BIRTHDAY 42 (Years)	AGE AT LAST BIRTHDAY 34 (Years)
BIRTHPLACE Holland	BIRTHPLACE Iowa
OCCUPATION Engineer	OCCUPATION Housewife

Number of child of this mother, including present birth 4

Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 2 A. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) W. McKinnon M.D.

(Physician or midwife)

Address Sandpoint Ida

Given names added from a supplemental report

..... 19.....

..... Registrar

Filed Dec 10 1912 W. McKinnon

Registrar

S-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

8-22-41

419-28:009-384.

PLACE OF BIRTH

Form V. S. No. 11-C—15m-6-20-11

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

County of Bonner

City of Laclede

Registration District No. 8

File No. 10841

No. ....., ... St.

Primary Registration District No. 2033

Registered No. 239

Hospital .....

FULL NAME OF CHILD Elsie Lorenda Markham

Sex of Child	Twin, Triplet, or other?	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Female	Single (To be answered only in event of plural births)	one	Yes	Nov 28, 1912

FATHER		MOTHER	
FULL NAME	Melvin Clarence Markham	FULL MAIDEN NAME	Myrtle Gladys Churchill
RESIDENCE	Laclede Idaho	RESIDENCE	Laclede Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	41	AGE AT LAST BIRTHDAY (Years)	22
BIRTHPLACE	Oregon	BIRTHPLACE	Abrams Wis
OCCUPATION	Boatman	OCCUPATION	Housewife

Number of child of this mother, including present birth. One

Number of children, of this mother, now living, including present birth. One

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive Nov 28, 1912 (Born alive or stillborn) at 2:45 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Fredk W. Didier

(Physician or Midwife)

Address Laclede, Idaho

Given names added from a supplemental report

....., 19.....

Registrar

Filed Dec. 7 19 12 M. McKinnon

Registrar

S-Y CO., 16670

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

APR 27 1943

319.117.009-993

PLACE OF BIRTH

Form V. S. No. 11-C—15m-6-20-11

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

County of Bonner

City of Laclede

No. ____, ____ St.

Hospital ____

Registration District No. 8

File No. 10842

Primary Registration District No. 2033

Registered No. 238

FULL NAME OF CHILD Carl

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Male	Single	7th	yes	Nov. 17, 1912

FATHER		MOTHER	
FULL NAME	Frank Carl	FULL MAIDEN NAME	Tracy Richl
RESIDENCE	Near Harlem, Idaho	RESIDENCE	Near Harlem, Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	39 (Years)	AGE AT LAST BIRTHDAY	33 (Years)
BIRTHPLACE	Austria	BIRTHPLACE	Bavaria
OCCUPATION	Lumber grader	OCCUPATION	Housewife

Number of child of this mother, including present birth Seven

Number of children, of this mother, now living, including present birth Seven

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive Nov. 17, 1912 at 8:00 a. M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Fredk W. Didier M.D.

Laclede, Idaho
(Physician or Midwife)

Given names added from a supplemental report

..... 19.....

..... Registrar

Address .....

Filed Dec. 7 1912 M. McKinnon
Registrar

S-Y CO., 16670

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

PLACE OF BIRTH

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

299401 1009-318

PLACE OF BIRTH

U. S. No. 11-C—15m-6-20-11

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

County of Bonner,

City of Sandpoint,

No. ____, ____ St.

Hospital ____

Registration District No. 8 File No. 10844

Primary Registration District No. 2033 Registered No. 236

FULL NAME OF CHILD JOSEPH CHARLES BRISBOY

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Male.			Yes.	Nov. 1, 1912

FATHER	MOTHER
FULL NAME: William Brisboy,	FULL MAIDEN NAME: Addie Jane Taylor.
RESIDENCE: Sandpoint,	RESIDENCE: Sandpoint,
COLOR: White,	COLOR: White,
AGE AT LAST BIRTHDAY: 28 (Years)	AGE AT LAST BIRTHDAY: 24 (Years)
BIRTHPLACE: Michigan.	BIRTHPLACE: Wisconsin
OCCUPATION: Farmer.	OCCUPATION: Housewife

Number of child of this mother, including present birth: Three.

Number of children, of this mother, now living, including present birth: ____

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 12:30 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) O. F. Payne M.D.

(Physician or Midwife)

Address Sandpoint, Idaho.

Given names added from a supplemental report

____, 19____

____ Registrar

Filed Dec 7 19 12 W McKinnon Registrar

S-Y CO., 16670

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

FEB 16 1942

State of IDAHO, } ss.
County of Bonner. }

Certificate No. 10844

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of birth (Birth or Death)
for Joseph Charles Brisboy (Name on Original Certificate) who was born (Was Born or Died) on November 1, 1912 (Date of Event)
in Sagle, Idaho (Place of Event) are erroneous ~~or were omitted~~; and that, to the best of his knowledge, the
true facts are shown by Marriage Affidavit (Bible Record, Insurance Policy, Etc.) prepared on May 7, 1935 (Give Date), are:

FACTS TO BE CORRECTED ("Name", "Birth Date", "Cause of Death", Etc.)	FROM (As on Original)	TO (The Correct Facts)
name	no name	Joseph Charles Brisboy
date	November 1, 1913	November 1, 1912

Subscribed and sworn to before me this 14th. day of February, 1942.

Notary Public, residing at Sandpoint, Idaho

My commission expires June 3rd, 1942
(Seal)

Signed Addie Jane Brisboy
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

Sagle, Idaho
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of IDAHO, } ss.
County of Bonner. }

[This Affidivat MUST Also be Executed.
(See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 14th. day of February, 1942.

Notary Public, residing at Sandpoint, Idaho

My commission expires June 3rd, 1942
(Seal)

Signed Mrs Mable Brown
(Signature of Any Credible Person Other Than Previous Year)

Sagle, Idaho
(Street Address, City, State)

FEB 19 1942

814-209-009-662

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

Form V. S. No. 11-C—15m-6-20-11

PLACE OF BIRTH

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

County of Bonner

City of Sandpoint,

No. ....., ... *St.*

Hospital .....

Registration District No. 8 **File No.** 10845

Primary Registration District No. 2033 **Registered No.** 235

FULL NAME OF CHILD Ruth Haug,

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Female.			Yes.	Nov. 9th. 1912

FATHER	MOTHER
FULL NAME Sverre M. Haug,	**FULL MAIDEN NAME** Selma Foss,
RESIDENCE Sandpoint,	**RESIDENCE** Sandpoint,
COLOR White, **AGE AT LAST BIRTHDAY** 25 (Years)	**COLOR** White, **AGE AT LAST BIRTHDAY** 20 (Years)
BIRTHPLACE Norway,	**BIRTHPLACE** Wisconsin.
OCCUPATION Bar tender.	**OCCUPATION** Housewife.

Number of child of this mother, including present birth Second, **Number of children, of this mother, now living, including present birth** Second

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 12:30 A. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) O. T. Payne M.D.

(Physician or Midwife)

Address Sandpoint, Idaho,

Given names added from a supplemental report

....., 19.....

Registrar

Filed Dec 7 1912 M. McKinnon

Registrar

S-Y CO., 16670

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT REC

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

Cert. No. 166 009-239

PLACE OF BIRTH

STATE OF IDAHO

Bureau of Vital Statistics

Form V. S. No. [redacted]

CERTIFICATE OF BIRTH

County of Bonner

City of Kaelede

Registration District No. 8

File No. 10846

No. ____, ____ St.

Primary Registration District No. 2033

Registered No. 234

Hospital ____

FULL NAME OF CHILD Carl Arthur Hulquist

Sex of Child	Twin, Triplet, or other?	and	Number in order of birth	Legitimate?	Date of birth
Male	Single		First	yes	July (Month) 16 (Day), 1912 (Year)

(To be answered only in event of plural births)

FATHER	MOTHER
FULL NAME: Arthur H Hulquist	FULL MAIDEN NAME: Nellie Stroonider (Stroonider)
RESIDENCE: 5 miles South Sawyer	RESIDENCE: Above Sawyer Idaho
COLOR: White	COLOR: white
AGE AT LAST BIRTHDAY: 25 (Years)	AGE AT LAST BIRTHDAY: 19 (Years)
BIRTHPLACE: Jamestown Pa	BIRTHPLACE: Owensburg Indiana
OCCUPATION: Rancher	OCCUPATION: Housewife

Number of child of this mother, including present birth: one

Number of children, of this mother, now living, including present birth: ____

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was born alive July 16" 1912 (Born alive or stillborn) at 3:00 A M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Fredk W. Dr[illegible]

Kaelede. Idaho (Physician or Midwife)

Given names added from a supplemental report

____, 19____

____ Registrar

Address ____

Filed Nov 10 1912 M. M. Kennedy Registrar

S-Y CO., 16870

JUL 24 1963

OCT 24 1975

665-22-10 09-356

PLACE OF BIRTH

Form V. S. No. 11-C—20m-2-15-12

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Bonner

City of Sandpoint

Registration District No. 8

File No. 10847

No. _____ St.

Primary Registration District No. 2033

Registered No. 233

Hospital _____

FULL NAME OF CHILD BONNIE GLADYS OWENS

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Female		1	Yes	Aug 21 1912

FATHER		MOTHER	
FULL NAME	J. B. Owens	FULL MAIDEN NAME	Agnes Lewis
RESIDENCE	Sandpoint	RESIDENCE	Sandpoint
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	27 (Years)	AGE AT LAST BIRTHDAY	28 (Years)
BIRTHPLACE	Wash.	BIRTHPLACE	Kansas
OCCUPATION	Blacksmith	OCCUPATION	Housewife.

Number of child of this mother, including present birth 1

Number of children of this mother now living, including present birth _____

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive, at _____ M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) M. McKinnon

Physician.
(Physician or midwife)

Address Sandpoint Ida

Given names added from a supplemental report

_____ 19____

_____
Registrar

Filed Nov 10 1912 M. McKinnon
Registrar

S-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of Idaho } ss.
County of Kootenai }

Certificate No. 10847

Date Filed .....

The undersigned does solemnly swear that certain facts on the certificate of ..... (BIRTH OR DEATH)
for ..... (NAME ON ORIGINAL CERTIFICATE) who ..... (WAS BORN OR DIED) on ..... (DATE OF EVENT)
in ..... (PLACE OF EVENT) are erroneous or were omitted; and that, to the best of his knowledge, the true facts as shown by ..... (BIBLE RECORD, INSURANCE POLICY, ETC.) prepared on ..... (GIVE DATE), are:

FACTS TO BE CORRECTED ("NAME", "BIRTH DATE", "CAUSE OF DEATH", ETC.)	FROM (AS ON ORIGINAL)	TO (THE CORRECT FACTS)
N ame	Unnamed	Bonnie Gladys Owens

Subscribed and sworn to before me this 4th day of March, 19 45

Wayne E. Miller
Notary Public, residing at Worley Idaho

My commission expires July 16 1944
(SEAL)

Signed John Barney Owens
(SIGNATURE OF PARENT OR ATTENDANT IF CORRECTING A BIRTH RECORD; OF ATTENDANT, FUNERAL DIRECTOR, INFORMANT IF CORRECTING A DEATH RECORD; OR OTHER CREDIBLE PERSON.)

.....
(STREET ADDRESS, CITY, STATE)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of ..... } ss.
County of ..... }

[THIS AFFIDAVIT MUST ALSO BE EXECUTED. (SEE CHAPTER 139, 1937 IDAHO SESSION LAWS.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this ..... day of ....., 19 .....

Notary Public, residing at .....
My commission expires .....
(SEAL)

Signed .....
(SIGNATURE OF ANY CREDIBLE PERSON OTHER THAN PREVIOUS AFFIANT.)

.....
(STREET ADDRESS, CITY, STATE)

Received for filing on ..... By .....
(REGISTRAR'S SIGNATURE)

MAR 16 1943

MAR 22 1973

APR 24 1973

MAY 29 1974

690-225-009 33

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

Form V. S. No. 11-C—20m-2-15-12

CERTIFICATE OF BIRTH

County of Bonner

City of Sandpoint

Registration District No. 8

File No. 10848

No. 8. Dee St.

Primary Registration District No. 2533

Registered No. 265

Hospital

FULL NAME OF CHILD Margaret Rachel Frost

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Female		2	yes	Dec 25 1912

FATHER		MOTHER	
FULL NAME	E. E. Frost	FULL MAIDEN NAME	Emma Ellerick
RESIDENCE	Sandpoint Ida.	RESIDENCE	Sandpoint
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	31 (Years)	AGE AT LAST BIRTHDAY	25 (Years)
BIRTHPLACE	Michigan	BIRTHPLACE	Minn.
OCCUPATION	Lumberman	OCCUPATION	Housewife

Number of child of this mother, including present birth 2

Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was 2 alive (Born alive or stillborn) 11 PM, at xxxxx M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) M. McKinnon

Physician

(Physician or midwife)

Address Sandpoint Ida.

Given names added from a supplemental report

..... 19.....

..... Registrar

Filed Jan 10 1913 M. McKinnon Registrar

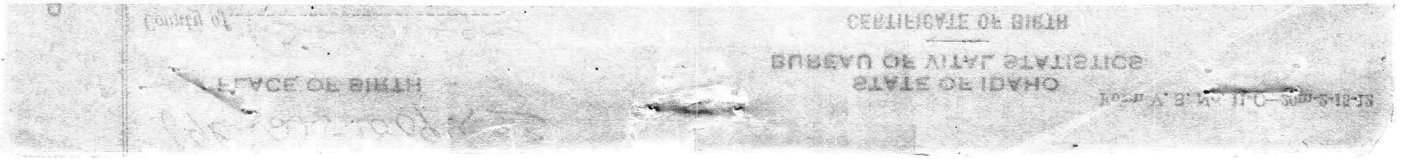
8-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

2/7/41 L. B.


CERTIFICATE OF BIRTH
BUREAU OF VITAL STATISTICS
STATE OF IDAHO
PLACE OF BIRTH

STATE OF Michigan }
COUNTY OF Mecosta } ss.

Mrs. Emma Louise Frost

of the City of Big Rapids in th
Mecosta and State of Michigan

being duly sworn, deposes and says, that the recorded time of birth of her daughter, MargaretRachel Frost, as given by the attending doctor, Dr. McKinnon now deceased, as of 2A.M. on Dec. 26th. I9I2, is incorrect and should be changed to II:50 P. M. on Dec. 25th. I9I2.

and further this deponent says not.

Emma L. Frost

Subscribed and sworn to before me, this 27th day of January 1941

Hiram J. Feydenburg

Notary Public in and for the County of Mecosta State of Michigan

My commission expires Dec. 28, 1943

My commission expires 19

710

DAVIT

—Short Form

)AVIT OF

854-126-009-113

PLACE OF BIRTH

Form ~~V. S.~~ No. 11-C—20m-2-15-12

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Bonner

City of Sandpoint

No. 3rd St.

Registration District No. 8

File No. 10849

Primary Registration District No. 2033

Registered No. 264

Hospital

FULL NAME OF CHILD ~~Carlpeck~~ Hedin CARROLL LOUIS HEDIN

Sex of Child	Twin / Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth
Male		1	Yes	Dec 26 (Month) (Day) 1912 (Year)

FATHER	MOTHER
FULL NAME Albert Hedin	FULL MAIDEN NAME Louisa Jacobson
RESIDENCE Sandpoint	RESIDENCE Sandpoint
COLOR White AGE AT LAST BIRTHDAY 21 (Years)	COLOR White AGE AT LAST BIRTHDAY 23 (Years)
BIRTHPLACE Wash.	BIRTHPLACE Norway
OCCUPATION Farmer	OCCUPATION Housewife

Number of child of this mother, including present birth 1

Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn) at 10-30 A. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) M. McKinnon

Physician

(Physician or midwife)

Address Sandpoint Idaho

Given names added from a supplemental report

.....19.....

.....
Registrar

Filed Jan 10 1913 M. McKinnon
Registrar

S-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of Washington } ss.
County of Spokane

Certificate No. 10849

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of Birth (Birth ~~or death~~)
for Carroll Louis Hedin (Name on original certificate) who was born (Was born or died) on Dec. 26-1912 (Date of event)
in Sand Point Idaho (Place of event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts as shown by (Bible record, insurance policy, etc.) prepared on (Give date), are:

FACTS TO BE CORRECTED ("Name", "birth date", "cause of death", etc.)	FROM (As on original)	TO (The correct facts)
Name	Albert Hedin	Carroll Louis Hedin

Subscribed and sworn to before me this 4th day of March, 1942

Ellen B. Creighton
Notary Public, residing at Opportunity
My commission expires Oct 27-1944
[SEAL]

Signed Louise Hedin (mother)
(Signature of parent or attendant if correcting a ~~birth~~ record; of attendant, funeral director, informant if correcting a death record; or other credible person.)
Nine Mile Falls Wash
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Washington } ss.
County of Spokane

[This affidavit MUST also be executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 4th day of March, 1942

Ellen B. Creighton
Notary Public, residing at Opportunity
My commission expires Oct 27-1944
[SEAL]

Signed Sophie Dean
(Signature of any credible person other than the previous affiant.)
1221 E. Indiana Ave
(Street Address, City, State)

Received for filing on By
(Registrar's signature)

365-031-009-033

PLACE OF BIRTH

Form V. S. No. 11-C—20m-2-15-12

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Bonner

City of Sandpoint — Registration District No. 8 — File No. 10850

No. ____ St. — Primary Registration District No. 2033 — Registered No. 270

Hospital ____

FULL NAME OF CHILD ____

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth: 3	Legitimate? yes	Date of Birth: Dec 31 (Month) (Day) 191 2 (Year)

FATHER	MOTHER
FULL NAME: W. J. Forrjoy	FULL MAIDEN NAME: Bessie J. McCrea
RESIDENCE: Sandpoint	RESIDENCE: Sandpoint
COLOR: White — AGE AT LAST BIRTHDAY: 46 (Years)	COLOR: White — AGE AT LAST BIRTHDAY: 34 (Years)
BIRTHPLACE: Michigan	BIRTHPLACE: Oregon
OCCUPATION: Dairyman	OCCUPATION: Housewife

Number of child of this mother, including present birth: 3

Number of children of this mother now living, including present birth: 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was B alive (Born alive or stillborn) at 10-30 A M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) M. McKinnon

Physician

(Physician or midwife)

Address Sandpoint, Idaho

Given names added from a supplemental report

....19....

Filed June 10 1913 M. McKinnon

Registrar

8-Y CO. 20174

Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH

County of

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

MARGIN RESERVED FOR BINDING

WRITE PLAINLY. WITH UNFADING INK. THIS IS A PERMANENT RECORD

286-122-009-368

Form V. S. No. 11-C—20m-2-15-12

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Boundary

City of Sandpoint

No. Lake St.

Hospital

Registration District No. 8 File No. 10851

Primary Registration District No. 2533 Registered No. 263

FULL NAME OF CHILD

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Male	d	5	Yes	Dec 22 1912

FATHER		MOTHER	
FULL NAME	R. B. Brown	FULL MAIDEN NAME	Nina Lloyd
RESIDENCE	Sandpoint	RESIDENCE	Sandpoint
COLOR	White	AGE AT LAST BIRTHDAY (Years)	39
BIRTHPLACE	Penn.	COLOR	White
OCCUPATION	Musician	AGE AT LAST BIRTHDAY (Years)	33
		BIRTHPLACE	Penn.
		OCCUPATION	Housewife

Number of child of this mother, including present birth 5

Number of children of this mother now living, including present birth 5

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn) at 10-a-M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) M. McKinnon

Physician

(Physician or midwife)

Address Sandpoint Idaho

Given names added from a supplemental report

.....19.....

.....
Registrar

Filed Jan 10 1913 M. McKinnon
Registrar

S-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH

County of

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Form V. S. No. 11-C—20m-2-15-12

229-119-009-216

PLACE OF BIRTH

Form V. S. No. 11-C—20m-2-15-12

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Boundary

City of Sandpoint

Registration District No. 8 File No. 10852

No. ____ St.

Primary Registration District No. 2033 Registered No. 262

Hospital ____

FULL NAME OF CHILD Erney Skindlov

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
male		3	yes	Dec 19 1912

FATHER	MOTHER
FULL NAME A. M. Skindlov	FULL MAIDEN NAME Olea Bjorneby
RESIDENCE Sandpoint Ida.	RESIDENCE Sandpoint Ida
COLOR White	COLOR White
AGE AT LAST BIRTHDAY 36 (Years)	AGE AT LAST BIRTHDAY 24 (Years)
BIRTHPLACE Norway	BIRTHPLACE N. D.
OCCUPATION Minister	OCCUPATION Housewife

Number of child of this mother, including present birth 3

Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 6-20 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) M. McKinnon

Physician
(Physician or midwife)

Address Sandpoint Idaho

Given names added from a supplemental report

....., 19.....

Filed Jan 7 1913 M McKinnon
Registrar

.....
Registrar

S-Y CO. 20174

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

MARGIN RESERVED FOR BINDING

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Form V. S. No. 11-C—20m-2-15-12

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

PLACE OF BIRTH

County of

791-115-009-367

PLACE OF BIRTH

Form V. S. No. 11-C—15m-6-20-11

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

County of Bonner

City of Sandpoint

No. 514 second St.

Hospital City.

Registration District No. 6 File No. 10853

Primary Registration District No. 7033 Registered No. 261

FULL NAME OF CHILD Gerdon Clifford Granger.

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Male			Yes	Dec. 15, 1912

FATHER	MOTHER
FULL NAME: Orley Clifford Granger.	FULL MAIDEN NAME: Marie J. Coxwell
RESIDENCE: Hope, Idaho	RESIDENCE: Hope,
COLOR: White	COLOR: White
AGE AT LAST BIRTHDAY: 38 (Years)	AGE AT LAST BIRTHDAY: 32 (Years)
BIRTHPLACE: Webster. N. Y.	BIRTHPLACE: Canada.
OCCUPATION: Lawyer.	OCCUPATION: Housewife.

Number of child of this mother, including present birth: Two

Number of children, of this mother, now living, including present birth: Two

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 5:30 A. M. on the date above stated.

(Signature) C. F. Payne M.D

(Physician or Midwife)

Address

Filed June 10 1913 J. M. McKinnon Registrar

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report

....., 19.....

Registrar

S-Y CO., 16670

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

Nov. 25, 1940 L.B.

335-111-009-6

[redacted]

Form V. S. No. 11-C—15m-6-20-11

PLACE OF BIRTH

IDAHO

Statistics

OF BIRTH

County of Bonner

City of Newport

Registration District No. 8

File No. 10854

No. ____, ____ St.

Primary Registration District No. 2033

Registered No. 260

Hospital ____

FULL NAME OF CHILD Clem

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Male	1	3	yes	Dec 11 19[illegible]

FATHER		MOTHER	
FULL NAME	Noah R. Clem	FULL MAIDEN NAME	Maud E Weeks
RESIDENCE	Enida Idaho	RESIDENCE	~~Newport~~ Enida Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	34	AGE AT LAST BIRTHDAY (Years)	31
BIRTHPLACE	Missouri	BIRTHPLACE	Kansas
OCCUPATION	School teacher	OCCUPATION	Housewife

Number of child of this mother, including present birth 3

Number of children, of this mother, now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 1 20 P M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. A. Rogers

Newport Wash (Physician or Midwife)

Given names added from a supplemental report

....., 19.....

Registrar

Address .....

Filed Jan 10 1912 M. McKinnon

Registrar

S-Y CO., 16870

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD.

U. S. Law requires that the facts about each birth, as shown on this certificate, must be made as complete and accurate as possible.

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

PLACE OF BIRTH

County of

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

43[redacted]208-266

[redacted]IRTH

Form V. S. No. 11-C—10m-8-7-11

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

County of Boise

City of Garden Valley

Registration District No 6

File No. 10855

No. ....., ... St.

Primary Registration District No. 2019

Registered No. 57

Hospital .....

FULL NAME OF CHILD Ruby Winifred McKenzie

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth
Female			yes	Aug (Month) 14 (Day) 1912 (Year)

FATHER		MOTHER	
FULL NAME	Roy McKenzie	FULL MAIDEN NAME	Gladys May Howard
RESIDENCE	Garden Valley	RESIDENCE	Garden Valley
COLOR	W.	COLOR	W
AGE AT LAST BIRTHDAY	32 (Years)	AGE AT LAST BIRTHDAY	28 (Years)
BIRTHPLACE	Vancouver Canada	BIRTHPLACE	Idaho
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 2

Number of children, of this mother, now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive, at 10 P. M.
(Born alive or stillborn)
on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) G. G. Fish

(Physician or Midwife)

Address Placerville

Given names added from a supplemental report

....., 19.....

.....
Registrar

Filed Jan 15 1913 A. L. Byrd
Registrar

SYMS - YORK CO., PTRS. & BDRS. 17326

DUP OF 1912-10859

255 227, 408-493

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth, stated

PLACE OF BIRTH

Form V. S. No. 11-C—10m-6-7-11

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

10856

County of Boise

City of Idaho City

Registration District No. 6 File No.

No. ....., ... St.

Primary Registration District No. 2019 Registered No. 56

Hospital .....

FULL NAME OF CHILD Louisa Margaret Kennaly

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Female			yes	Sept 27 1912

FATHER	MOTHER
FULL NAME: John Richard Kennaly	FULL MAIDEN NAME: Lulu Maud Miller
RESIDENCE: Idaho City, Ida	RESIDENCE: Idaho City, Idaho
COLOR: W. AGE AT LAST BIRTHDAY: 29 (Years)	COLOR: W AGE AT LAST BIRTHDAY: 23 (Years)
BIRTHPLACE: Idaho City	BIRTHPLACE: Idaho City
OCCUPATION: Postmaster	OCCUPATION: Housewife

Number of child of this mother, including present birth: One

Number of children, of this mother, now living, including present birth: one

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 8 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Ralph Falk

M.D. (Physician or Midwife)

Given names added from a supplemental report

....., 19.....

Address Boise

Filed Jan 15 1913 A. G. O'Byrd Registrar

..... Registrar

SYMS - YORK CO., PTRS. & BDRS. 17326

K

Dup # 1912 - 15056

693-22-1008-365

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

Form V. S. No. 11-C—10m-8-7-11

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

PLACE OF BIRTH

County of Boise

City of Placerville

No ....., ... St.

Hospital .....

Registration District No 6 File No. 10857

Primary Registration District No. 2017 Registered No. 58

FULL NAME OF CHILD Teresa Williams

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Female			Yes	Aug 24 1912

FATHER	MOTHER
FULL NAME: William Richard Williams	FULL MAIDEN NAME: Teresa Commaughton
RESIDENCE: Placerville	RESIDENCE: Placerville
COLOR: W. AGE AT LAST BIRTHDAY: 47 (Years)	COLOR: W. AGE AT LAST BIRTHDAY: 36 (Years)
BIRTHPLACE: Wisconsin	BIRTHPLACE: Idaho
OCCUPATION: Clerk	OCCUPATION: Housewife

Number of child of this mother, including present birth: 4

Number of children, of this mother, now living, including present birth: 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 6:30 A. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report

....., 19.....

(Signature) H. G. Fitz M.D.

(Physician or Midwife)

Address Placerville

Filed Jan 15 1913 A. J. Byrd

Registrar

SYMS - YORK CO., PTRS. & BDRS. 17326

Registrar

1912-
Dup 010858 + 1912-387427

551-111-008-345

PLACE OF BIRTH

County of Boise

City of Quartzburg

No. ____, ____ St.

Hospital ____

Form V. S. No. 11-C—15m-6-20-11

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

Registrant No. 6 File No. 10860

Primary Registration District No. 2019 Registered No. 760

FULL NAME OF CHILD [redacted]ard Evans

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
male			yes	Sept. 11, 1912

FATHER		MOTHER	
FULL NAME	Parley James Evans	FULL MAIDEN NAME	Grace Cunningham
RESIDENCE	Quartzburg	RESIDENCE	Quartzburg
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	34 (Years)	AGE AT LAST BIRTHDAY	27 (Years)
BIRTHPLACE	England	BIRTHPLACE	Indiana
OCCUPATION	miner.	OCCUPATION	housekeeper.

Number of child of this mother, including present birth 4

Number of children, of this mother, now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 7 P.M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) G. G. Fitz

Physician (Physician or Midwife)

Address Placerville

Given names added from a supplemental report

____, 19____

____ Registrar

Filed Nov. 14 1912 G. G. Fitz Registrar

S-Y CO., 16670

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

DEC 30 1941

249-101-008-666

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

Form V. S. No. 11-C—10m-8-7-11

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

File No. 10861

PLACE OF BIRTH

County of Boise

City of Ola

No. ____, ____ St.

Hospital ____

Registration District No. 6

Primary Registration District No. 2026

Registered No. 52

FULL NAME OF CHILD Ola Macum Smith

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
M				Yes	May 1st, 1912

FATHER		MOTHER	
FULL NAME	Samuel E. Smith	FULL MAIDEN NAME	Carrie M. Woolan
RESIDENCE	Ola	RESIDENCE	Ola
COLOR	W.	COLOR	W.
AGE AT LAST BIRTHDAY (Years)	39	AGE AT LAST BIRTHDAY (Years)	37
BIRTHPLACE	Oregon	BIRTHPLACE	Idaho
OCCUPATION	Merchant	OCCUPATION	Housewife

Number of child of this mother, including present birth 1

Number of children, of this mother, now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 1 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report

....., 19.....

Registrar

(Signature) A. G. Byrd M.D.

(Physician or Midwife)

Address Sweet

Filed Nov 14 1912 A. G. Byrd

Registrar

SYMS - YORK CO., PTRS. & BDRS. 17326

MAR 6 1942

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS
AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of Idaho }
County of Valley } ss.

Certificate No. 10861

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of Birth (Birth or Death)
for George Macum Smith (Name on Original Certificate) who Was born in 1912 (Was Born or Died) on Nov. 1, 1912 (Date of Event)
in Ola, Boise Co. Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts are shown by bible record (Bible Record, Insurance Policy, Etc.) prepared on Nov. 1,1912 (Give Date), are:

FACTS TO BE CORRECTED ("Name", "Birth Date", "Cause of Death", Etc.)	FROM (As on Original)	TO (The Correct Facts)
birthdate	Nov. 2, 1912	Nov. 1, 1912

Subscribed and sworn to before me this 6th
day of July, 1942.

Notary Public, residing at Cascade, Idaho
My commission expires Feb. 25,1943.
(Seal)

Signed Carrie May Smith Mother.
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Idaho }
County of Valley } ss.

[This Affidivat **MUST** Also be Executed.
(See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 6th
day of July, 1942.

Notary Public, residing at Cascade, Idaho
My commission expires May 29,1944.
(Seal)

Signed M D Kerby
(Signature of Any Credible Person Other Than Previous Year)

Main St. Cascade, Idaho.
(Street Address, City, State)

JUL 9 1942

JUL 1 1942

419-125-008-855

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

Form V. S. No. 11-C-10m-8-7-11

PLACE OF BIRTH

County of Boise

City of Vicinity of Mountain

No ....., ... St.

Hospital .....

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

Registration District No 6 — File No. 10863

Primary Registration District No. 2026 — Registered No. 48

FULL NAME OF CHILD WILBUR DAVID MARTIN

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Male	X		X	Yes	Nov 25 1912

FATHER

FULL NAME: William Lee Martin

RESIDENCE: Walker Ranch

COLOR: W — AGE AT LAST BIRTHDAY: 21 (Years)

BIRTHPLACE: Long Bucke

OCCUPATION: Rancher

MOTHER

FULL MAIDEN NAME: Ida May Hemsley

RESIDENCE: Wilson Ranch

COLOR: W — AGE AT LAST BIRTHDAY: 20 (Years)

BIRTHPLACE: California

OCCUPATION: Housewife

Number of child of this mother, including present birth: 1

Number of children, of this mother, now living, including present birth: 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 1:10 A.M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) A. G. Bryd M.D.

(Physician or Midwife)

Address Sweet Idaho

Given names added from a supplemental report

....., 19.....

Filed Jan 15 1913 A. G. Bryd

Registrar

SYMS - YORK CO., PTRS. & BDRS. 17826

Registrar

MAR 3 1942

STATE OF IDAHO

DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of Washington }
County of Cowlitz } ss.

Certificate No. 10863

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of Birth (Birth or Death)
for unnamed Martin (Name on Original Certificate) who was born (Was Born or Died) on November 26, 1912 (Date of Event)
in Sweet, Idaho (Place of Event) were omitted; and that, to the best of his knowledge, the
true facts are shown by Bible Record (Bible Record, Insurance Policy, Etc.) prepared on (Give Date), are:

FACTS TO BE CORRECTED ("Name", "Birth Date", "Cause of Death", Etc.)	FROM (As on Original)	TO (The Correct Facts)
name	unnamed Martin	Wilbur David Martin

Subscribed and sworn to before me this 28th
day of February, 1942.

Auditor, Cowlitz County
Notary Public, residing at Longview, Wash.
My commission expires
(Seal)

Signed Ida Mae Martin
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

364 Douglas St., Longview, Wash.
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Washington }
County of Cowlitz } ss.

[This Affidivat MUST Also be Executed.
(See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that she has knowledge of the corrected facts as set forth above and that they are true to the best of her knowledge.

Subscribed and sworn to before me this 28th
day of February, 1942.

Auditor, Cowlitz County, Kelso, Wn.
Notary Public, residing at Longview, Wash.
My commission expires
(Seal)

Signed Mary Hensley
(Signature of Any Credible Person Other Than Previous Year)

Sweet, Idaho
(Street Address, City, State)

MAR 11 1942

FEB 24 1966

895·207·008-235

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

PLACE OF BIRTH

County of Boise

City of Sweet

No. ____, ____ St.

Hospital ____

Form V. S. No. 11-C—10m-8-7-11

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

Registration District No. 6 File No. 10864

Primary Registration District No. 2052 Registered No. 47

FULL NAME OF CHILD Unnamed Hausch

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
F	X		X	Yes	Aug 7, 1913

	FATHER	MOTHER
FULL NAME	Henry Hausch	Edith Florence Stem
RESIDENCE	Sweet	Sweet
COLOR	W.	W.
AGE AT LAST BIRTHDAY (Years)	42	35
BIRTHPLACE	Iowa	Kansas
OCCUPATION	Farmer	Housewife

Number of child of this mother, including present birth 4

Number of children, of this mother, now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was ____ (Born alive or stillborn) on the date above stated, at 2:20 A.M.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) A. G. Boyd M.D.

(Physician or Midwife)

Given names added from a supplemental report

____, 19____

Address ____

____ Registrar

Filed Dec 26 1913 A. G. Boyd Registrar

SYMS - YORK CO., PTRS. & BDRS. 17326

DUP OF 12-288893

268-218-008-235

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

Form V. S. No. 11-C—10m-8-7-11

PLACE OF BIRTH

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

County of Boise

City of Sweet

No ____, ____ St.

Hospital ____

Registration District No 6 File No. 10865

Primary Registration District No. 2026 Registered No. 46

FULL NAME OF CHILD Thelma Mary Bayston

Sex of Child	Twin, Triplet or other?	and	Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
F	X		X	yes	Aug 16 1912

(To be answered only in event of plural births)

	FATHER	MOTHER
FULL NAME	Geo Boyston	Mabel Pearl Shirley Stan
RESIDENCE	Sweet	Sweet
COLOR	W.	W.
AGE AT LAST BIRTHDAY	40 (Years)	37 (Years)
BIRTHPLACE	Kansas	Kansas
OCCUPATION	Farmer	Housewife

Number of child of this mother, including present birth 4

Number of children, of this mother, now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 6 A. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report

....., 19.....

.....
Registrar

(Signature) A. G. Byrd M.D.
(Physician or Midwife)

Address Sweet Ida

Filed Jan 12 1913 A. G. Byrd
Registrar

SYMS - YORK CO., PTRS. & BDRS. 17326.

PLACE OF BIRTH

STATE OF IDAHO

Bureau of Vital Statistics

Form V. S. No. II-C—Idho-8-7-11

268-126-008-229

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

Form V. S. No. 11-C—10m-8-7-11

PLACE OF BIRTH

County of Boise

City of Sweet

No ....., ... St.

Hospital .....

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

Registration District No 6 — File No. 10866

Primary Registration District No. 2626 — Registered No. 59

FULL NAME OF CHILD Edwin George Boynton

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births) and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Male		Yes	Sept. 26, 1912

FATHER		MOTHER	
FULL NAME	Alpheus Wing Boynton	FULL MAIDEN NAME	Mercy Emyline Skippen
RESIDENCE	Sweet	RESIDENCE	Sweet
COLOR	W.	COLOR	W.
AGE AT LAST BIRTHDAY (Years)	28	AGE AT LAST BIRTHDAY (Years)	25
BIRTHPLACE	Palmer Kansas	BIRTHPLACE	Ontario, Canada
OCCUPATION	Rancher	OCCUPATION	Wife

Number of child of this mother, including present birth 2.e — Number of children, of this mother, now living, including present birth 2.e

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born (alive) (Born alive or stillborn), at 6 A. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Alfred Skippen

Physician (Physician or Midwife)

Address Sweet

Given names added from a supplemental report

....., 19.....

Filed Jan 15 1913 A. E. Boyd M.D.

SYMS - YORK CO., PTRS. & BDRS. 17326

Registrar

Registrar

MAR 10 1942

STATE OF IDAHO

Bureau of Vital Statistics

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

OCT 30 1951

433-108-008-434

PLACE OF BIRTH

Form V. S. No. 11—10m-6-20-11

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

County of Boise

City of Pearl

Registration District No. 36 6

File No. 10867

No. ____, ____ St.

Primary Registration District No. 202b

Registered No. 51

Hospital ____

FULL NAME OF CHILD David Livingston Mc Lean

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Boy			Yes	Oct 8th, 1912

FATHER	MOTHER
FULL NAME David Livingston Mc Lean	FULL MAIDEN NAME Katherine Jane Mc Donald
RESIDENCE Pearl	RESIDENCE Pearl
COLOR W	COLOR W
AGE AT LAST BIRTHDAY 48 (Years)	AGE AT LAST BIRTHDAY 37 (Years)
BIRTHPLACE Picton Co Nova Scotia	BIRTHPLACE Dover, New Hampshire
OCCUPATION Engineer.	OCCUPATION Housewife

Number of child of this mother, including present birth 8

Number of children, of this mother, now living, including present birth 7

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born Alive (Born alive or stillborn) 10-8-12 at 6 9 M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. L. Reynolds M.D.

(Physician or Midwife)

Address Emmett Ida

Given name added from a supplemental report

....., 19.....

Registrar

Filed 11-1 19 12 J. L. Reynolds Registrar

Nov. 2 1912 J R Wood

S-Y CO., 16669

MARGIN RESERVED FOR BINDING

WRITE PLAINLY. WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at a birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

AUG 27 1952

DUP OF 1912-17403

666-20-008-493

PLACE OF BIRTH

County of Boise

City of Sweet

No. ..... St.

Hospital .....

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

Form V. S. No. 11-C—15m-6-20-11

Registration District No. 6 File No. 10868

Primary Registration District No. 2026 Registered No. 506

FULL NAME OF CHILD Irma Edith Woods

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
F			yes	Oct 10, 1912

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	Harry Woods	Francis Edith Dell
RESIDENCE	Ola	Ola
COLOR	W	W
AGE AT LAST BIRTHDAY (Years)	25	21
BIRTHPLACE	Kansas	Sweet Ida
OCCUPATION	Farmer	Housewife

Number of child of this mother, including present birth 1

Number of children, of this mother, now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 9.50 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) A. G. Byrd M.D.

(Physician or Midwife)

Address Sweet Idaho

Given names added from a supplemental report

....., 19.....

Registrar

Filed Oct 29 19 2 A. G. Byrd

Registrar

S-Y CO., 16670

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

DEC 7 1959

155-203-008-969

PLACE OF BIRTH

County of Boise

City of Arrowrock

No. Rose Gulch

Hospital

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

Form V. S. No. 11-C—15m-6-20-11

Registration District No. 6 File No. 10869

Primary Registration District No. 2131 Registered No. 23

FULL NAME OF CHILD Twila Roice Jenkins

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
F.			Yes.	April 3, 1912

FATHER		MOTHER	
FULL NAME	David Alonzo Jenkins	FULL MAIDEN NAME	Nellie Ellen Roice
RESIDENCE	Arrowrock	RESIDENCE	Arrowrock.
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY	47 (Years)	AGE AT LAST BIRTHDAY	31 (Years)
BIRTHPLACE	Ohio	BIRTHPLACE	Kansas
OCCUPATION	Laborer	OCCUPATION	House Wife.

Number of child of this mother, including present birth 3

Number of children, of this mother, now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 8 A. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Joseph H. Shaw, Physician

(Physician or Midwife)

Address U.S.R.S. Hospital - Arrowrock.

Given names added from a supplemental report

....., 19.....

Registrar

Filed April 10, 1912 A. E. Boyd

Registrar

S-Y CO., 16670

D FOR BINDING
K—THIS IS A PERMANENT RECORD

MARGIN
WRITE PLAINLY, WITH UI

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

JUL 29 1953

235-113-008-554

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

Form V. S. No. 11-C—15m-6-20-11

PLACE OF BIRTH

County of Boise.

City of Arrowrock.

No. Near Greek Ave St.

Hospital —

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

Registration District No. 6 File No. 10870

Primary Registration District No. 2124 Registered No. 54

FULL NAME OF CHILD John Neiss Stepp.

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
M.	—	4	Yes.	Sept. 13, 1912

FATHER		MOTHER	
FULL NAME	Samuel Owden Stepp.	FULL MAIDEN NAME	Katie Neiss.
RESIDENCE	Arrowrock.	RESIDENCE	Arrowrock.
COLOR	W.	COLOR	W.
AGE AT LAST BIRTHDAY	26 (Years)	AGE AT LAST BIRTHDAY	24 (Years)
BIRTHPLACE	Kansas.	BIRTHPLACE	Canada.
OCCUPATION	Laborer.	OCCUPATION	Housewife.

Number of child of this mother, including present birth 4

Number of children, of this mother, now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 7:30 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Joseph H. Shaw

Physician

(Physician or Midwife)

Address U.S.R.S. Hospital - Arrowrock

Given names added from a supplemental report

....., 19.....

Registrar

Filed Nov 14 1912 A. M. Boyd

Registrar

S-Y CO., 16670

212-117-008-399

PLACE OF BIRTH

County of Boise

City of Arrowrock

No. Winding Way

Hospital

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

Form V. S. No. 11-C—15m-6-20-11

Registration District No. 6

File No. 10871

Primary Registration District No. 2131

Registered No. 49

FULL NAME OF CHILD Robert Frederic Sass.

Sex of Child	Twin, Triplet, or other?	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
M	x (To be answered only in event of plural births)	x	Yes	Nov. 17, 192[illegible]

FATHER		MOTHER	
FULL NAME	Robert Vincent Sass	FULL MAIDEN NAME	Libbie Izicar.
RESIDENCE	Arrowrock.	RESIDENCE	Arrowrock.
COLOR	W.	COLOR	W.
AGE AT LAST BIRTHDAY (Years)	29	AGE AT LAST BIRTHDAY (Years)	30.
BIRTHPLACE	Montana.	BIRTHPLACE	Iowa.
OCCUPATION	Foreman U.S.R.S.	OCCUPATION	Housewife.

Number of child of this mother, including present birth 1.

Number of children, of this mother, now living, including present birth 1.

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 5 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Joseph H. Shaw

Physician (Physician or Midwife)

Address U.S.R.S. Hospital - Arrowrock

Given names added from a supplemental report

....., 19.....

Registrar

Filed Dec 23 1923

Registrar

S-Y CO., 16670

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

STATE OF IDAHO

Bureau of Vital Statistics

PLACE OF BIRTH

MARGIN RESERVED FOR BINDING

WRITE PLAINLY. WITH UNFADING INK—THIS IS A PERMANENT RECORD

855·118·008-769

MARGIN RESERVED FOR BINDING

WRITE PLAINLY. WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

Form V. S. No. 11-C—10m-8-7-11

PLACE OF BIRTH

County of Boise

City of McCall

No. ____, ____ St.

Hospital ____

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

Registration District No. 6 — File No. 10872

Primary Registration District No. 2027 — Registered No. 61

FULL NAME OF CHILD John Oswald Hentila

Sex of Child	Twin, Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of birth (Month) (Day) (Year)
Male		Yes	Nov 15 1912

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	John Hentila	Martha Koro
RESIDENCE	McCall	McCall
COLOR	White	White
AGE AT LAST BIRTHDAY (Years)	Unknown	19
BIRTHPLACE	Finland	Finland
OCCUPATION	Laborer	Housewife

Number of child of this mother, including present birth 1

Number of children, of this mother, now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at Not stated M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report

....., 19.....

.....
Registrar

(Signature) Informant Jacob Kaanta

(Physician or Midwife)

Address McCall

Filed Jan 19 1913 A. G. Byrd
Registrar

SYMS - YORK CO., PTRS. & BDRS. 17826

769-109008-763

PLACE OF BIRTH

Form V. S. No. 11-C—10m-8-7-11

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

County of Bane

City of McCall

No ....., ... St.

Hospital .....

Registration District No 6 File No. 10873

Primary Registration District No. 2027 Registered No. 59

FULL NAME OF CHILD Andrew Poro OSWALD

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of birth
Male	and		Yes	Aug. (Month) 9 (Day) 1912 (Year)

FATHER		MOTHER	
FULL NAME	Edward Poro	FULL MAIDEN NAME	Mary Polamaki
RESIDENCE	McCall	RESIDENCE	McCall
COLOR	W.	COLOR	W.
AGE AT LAST BIRTHDAY	42 (Years)	AGE AT LAST BIRTHDAY	39 (Years)
BIRTHPLACE	Finland	BIRTHPLACE	Finland
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 5

Number of children, of this mother, now living, including present birth 5

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at Not Stated M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Informant

(Physician or Midwife) Edward Poro

Given names added from a supplemental report

....., 19.....

Address .....

Filed Jan 15 1913 A. E. Ensign Registrar

.....

Registrar

SYMS - YORK CO., PTRS. & BDRS. 17326

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

STATE OF IDAHO

DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of Idaho } ss.
County of Valley }

MAY 13 1942

Certificate No. 10873

Date Filed 5/9/42

The undersigned does solemnly swear that certain facts on the certificate of Birth (BIRTH OR DEATH)

for Andrew Poro (NAME ON ORIGINAL CERTIFICATE) who Born (WAS BORN OR DIED) on Aug. 29. 1912 (DATE OF EVENT)

in McCall, Idaho. (PLACE OF EVENT) are erroneous or were omitted; and that, to the best of his knowledge, the true facts as shown by Babtismal certificate (BIBLE RECORD, INSURANCE POLICY, ETC.) prepared on Sept. 15 1912 (GIVE DATE), are:

FACTS TO BE CORRECTED ("NAME", "BIRTH DATE", "CAUSE OF DEATH", ETC.)	FROM (AS ON ORIGINAL)	TO (THE CORRECT FACTS)
Name	Andrew	Andrew Oswald Poro

Subscribed and sworn to before me this 12 day of May, 1942

Notary Public, residing at McCall

My commission expires Jan 24 1943 (SEAL)

Signed Mary Poro (SIGNATURE OF PARENT OR ATTENDANT IF CORRECTING A BIRTH RECORD; OF ATTENDANT, FUNERAL DIRECTOR, INFORMANT IF CORRECTING A DEATH RECORD; OR OTHER CREDIBLE PERSON.)

McCall Idaho. (STREET ADDRESS, CITY, STATE)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Idaho } ss.
County of Valley }

[THIS AFFIDAVIT MUST ALSO BE EXECUTED. (SEE CHAPTER 139, 1937 IDAHO SESSION LAWS.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 12 day of May, 1942

Notary Public, residing at McCall

My commission expires Jan 24 1943 (SEAL)

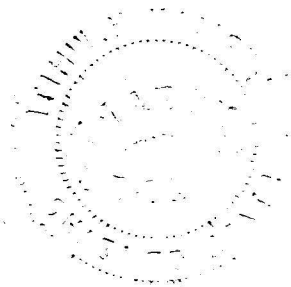
Signed Martha Huntley (SIGNATURE OF ANY CREDIBLE PERSON OTHER THAN PREVIOUS AFFIANT.)

McCall Idaho. (STREET ADDRESS, CITY, STATE)

Received for filing on MAY 13 1942 By (REGISTRAR'S SIGNATURE)

MAY 18 1942

MAR 3 1976



4/2-202-008-365

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

Form V. S. No. 11-C—10m-8-7-11

PLACE OF BIRTH

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

County of Elmore

City of McCall

No ____, ____ St.

Hospital ____

Registration District No 6 File No. 10874

Primary Registration District No. 1027 Registered No. 55

FULL NAME OF CHILD Elsie Julia Makela

Sex of Child	Twin, Triplet or other?	and	Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Female	X		X	Yes	Aug 2 1912

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	Benjamin J. Makela	FULL MAIDEN NAME	Rosa Alma Long
RESIDENCE	McCall	RESIDENCE	McCall
COLOR	White	COLOR	W.
AGE AT LAST BIRTHDAY	41 (Years)	AGE AT LAST BIRTHDAY	35 (Years)
BIRTHPLACE	Finland	BIRTHPLACE	Finland
OCCUPATION	farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 8

Number of children, of this mother, now living, including present birth Not given

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (not stated) M. on the date above stated.

(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Informant Jacob Makela

(Physician or Midwife)

Given names added from a supplemental report

....., 19.....

Address .....

Filed Jan 15 1913 A. E. Boyd

Registrar

Registrar

SYMS - YORK CO., PTRS. & BDRS. 17326

JUN 5 1943

1862 [redacted] 669

PLACE [redacted]

County of Shoshone

City of Wallace

No. ____, ____ St.

Hospital ____

Form V. S. No. 11-C—15m-6-20-11

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

Registration District No. 28 File No. 10875

Primary Registration District No. 1011 Registered No. 75

FULL NAME OF CHILD Sadie Ahola

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Female			Yes	Dec 28 1912

FATHER		MOTHER	
FULL NAME	Alec Ahola	FULL MAIDEN NAME	Clara York
RESIDENCE	Black Bear Id	RESIDENCE	Black Bear
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY (Years)	37	AGE AT LAST BIRTHDAY (Years)	25
BIRTHPLACE	Russia	BIRTHPLACE	Idaho
OCCUPATION	Miner	OCCUPATION	Home wife

Number of child of this mother, including present birth ____

Number of children, of this mother, now living, including present birth ____

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was None (Born alive or stillborn) at 11:30 A.M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Max L. Smith

(Physician or Midwife)

Address Wallace Idaho

Given names added from a supplemental report

____, 19____

Filed Jan 10 1913 B. Leo Langley

S-Y CO., 16670 Registrar Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

MAR 1 2 1975

318-11-0040-1932

PLACE OF BIRTH

Form V. S. No. 11-C—10m-8-7-11

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

County of Shoshone

City of Wallace

No 412, 1st St.

Hospital

Registration District No

File No. 10876

Primary Registration District No.

Registered No.

FULL NAME OF CHILD Robert Edgar

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Male			yes	Dec 17, 1912

FATHER	MOTHER
FULL NAME: Edgar Taylor	FULL MAIDEN NAME: Johanna Olson
RESIDENCE: 412-1st St. Wallace	RESIDENCE: 412-1st St. Wallace
COLOR: White	COLOR: White
AGE AT LAST BIRTHDAY: 30 (Years)	AGE AT LAST BIRTHDAY: 26 (Years)
BIRTHPLACE: Salt Lake City, Utah.	BIRTHPLACE: Denmark
OCCUPATION: Real Estate	OCCUPATION: Housewife.

Number of child of this mother, including present birth: 2

Number of children, of this mother, now living, including present birth: 2

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 4:30 a M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. E. St. Jean M.D.

(Physician or Midwife)

Address Wallace, Ida.

Given names added from a supplemental report

....., 19.....

Filed Dec 22 1912 A. Reo Tuntley

Registrar

SYMS - YORK CO., PTRS. & BDRS. 17326

Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE SECTION must be made for each and the number of each, in order of birth, stated.

PLACE OF BIRTH

STATE OF IDAHO

Bureau of Vital Statistics

Form V. S. No. 11-C—10m-8-7-11

231-216-040-754

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

Form V. S. No. 11-C—10m-8-7-11

PLACE OF BIRTH

County of Shoshone

City of Wallace

No. ____, ____ St.

Hospital Wallace

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

Registration District No. 28 · File No. 10877

Primary Registration District No. 1011 · Registered No. 73

FULL NAME OF CHILD Baby St. Amand.

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Female			Yes	Dec. 16, 1912

FATHER

FULL NAME: Oscar D. St Amand.

RESIDENCE: Wallace

COLOR: White · AGE AT LAST BIRTHDAY: 44 (Years)

BIRTHPLACE: Ottawa, Canada.

OCCUPATION: Blacksmith

MOTHER

FULL MAIDEN NAME: Nora A. Pederson

RESIDENCE: Wallace.

COLOR: White · AGE AT LAST BIRTHDAY: 29 (Years)

BIRTHPLACE: Grantsburg, Wis.

OCCUPATION: Housewife.

Number of child of this mother, including present birth: 2

Number of children, of this mother, now living, including present birth: 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 9:45 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. E. St. Jean M. D.

(Physician or Midwife)

Address Wallace, Ida.

Given names added from a supplemental report

....., 19.....

Filed Dec 22 1912

.....
Registrar

.....
Registrar

SYMS - YORK CO., PTRS. & BDRS. 17826

PLACE OF BIRTH

Q D

795-128-1040-815

Form V. S. No. 11—10m-6-20-11

STATE OF IDAHO
Bureau of Vital Statistics
CERTIFICATE OF BIRTH

File No. 10878

PLACE OF BIRTH

County of Shoshone

City of Wallace

No. Cedar St.

Registration District No. 28

Primary Registration District No. 1011

Registered No. 67

Hospital

FULL NAME OF CHILD Stanley Lowell Greenough

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
M	One	1st	Yes	Nov 28 1912

	FATHER	MOTHER
FULL NAME	Wm J. Greenough	FULL MAIDEN NAME Violet Hansen
RESIDENCE	Wallace Ida	RESIDENCE Wallace Ida
COLOR	W.	COLOR W.
AGE AT LAST BIRTHDAY	28 (Years)	27 (Years)
BIRTHPLACE	Illinois	BIRTHPLACE Illinois
OCCUPATION	Mine foreman	OCCUPATION Housewife

Number of child of this mother, including present birth 1

Number of children, of this mother, now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Alive (Born alive or stillborn) at 2 10 A. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Dr. Mowry

Physicians (Physician or Midwife)

Address Wallace Idaho

Given name added from a supplemental report

....., 19.....

.....
Registrar

Filed Dec 9 1912 E. Leo Dunlop
Registrar

S-Y CO., 16669

MARGIN RESERVED FOR BINDING

WRITE PLAINLY. WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at a birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

449-202 · 080-249

Form V. S. No. 11—10m-6-20-11

PLACE OF BIRTH

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

County of Shoshone

City of Wallace

No. ..... St.

Hospital Providence

Registration District No. 28

File No. 10879

Primary Registration District No. 1011

Registered No. 68

FULL NAME OF CHILD Mary Jane Murray

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
F	one	1st	yes	Dec 2, 1912

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	James Murray	Mary Smith
RESIDENCE	Mullan Ida	Mullan Ida
COLOR	W	W
AGE AT LAST BIRTHDAY	37 (Years)	37 (Years)
BIRTHPLACE	Maryland	Maryland
OCCUPATION	Miner	Housework

Number of child of this mother, including present birth 1

Number of children, of this mother, now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Alive (Born alive or stillborn) at 5:40 P.M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Dr J Mowry

Physician (Physician or Midwife)

Address Wallace Ida

Given name added from a supplemental report

..... 19.....

..... Registrar

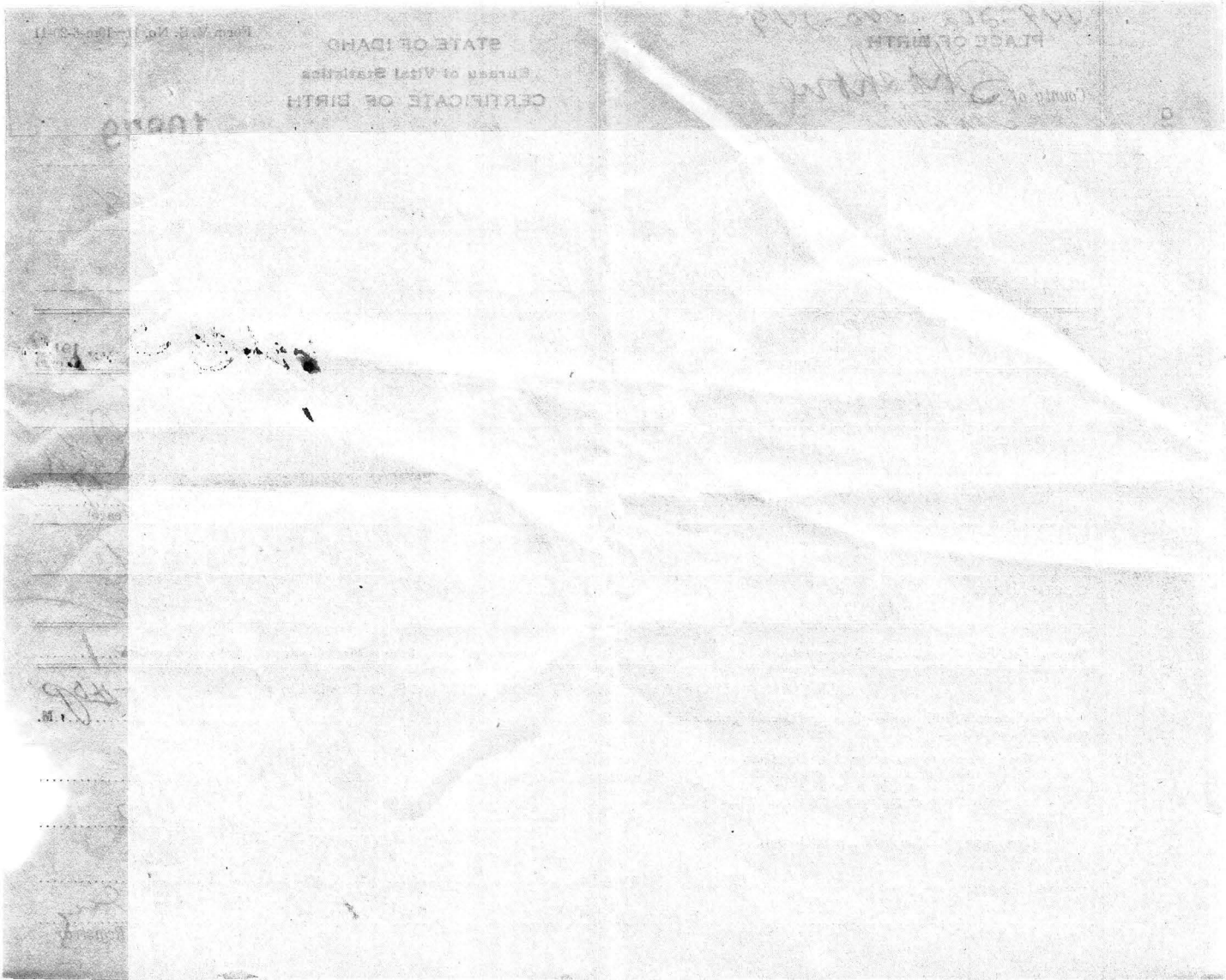
Filed Dec 10 1912 A. Lee Registrar

S-Y CO., 16669

MARGIN RESERVED FOR BINDING

WRITE PLAINLY. WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at a birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated



618-103-040-614

Form V. S. No. 11—10m-6-20-11

PLACE OF BIRTH

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

County of Shoshone

City of Wallace — Registration District No. 28 — File No. 10880

No. 1st St.

Hospital Providence — Primary Registration District No. 1011 — Registered No. 64

FULL NAME OF CHILD James Wade Wayne

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of birth
M	One	1st	Yes	Dec 3 (Month) (Day) 1912 (Year)

	FATHER	MOTHER
FULL NAME / MAIDEN NAME	James A Wayne	Edith Wade
RESIDENCE	Wallace Ida	Wallace Ida
COLOR	W.	White
AGE AT LAST BIRTHDAY (Years)	32	30
BIRTHPLACE	Michigan	California
OCCUPATION	County Attorney	Housewife

Number of child of this mother, including present birth 1

Number of children, of this mother, now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn) at 8 a.m. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Dirs Mowry

Physicians

(Physician or Midwife)

Address Wallace Ida

Given name added from a supplemental report

....., 19.....

Filed Dec 11 19 12 Leo Sunday

Registrar

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Registrar

S-Y CO., 16669

MARGIN RESERVED FOR BINDING

WRITE PLAINLY. WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at a birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

JUN 1 0 1942

652-211-040-365

Form V. S. No. 11—10m-6-20-11

PLACE OF BIRTH

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

County of Shoshone

City of Wallace Registration District No. 28 File No. 10881

No. ____ St. Primary Registration District No. 1011 Registered No. 70

Hospital Providence

FULL NAME OF CHILD Winifred Vivian Westfall

Sex of Child: F	Twin, Triplet, or other? one (To be answered only in event of plural births)	and Number in order of birth 1st	Legitimate? Yes	Date of birth Feb 11 (Month) (Day) 1912 (Year)

FATHER	MOTHER
FULL NAME Otto Westfall	FULL MAIDEN NAME Vera Cooley
RESIDENCE Silver, Montana	RESIDENCE Silver, Montana
COLOR W. AGE AT LAST BIRTHDAY 32 (Years)	COLOR W AGE AT LAST BIRTHDAY 27 (Years)
BIRTHPLACE Kansas	BIRTHPLACE Missouri
OCCUPATION Lumberman	OCCUPATION Housewife

Number of child of this mother, including present birth 1

Number of children, of this mother, now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Live (Born alive or stillborn) at ____ M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Dr. Mowery Physician

(Physician or Midwife)

Address Wallace Ida

Given name added from a supplemental report

____ 19____

Filed Dec 19 1912 M. Leo Tuohy Registrar

____ Registrar

S-Y CO., 16669

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at a birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

PLACE OF BIRTH

County of

619-218-940-433

PLACE OF BIRTH

Form V. S. No. 11—10m-6-20-11

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

County of Shoshone

City of Wallace Registration District No. ~~10~~ 28 File No. 10882

No. ____, River St.

Primary Registration District No. 1011 Registered No. 71

Hospital ____

FULL NAME OF CHILD IRVING McCulloch Fairweather

December 18th, 1912

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
M	One	4th	Yes	~~Dec~~ 18 1912

	FATHER	MOTHER
FULL NAME	Irving Fairweather	FULL MAIDEN NAME Anna McCulloch
RESIDENCE	Wallace Ida	RESIDENCE Wallace Ida
COLOR	W	COLOR W
AGE AT LAST BIRTHDAY	24 (Years)	24 (Years)
BIRTHPLACE	New Brunswick	BIRTHPLACE Maine
OCCUPATION	Hardwareman	OCCUPATION Housewife

Number of child of this mother, including present birth 4

Number of children, of this mother, now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Alive (Born alive or stillborn) at 6:50 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Dr. Mowery

(Physician or Midwife)

Address Wallace Ida

Given name added from a supplemental report

....., 19.....

Registrar

Filed Dec 28 1912 W. Leo Hunter

Registrar

S-Y CO., 16669

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at a birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

DECEASED

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of Idaho }
County of Shoshone } ss.

Certificate No. 10882

Date Filed May 20th 1942

The undersigned does solemnly swear that certain facts on the certificate of Irving McCulloch Fairweather (Birth or Death)
for McCulloch Fairweather (Name on Original Certificate) who was born (Was Born or Died) on Dec 18th 1912 (Date of Event)
in Wallace Idaho (Place of Event) are ~~erroneous or~~ were omitted; and that, to the best of his knowledge, the
true facts are shown by Mother (Bible Record, Insurance Policy, Etc.) prepared on May 20th 1942 (Give Date), are:

FACTS TO BE CORRECTED ("Name", "Birth Date", "Cause of Death", Etc.)	FROM (As on Original)	TO (The Correct Facts)
Name	McCulloch Fairweather	Irving McCulloch Fairweather

Subscribed and sworn to before me this MAY 2 [illegible]
day of [illegible], 19[illegible]
Notary Public, residing at [illegible] Idaho
My commission expires [illegible]
(Seal)

Signed Mrs Irving Fairweather
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)
Box 394 Wallace Idaho
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Idaho }
County of Shoshone } ss.

[This Affidivat **MUST** Also be Executed.
(See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge. MAY 2 0 1942

Subscribed and sworn to before me this
day of [illegible], 19[illegible]
Notary Public, residing at [illegible] Ida
My commission expires [illegible]
(Seal)

Signed Alice D. Hall
(Signature of Any Credible Person Other Than Previous Year)
102 — 3rd St Wallace
(Street Address, City, State) Idaho

MAY 26 1942

MAY 28 1942

APR 5 1955

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

15m-6-30-11

County of

CERTIFICATE OF

City of Wallace

Registration District No. 28

File No. 10883

No. , St.

Primary Registration District No. 1011

Registered No. 72

Hospital Providence

FULL NAME OF CHILD Sarah Jane Gillaman

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Female			Yes	Dec 28th, 1912

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	Geo. A Gillaman	Helen M. Hunebut
RESIDENCE	Wallace	Wallace
COLOR	White	White
AGE AT LAST BIRTHDAY (Years)	20	22
BIRTHPLACE	Creston Iowa	Clarinda Iowa
OCCUPATION	Druggist	

Number of child of this mother, including present birth.... Once

Number of children, of this mother, now living, including present birth. Once

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive on Dec 28th, at 10 P M. on the date above stated. (Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) C S Stone MD

(Physician or Midwife)

Given names added from a supplemental report

....., 19.....

Registrar

Filed Jan 6 1913 St. Leo Dunphy

Registrar

5-Y CO., 16670

STATE OF IDAHO
Bureau of Vital Statistics
CERTIFICATE OF BIRTH

PLACE OF BIRTH

FEB 2 6 1975

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each, and the number of each, in order of birth stated

196-118-20

PLACE OF BIRTH

Form V. S. No. 11-C—15m-6-20-11

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

County of Elmore

City of Elmore's Ferry Registration District No. 20 File No. 10884

No. ____, ____ St. Primary Registration District No. 2021 Registered No. 90

Hospital ____

FULL NAME OF CHILD David Grow.

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Male	Single	5	yes	Dec 18 1912

FATHER		MOTHER	
FULL NAME	James Grow.	FULL MAIDEN NAME	Maude Hays.
RESIDENCE	Elmore's Ferry	RESIDENCE	Elmore's Ferry
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	34 (Years)	AGE AT LAST BIRTHDAY	37 (Years)
BIRTHPLACE	America	BIRTHPLACE	America
OCCUPATION	Brakesman	OCCUPATION	Housewife

Number of child of this mother, including present birth 5

Number of children, of this mother, now living, including present birth 5

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born Alive Dec. 18 1912, at 10:30 P M. (Born alive or stillborn) on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. W. Davis M. D.

Physician (Physician or Midwife)

Address Elmore's Ferry Idaho

Filed Dec. 18, 1912 J. W. Davis Registrar

Given names added from a supplemental report

....., 19.....

..... Registrar

Dec 3, 1913, W. L. Thayer

S-Y CO., 16670

APR 19 1957

249-102-1020-154

PLACE OF BIRTH

County of Elmore

City of Mountain Home

No. ..... St.

Hospital .....

Form V. S. No. 11-C—20m-2-15-12

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 20 File No. 10885

Primary Registration District No. 2020 Registered No. 88

FULL NAME OF CHILD Dan Harry Smith

Sex of Child	Twin / Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Boy				Yes	Dec 2 1912

FATHER		MOTHER	
FULL NAME	George Smith	FULL MAIDEN NAME	Anna Anderson
RESIDENCE	Mountain Home	RESIDENCE	Mountain Home
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	42	AGE AT LAST BIRTHDAY (Years)	27
BIRTHPLACE	Denmark	BIRTHPLACE	Denmark
OCCUPATION	Contractor	OCCUPATION	House wife

Number of child of this mother, including present birth 5

Number of children of this mother now living, including present birth 5

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 7-15 P.M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Mrs. ELIZABETH HONGA

Midwife HONGA

(Physician or midwife)

Address .....

Given names added from a supplemental report

..... 19.....

..... Registrar

Filed DEC 5 1912 W. L. Stranger Registrar

S-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

6/16/41 L. B.

559-123-020-532

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

Form V. S. No. 11-C—15m-6-20-11

PLACE OF BIRTH

County of Elmore

City of Arrowrock

No. Riverview St.

Hospital

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

Registration District No. 20 File No. 10886

Primary Registration District No. 2022 Registered No. 89

FULL NAME OF CHILD Roy Elsas Neigh.

Sex of Child	Twin, Triplet, or other?	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
M	x (To be answered only in event of plural births)	x	Yes.	Dec. 23, 1912

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	Roy Neigh	Fanny Elsas.
RESIDENCE	Arrowrock.	Arrowrock.
COLOR	W.	W.
AGE AT LAST BIRTHDAY (Years)	36	24.
BIRTHPLACE	Pa.	Nebraska.
OCCUPATION	Laborer	Housewife.

Number of child of this mother, including present birth 2. x

Number of children, of this mother, now living, including present birth 2.

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive at 6 A. M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Joseph H. Shaw

Physician
(Physician or Midwife)

Address Arrowrock, Idaho

Given names added from a supplemental report

....., 19.....

Filed Dec 26 1912 W. L. Hamm

Registrar

S-Y CO., 16470

Registrar

313-28-020-695

Form V. S. No. 11-C—15m-6-20-11

PLACE OF BIRTH

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

County of Elmore

City of Mtn. Home

Registration District No. 20 File No. 10887

No. ____, ____ St.

Primary Registration District No. 2020 Registered No. ____

Hospital ____

FULL NAME OF CHILD Edna Lucile Tate

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Female			yes	Dec 28 Sat. 1912

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	John M. Tate	Flora M. Winter
RESIDENCE	Mtn. Home	Mtn. Home
COLOR	White	White
AGE AT LAST BIRTHDAY (Years)	43	33
BIRTHPLACE	Georgia	White Rock Nevada
OCCUPATION	Laborer	Housework

Number of child of this mother, including present birth One

Number of children, of this mother, now living, including present birth One

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) Dec 28 at 1 A. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) W. L. Frazier

Physician (Physician or Midwife)

Address Mtn Home

Given names added from a supplemental report

....., 19....

..... Registrar

Filed Jan 3 1913 W. L. Frazier Registrar

S-Y CO., 16670

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

SEP 4 1943

275·112-020-289

PLACE OF BIRTH

Form V. S. No. 11-C—15m-6-20-11

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

County of Elmore

City of Intn Home

Registration District No. 20

File No. 10888

No. ____, ____ St.

Primary Registration District No. 2020

Registered No. 92

Hospital ____

FULL NAME OF CHILD Not named

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
M			Yes	Dec 12 1912

FATHER		MOTHER	
FULL NAME	Ruff F. V. Spend	FULL MAIDEN NAME	Edna Byng
RESIDENCE	Intn Home	RESIDENCE	Intn Home
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY (Years)	24	AGE AT LAST BIRTHDAY (Years)	20
BIRTHPLACE	Dakota	BIRTHPLACE	Wash
OCCUPATION	Laborer	OCCUPATION	Housewife

Number of child of this mother, including present birth 1

Number of children, of this mother, now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 10 15 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) W. L. Frazier

Physician (Physician or Midwife)

Address Intn Home Elda

Filed Jan 3 19 13 W. L. Frazier Registrar

Given names added from a supplemental report

....., 19.....

..... Registrar

S-Y CO., 16670

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

Dup of 1912 - 318794

271-12-4-034-813

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Form V. S. No. 11-C—Rev-2-15-12

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

PLACE OF BIRTH

County of Minidoka

City of Heyburn

No. ..... St.

Hospital .....

Registration District No. 29 File No. 10889

Primary Registration District No. 2102 Registered No. 99

FULL NAME OF CHILD Darrel Johnston Sparling

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Male.			Yes.	Dec. 24 1912

FATHER		MOTHER	
FULL NAME	Wm. A. C. Sparling	FULL MAIDEN NAME	Cora Hallford
RESIDENCE	Heyburn	RESIDENCE	Heyburn
COLOR	White	AGE AT LAST BIRTHDAY (Years)	34
BIRTHPLACE	Ill.	COLOR	White
OCCUPATION	Farmer	AGE AT LAST BIRTHDAY (Years)	23
		BIRTHPLACE	Missouri
		OCCUPATION	Housewife

Number of child of this mother, including present birth 2

Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born Alive (Born alive or stillborn) at 10 15 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) V. R. Gilbreath

Physician (Physician or midwife)

Address Heyburn

Filed Jan. 20 1913 V. R. Gilbreath Registrar

Given names added from a supplemental report

..... 19.....

..... Registrar

8-Y CO. 20174

NOV 3 1943

SEP 7 1946

AUG 3 1946

255-216 con-437

PLACE OF BIRTH

County of Ada

City of Eagle

No. ..... St.

Hospital .....

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

Form V. S. No. 11-C—20m-2-15-12

CERTIFICATE OF BIRTH

10890

Registration District No. 1 File No. .....

Primary Registration District No. 2002 Registered No. 14

FULL NAME OF CHILD Iona Snell

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Female			Yes	Dec 16 1912

FATHER

FULL NAME Leonard L Snell

RESIDENCE Eagle

COLOR White AGE AT LAST BIRTHDAY 36 (Years)

BIRTHPLACE Story Co. Iowa

OCCUPATION Clerk

MOTHER

FULL MAIDEN NAME Lizzie E McGrath

RESIDENCE Eagle

COLOR White AGE AT LAST BIRTHDAY 18 (Years)

BIRTHPLACE Boise Valley Ida.

OCCUPATION Housewife

Number of child of this mother, including present birth 1

Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 8 10 P M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) O E Bloom M.D

(Physician or midwife)

Address Eagle Ida

Given names added from a supplemental report

..... 19.....

..... Registrar

Filed Dec. 26th 1912 J. M. Taylor Registrar

8-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

MAY 4 1972

AUG 17 1973

24K-121-001-466

Form T. S. No. 11-C—20m-2-15-12

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH

County of Ada

City of Meridian

No. 1111 N. 111 E. St.

Hospital ~~~

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

Registration District No. 1 File No. 10891

Primary Registration District No. 2003 Registered No. 8

FULL NAME OF CHILD PAUL COLEMAN SUMMERS

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Male	~~~	~~~	Yes	Sep. 21 1912

FATHER	MOTHER
FULL NAME Charlie Ernest Summers	FULL MAIDEN NAME Dora Lee Moore
RESIDENCE 1111 N. 111 E.	RESIDENCE 1111 N. 1 Mile East
COLOR White	COLOR White
AGE AT LAST BIRTHDAY 21 (Years)	AGE AT LAST BIRTHDAY 20 (Years)
BIRTHPLACE Arkansas.	BIRTHPLACE Arkansas
OCCUPATION Farmer	OCCUPATION House Wife

Number of child of this mother, including present birth 1

Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was ~~Still~~ Born Alive (Born alive or stillborn) at 3:30 A. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) C. L. Dutton

(Physician or midwife)

Address Meridian Ida

Given names added from a supplemental report

.....19.....

.....
Registrar

Filed Sep. 22 1912 C. L. Dutton
Registrar

6-Y CO. 20174

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of Idaho }
County of Ada } ss.

Certificate No. 10891
Date Filed —

The undersigned does solemnly swear that certain facts on the certificate of ..... (Birth or death)
for ..... (Name on original certificate) who was born (Was born or died) on Sept. 21st 1912 (Date of event)
in ..... (Place of event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts as shown by ..... (Bible record, insurance policy, etc.) prepared on ..... (Give date), are:

FACTS TO BE CORRECTED ("Name", "birth date", "cause of death", etc.)	FROM (As on original)	TO (The correct facts)
Name	Unnamed Summers	Paul Coleman Summers

Subscribed and sworn to before me this 2nd
day of December, 19 .....
O M Lamey
Notary Public, residing at Meridian
My commission expires May 7th 1943
[SEAL]

Signed Dora Moore Summers
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

..... (Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Idaho }
County of Ada } ss.

[This affidavit MUST also be executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 2nd.
day of December, 19 41
O M Lamey
Notary Public, residing at Meridian Idaho
My commission expires May 7th 1943
[SEAL]

Signed Charles Ernest Summers
(Signature of any credible person other than the previous affiant.)

..... (Street Address, City, State)

Received for filing on ..... By .....
(Registrar's signature)

JUN 17 1954

415.114.00-842

PLACE OF BIRTH

County of Ada

City of Meridian

No. ..... St.

Hospital .....

Form V. S. No. 11-C—20m-2-15-12

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 1 File No. 10892

Primary Registration District No. 2003 Registered No. 9

FULL NAME OF CHILD Elsie Davidson

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
M			Yes	10 14 1912

FATHER	MOTHER
FULL NAME Charles J Davidson	FULL MAIDEN NAME Flora Huskey
RESIDENCE 8 Mi So - 1 Mi E.	RESIDENCE 8 Mi S. 1 Mi East.
COLOR White — AGE AT LAST BIRTHDAY 26 (Years)	COLOR White — AGE AT LAST BIRTHDAY 26 (Years)
BIRTHPLACE MO.	BIRTHPLACE Tenn.
OCCUPATION Farmer	OCCUPATION House wife

Number of child of this mother, including present birth 4

Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 2 20 P.M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report

..... 19.....

..... Registrar

(Signature) E. L. Sutton

(Physician or midwife)

Address .....

Filed 10/16 1912 E. L. Sutton Registrar

S-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

PLACE OF BIRTH

County of

556/106 000-155

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH

County of Ada

City of Meridian

No. 8 Mi So—1 Mi E. St.

Hospital

Form V. S. No. 11-C—20m-2-15-12

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 1 File No. 10893

Primary Registration District No. 2003 Registered No. 10

FULL NAME OF CHILD Albert Newton

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Male			Yes	Nov. 6 1912

FATHER	MOTHER
FULL NAME: Clarence P. Newton	FULL MAIDEN NAME: Viola Avery
RESIDENCE: 8 Mi So—1 Mi E.	RESIDENCE: 8 Mi. So. 1 Mi. East
COLOR: White	COLOR: White
AGE AT LAST BIRTHDAY: 23 (Years)	AGE AT LAST BIRTHDAY: 24 (Years)
BIRTHPLACE: Arkansas	BIRTHPLACE: Ida.
OCCUPATION: Farmer	OCCUPATION: House Wife

Number of child of this mother, including present birth: 4

Number of children of this mother now living, including present birth: 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 4 a. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Clarence P Newton
Per C. L Sutton
(Physician or midwife)

Address 8 Mi So 1 Mi East

Given names added from a supplemental report

.....19.....

Filed Nov. 6th 1912 C. L. Sutton
Registrar

.....
Registrar

S-Y CO. 20174

DEC 4 1962

652.107.001-284

PLACE OF BIRTH

Form V. S. No. 11-C—20m-2-15-12

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Ada

City of Meridian

Registration District No. 1 File No. 10894

No. ~ St.

Primary Registration District No. 2007 Registered No. 11

Hospital ~

FULL NAME OF CHILD No Name Stephen Earle Webb

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth
Male	~	~	Yes	Nov 3 (Month) (Day) 1912 (Year)

FATHER		MOTHER	
FULL NAME	Norman Earl Webb	FULL MAIDEN NAME	Jessie Knoodle Shutts
RESIDENCE	Meridian, Ida.	RESIDENCE	Meridian Ida
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	31 (Years)	AGE AT LAST BIRTHDAY	21 (Years)
BIRTHPLACE	Montana	BIRTHPLACE	Delaware
OCCUPATION	Blacksmith	OCCUPATION	House Wife

Number of child of this mother, including present birth 1

Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 1 20 A. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) C. L. Sutton

(Physician or midwife)

Address Meridian

Given names added from a supplemental report

.....19.....

.....
Registrar

Filed Nov 6th 19 12 C. L. Sutton
Registrar

6-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

DECEASED

413-108-001-335

PLACE OF BIRTH

Form V. S. No. 11-C—10m-8-7-11

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

10896

County of Ada

City of Kuna

No ____, ____ St.

Registration District No. 1 File No. ____

Primary Registration District No. 2003 Registered No. 6

Hospital ____

FULL NAME OF CHILD ~~Carroll Matthews~~ EMORY ALLEN MATTHEWS

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Boy			Yes	Dec. 3, 1912

FATHER	MOTHER
FULL NAME: Clyde Stephen Mathews	FULL MAIDEN NAME: Hazel Beatrice Cleaves
RESIDENCE: Kuna, Idaho.	RESIDENCE: Kuna, Idaho.
COLOR: White	COLOR: White
AGE AT LAST BIRTHDAY: 28 (Years)	AGE AT LAST BIRTHDAY: 25 (Years)
BIRTHPLACE: Beatrice Neb.	BIRTHPLACE: Eagle Point Wis.
OCCUPATION: Carpenter Builder	OCCUPATION: Housewife.

Number of child of this mother, including present birth: 2

Number of children, of this mother, now living, including present birth: 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was ____ (Born alive or ~~stillborn~~) at 6 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Victoria Hamilton

(Physician or Midwife)

Address 914 ½ Farrell St Boise Idaho

Given names added from a supplemental report

____, 19____

Filed Dec 11th 1912

J. M. Taylor
Registrar

____
Registrar

SYMS - YORK CO., PTRS. & BORS. 17326

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of Oregon }ss.
County of Multnomah }

Certificate No. 10896

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of Birth (Birth or Death)
for Emory Matthews (Name on Original Certificate) who Born (Was Born or Died) on Dec. 3, 1912 (Date of Event)
in Luna Ida (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts are shown by (Bible Record, Insurance Policy, Etc.) prepared on (Give Date), are:

FACTS TO BE CORRECTED ("Name", "Birth Date", "Cause of Death", Etc.)	FROM (As on Original)	TO (The Correct Facts)
SurName	Mathews	Matthews
Name	Emery	Emory Allen Matthews

Subscribed and sworn to before me this 13th day of April, 1943.

Notary Public, residing at Multnomah Ore.

My commission expires 2-28-45
(Seal)

Signed Hazel C. Matthews
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

R.6 Box 387 Portland Oregon
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Oregon }ss.
County of Multnomah }

[This Affidivat **MUST** Also be Executed.
(See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 13th day of April, 1943.

Notary Public, residing at Multnomah, Ore.

My commission expires 2-28-45
(Seal)

Signed Melba Matthews
(Signature of Any Credible Person Other Than Previous Year)

Rt 6 Box 387
(Street Address, City, State)
Portland, Oregon

APR 1 9 1943

Amended Apr. 26, '51

PLACE OF BIRTH

3-16-209 001-295

County of Ada

City of Near Star

No. ..... St.

Hospital .....

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 1 File No. 10897

Primary Registration District No. 2001 Registered No. 13

FULL NAME OF CHILD LUELLA FAY CROSIAR
(Certificate of no value without full name of child.)

Sex of Child	Twin / Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
FEMALE			YES	NOV. 9, 1912

What bactericidal solution was used in eyes? .....

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

FATHER	MOTHER
FULL NAME: Ruthford D. Crosiar	FULL MAIDEN NAME: Mary Ethel Bingman
RESIDENCE: Middleton	RESIDENCE: Near Star
COLOR: white	COLOR: white
AGE AT LAST BIRTHDAY (Years): 33	AGE AT LAST BIRTHDAY (Years): 23
BIRTHPLACE: Missouri	BIRTHPLACE: Idaho
OCCUPATION: Farming	OCCUPATION: H.Wife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 2 a. M. on the date above stated.

(Signature) O. W. Hall MD

(Physician or midwife)

Address Star, Idaho

Filed Dec. 26 1912 J. M. Taylor
Registrar.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Give names added from a supplemental report.

....., 192.....

.....
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Form V. S. No. 11-C—20m-2-15-12

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH

County of Ada

City of Near Star,

No. ..... St.

Hospital .....

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 1 File No. 10897

Primary Registration District No. 2001 Registered No. 13

FULL NAME OF CHILD .....

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
F M			yes	Nov 9 1912

FATHER		MOTHER	
FULL NAME	Richford D Cropsey	FULL MAIDEN NAME	Mary Ethel Buignan
RESIDENCE	Star Middleton.	RESIDENCE	Near Star
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY (Years)	33	AGE AT LAST BIRTHDAY (Years)	23
BIRTHPLACE	Missouri	BIRTHPLACE	Idaho.
OCCUPATION	Farming	OCCUPATION	Wife

Number of child of this mother, including present birth 2

Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 7 a M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) O W Hare MD

Star Idaho

(Physician or midwife)

Given names added from a supplemental report

..... 19.....

..... Registrar

Address .....

Filed Dec 26 1912 J. M. Taylor Registrar

S-Y CO. 20174

APR 27 1951

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

Affidavit to Correct or Amend An Original Certificate of Birth or Death

State of Oregon
County of Lane } ss.

Certificate No. 10897

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of Birth (Birth or Death) for Unnamed (Name on Original Certificate) who Born (Was Born or Died) on Nov. 9, 1912 (Date of Event) in Ada County, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the true facts are shown by no record (Bible Record, Insurance Policy, Etc.) prepared on (Give Date), are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
Un-named		Luella Fay Crosier
Father's name	Ruthford D. Crozier	Ruthford D. Crosier

Subscribed and sworn to before me this 23 day of April, 19 51

Candace Baldwin

Notary Public, residing at Florence, Oregon

My commission expires March 26, 1955

(Seal)

Signed Ruthford D. Crosier, Father
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

s/ Mary C. Crosier, Mother

(Street Address, City, State) Silcoos, Oregon

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of
County of } ss.

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this day of , 19

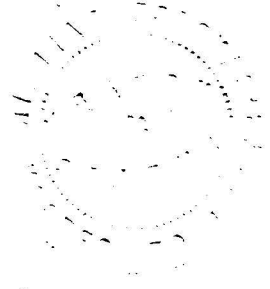
Notary Public, residing at

My commission expires
(Seal)

Signed
(Signature of Any Credible Person)

(Street Address, City, State)

FORM DPH - 51117



MARGIN RESERVED FOR BINDING

WRITE PLAINLY. WITH UNFADING INK—THIS IS A PERMANENT RECORD.

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

City of —

Registration District No. 1 — File No. 10898

No. Upper 10 Mile St.

Primary Registration District No. 2004 — Registered No. 5

Hospital

FULL NAME OF CHILD Frank

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) Dec (Day) 6th (Year) 1912
Male				

FATHER		MOTHER	
FULL NAME	Mark C. Parks	FULL MAIDEN NAME	Ethel M. Story
RESIDENCE	Upper 10 Mile - Ada Co.	RESIDENCE	Upper 10 Mile
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	28 (Years)	AGE AT LAST BIRTHDAY	17th (Years)
BIRTHPLACE	Missouri	BIRTHPLACE	Idaho
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 2nd

Number of children, of this mother, now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 9.10 A.M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. M. Taylor M.D.

(Physician or Midwife)

Given names added from a supplemental report

....., 19.....

Address Boise Idaho

Filed Dec 7th 19 12 J. M. Taylor Dep. Registrar

S-Y CO., 16670

Registrar

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

PLACE OF BIRTH

County of Ada

AUG 2 8 1969

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

H 8-107.001468

PLACE OF BIRTH

Form V. S. No. 11-C—20m-3-15-12

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Ada

City of Boise

No. ____ St.

Hospital ____

Registration District No. 1 Orchard File No. 10899

Primary Registration District No. 2094 Orchard Registered No. 7

FULL NAME OF CHILD Robert Murray Johnson.

Sex of Child	Twin, Triplet or other?	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Male	—	—	yes	12 — 7 — 1912

(To be answered only in event of plural births)

FATHER	MOTHER
FULL NAME: John C. Johnson.	FULL MAIDEN NAME: Ellen N. Johnson.
RESIDENCE: Homestead, S.E. of Boise,	RESIDENCE: Homestead, S.E. of Boise.
COLOR: White	COLOR: White
AGE AT LAST BIRTHDAY: 37 (Years)	AGE AT LAST BIRTHDAY: 31 (Years)
BIRTHPLACE: Denmark.	BIRTHPLACE: Kingsbury Co. S. Dak.
OCCUPATION: Rancher.	OCCUPATION: Housewife.

Number of child of this mother, including present birth: five.

Number of children of this mother now living, including present birth: four.

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 11:30 A. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) M. Allen Calloway

Physician

(Physician or midwife)

Address Boise Idaho

Given names added from a supplemental report

....., 19.....

Filed Dec 14 1912 J. M. Taylor

Registrar

.....

Registrar

S-Y CO. 20174

Dup #1912.151412

294-209.001-758

PLACE OF BIRTH

Amended July 14, 1959

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Ada

City of Highland

No. Moore's Creek St. | Registration District No. 1 | File No. 10900

Hospital | Primary Registration District No. 2004 | Registered No. 15

FULL NAME OF CHILD Mary Gertrude Kimzey
(Certificate of no value without full name of child.)

Sex of Child	Twin / Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
F.				Yes	Dec. 9 12

What bactericidal solution was used in eyes?

Number of child of this mother, including present birth 1 | Number of children of this mother now living, including present birth 1

FATHER		MOTHER	
FULL NAME	John B. Kimzey	FULL MAIDEN NAME	Gertrude Gehman
RESIDENCE	Moore's Creek	RESIDENCE	Moore's Creek
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY	34 (Years)	AGE AT LAST BIRTHDAY	17 (Years)
BIRTHPLACE	Oregon	BIRTHPLACE	Wyoming
OCCUPATION	Rancher	OCCUPATION	Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 7 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Give names added from a supplemental report.

....., 192.....

..... Registrar.

(Signature) Joseph H. Shaw

Physician
(Physician or midwife)

Address Arrowrock, Idaho

Filed Dec. 30 1912 J.M. Taylor
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

Form V. S. No. 11—C—15m-6-20-11

PLACE OF BIRTH

County of Ada

City of Highland

No. Moore's Creek.

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

Registration District No. 1

File No. 10900

Primary Registration District No. 2004

Registered No. 15

Hospital

FULL NAME OF CHILD Mary G. Kinzey.

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
F.			Yes.	Dec. 9, 1912.

	FATHER	MOTHER
FULL NAME	John P. Kinzey.	FULL MAIDEN NAME Gertrude Gehman
RESIDENCE	Moore's Creek	RESIDENCE Moore's Creek
COLOR	W.	COLOR W.
AGE AT LAST BIRTHDAY (Years)	34	17.
BIRTHPLACE	Oregon.	Wyoming.
OCCUPATION	Rancher	Housewife

Number of child of this mother, including present birth 1

Number of children, of this mother, now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive at 7 P. M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Joseph W. Shaw

Physician.
(Physician or Midwife)

Address Arrowrock, Idaho.

Given names added from a supplemental report

....., 19.....

.....
Registrar

Filed Dec. 30 1912

J. M. Taylor
Registrar

S-Y CO., 16670

JUL 1 4 1959

Baby Record Book, shows name as Mary Gertrude Kimzey, viewed by V.S.; Bible record obviously old, gives father's name as John Basil Kimzey, viewed by V.S.; Bible record shows Mary Gertrude Kimzey's name correctly., viewed by V.S.

IDAHO STATE BOARD OF HEALTH
DIVISION OF VITAL STATISTICS

Affidavit to Correct or Amend An Original Certificate of Birth or Death

Receipt of Registration, dated 3/14/34, issued by Dept. of Law Enforcement, gives father's name as J.B. Kimzey, viewed by V.S.

Certificate No. 10900

Date Filed

State of ..... } ss.
County of ..... }

The undersigned does solemnly swear that certain facts on the certificate of Birth (Birth or Death)
for Mary G. Kinzey (Name on Original Certificate) who was born (Was Born or Died) on Dec 9, 1912 (Date of Event)
in Highland, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the true facts are shown by child's birth certificate #247261 gives mother's correct name (Bible Record, Insurance Policy, Etc.) prepared on ..... (Give Date), are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
Name of child	Mary G. Kinzey	Mary Gertrude Kimzey
Father's Name	Kinzey	Kimzey

Subscribed and sworn to before me this 13 day of July, 19 39

Signed Mrs Gertrude Kimzey
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

Notary Public, residing at Eagle Idaho

My commission expires Sept 28, 1940
(Seal)

Route 1 Caldwell Idaho
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of ..... } ss.
County of ..... }

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this ..... day of ....., 19.....

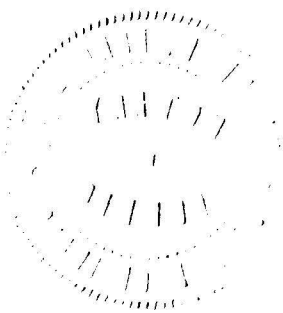
Signed .....
(Signature of Any Credible Person)

Notary Public, residing at .....

My commission expires .....
(Seal)

(Street Address, City, State)

FORM DPH 55. 155



993-110-001-766

PLACE OF BIRTH

County of Ada

City of

No. Manville Ranch St.

Hospital

STATE OF IDAHO

Bureau of Vital Statistics

Form V. S. No. II-C—10m-6-20-21

CERTIFICATE OF BIRTH

Registration District No. 1 File No. 10901

Primary Registration District No. 2004 Registered No. 47 16

FULL NAME OF CHILD Robert Sherman

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
M			L	Dec 10, 1912

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	F. L. Rickey	Sarah Powers
RESIDENCE	Manville Ranch	Manville Ranch
COLOR	W	W
AGE AT LAST BIRTHDAY (Years)	46	44
BIRTHPLACE	Iowa	Iowa
OCCUPATION	Horticulturist	H W.

Number of child of this mother, including present birth 8

Number of children, of this mother, now living, including present birth 8

CERTIFICATE OF ATTENDING PHYSICIAN ~~OR MIDWIFE~~

I hereby certify that I attended the birth of this child, who was (Born alive ~~or stillborn~~) at 4.7° M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) John Bank

(Physician ~~or Midwife~~)

Address Boise Ida

Given names added from a supplemental report

....., 19.....

Registrar

Filed Dec 31st 1912 J. M. Taylor Registrar

S-Y CO., 16670

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMAN

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for ea of each, in order of birth stated

567-25-001238

PLACE OF BIRTH

STATE OF IDAHO

Form B. A. No. 11-C—Rev. 4-1941

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each, in order of birth stated

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

County of Ada

City of So Boise

No. ____, ____ St.

Hospital ____

Registration District No. 1 File No. 10902

Primary Registration District No. 2004 Registered No. 817

FULL NAME OF CHILD Steve Henry Inglis

Sex of Child	Twin, Triplet, or other?	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
M	(To be answered only in event of plural births)		L	Dec 25, 1912

FATHER		MOTHER	
FULL NAME	Steve Inglis	FULL MAIDEN NAME	Anna B Schuler
RESIDENCE	So Boise	RESIDENCE	So Boise
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY	31 (Years)	AGE AT LAST BIRTHDAY	28 (Years)
BIRTHPLACE	Switzerland	BIRTHPLACE	Switzerland
OCCUPATION	Merchant	OCCUPATION	House Wife

Number of child of this mother, including present birth 1

Number of children, of this mother, now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN ~~OR MIDWIFE~~*

I hereby certify that I attended the birth of this child, who was ____ (Born alive ~~or stillborn~~) at 10.30 A.M. on the date above stated.

(Signature) Geo Bond

(Physician or ~~Midwife~~)

Address Boise Ada

Filed Dec 31st 1912 J. M. Taylor Registrar

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report

____, 19____

____ Registrar

S-Y CO., 16670

JAN 1 4 1975

295-227-001-464

PLACE OF BIRTH

County of Ada

City of I

No. _____ St.

Hospital _____

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

Form V. S. No. 11-C—20m-2-15-12

CERTIFICATE OF BIRTH

Registration District No. I [illegible] File No. 10903

Primary Registration District No. 2004 Registered No. 19 18

FULL NAME OF CHILD Margaret Rozy Breshears

Sex of Child	Twin Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
F		3rd	Yes	12 27 1912

FATHER	MOTHER
FULL NAME Edward Breshears	FULL MAIDEN NAME Viola Catherine Mondy
RESIDENCE Pierce Park	RESIDENCE Pierce Park
COLOR W	COLOR W
AGE AT LAST BIRTHDAY 25 (Years)	AGE AT LAST BIRTHDAY 20 (Years)
BIRTHPLACE Missouri	BIRTHPLACE Idaho
OCCUPATION Rancher	OCCUPATION Wife

Number of child of this mother, including present birth 3

Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) on the date above stated., at 9 15 A M.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) M. H. Hallman

Phys. & Surg.
(Physician or midwife)

[redacted] Pierce Idaho

Given names added from a supplemental report

[redacted] Dec 27 1912

Registrar

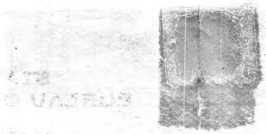
J. M. Taylor
Registrar

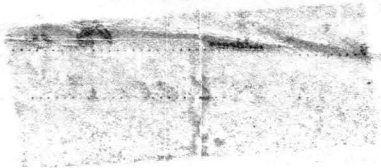
S-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.





MARGIN RESERVED FOR BINDING
WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF IDAHO

CERTIFICATE OF BIRTH

County of Ada

City of So Boise

Registration District No. 1

File No. 10904

No. ____ St.

Primary Registration District No. 2004

Registered No. 109

Hospital ____

FULL NAME OF CHILD BEULAH MAY ~~Maggie~~ Reedy

Sex of Child	Twin / Triplet or other?	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
F.	—	—	yes	12 15 1912

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	W. M. Reedy	FULL MAIDEN NAME	Flora Patent
RESIDENCE	South Boise	RESIDENCE	South Boise
COLOR	W	COLOR	W.
AGE AT LAST BIRTHDAY	28 (Years)	AGE AT LAST BIRTHDAY	21 (Years)
BIRTHPLACE	Va	BIRTHPLACE	Iola.
OCCUPATION	Farmer	OCCUPATION	Hse.

Number of child of this mother, including present birth 1

Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 10:30 M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report

....., 19.....

..... Registrar

(Signature) M. Allen Laraway

Physician (Physician or midwife)

Address Boise Idaho

Filed Jan 6th 1913 J. M. Taylor Registrar

8-Y CO. 20174

K

Dup. 1912 - @ 151464

Dup of 1912-151464

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS
AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of Oregon }
County of Multnomah } ss.

Certificate No. 10904

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of Birth (Birth or Death)
for Beulah Maggie or May Reedy but No certificate filed at that time (Name on Original Certificate) who born (Was Born or Died) on Dec 15, 1912 (Date of Event)
in Boise Ada Co Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts are shown by as follows: Dr Mary Calloway was supposed to have filed certificate as Beulah May Reedy prepared on (name selected by father) (Bible Record, Insurance Policy, Etc.) (Give Date), are:

FACTS TO BE CORRECTED ("Name", "Birth Date", "Cause of Death", Etc.)	FROM (As on Original)	TO (The Correct Facts)
Name	Maggie	Beulah May Reedy

Subscribed and sworn to before me this 9th
day of July, 1942.
F C Bishop
Notary Public, residing at Portland Ore
My commission expires May 30, 1944
(Seal)

Signed Flora E Reedy
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)
2634 N.E. Columbia Blvd - Portland Oregon
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of }
County of } ss.

[This Affidivat **MUST** Also be Executed.
(See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this
day of , 19

Notary Public, residing at

My commission expires
(Seal)

Signed
(Signature of Any Credible Person Other Than Previous Year)

(Street Address, City, State)

K

JUL 2 9 1942

663-12.001-386

Form V. S. No. 11-C—20m-2-15-12

PLACE OF BIRTH

County of Ada

City of Boise

No. Eagle Island St.

Hospital

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 1 File No. 10905

Primary Registration District No. 2002 Registered No. 20

FULL NAME OF CHILD Elizabeth Marie Walfe

Sex of Child	Twin, Triplet or other?	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
M.	—	and —		Dec 22nd 1912

(To be answered only in event of plural births)

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	Anthony M. Walfe	Maud A. Thompson
RESIDENCE	Eagle Island	Eagle Island
COLOR	W.	W
AGE AT LAST BIRTHDAY (Years)	49	39
BIRTHPLACE	Iowa	Penn
OCCUPATION	Farmer	Hw

Number of child of this mother, including present birth.....

Number of children of this mother now living, including present birth.....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 4:20 A. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) M. Allen Callaway

Physician (Physician or midwife)

Address Boise Idaho

Given names added from a supplemental report

.....19.....

Filed Jan 6th 1913 J. M. Taylor Registrar

.....Registrar

S-Y CO. 20174

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

MARGIN RESERVED FOR BINDING

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

DUP OF 1912 151465

359-109.00-249

PLACE OF BIRTH

Form V. S. No. 11-C—20m-2-15-12

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Ada

City of Meridian

No. ..... St.

Hospital .....

Registration District No. 1 File No. 10906

Primary Registration District No. 2003 Registered No. 21

FULL NAME OF CHILD Ralph Albert Leininger

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Male			Yes	Dec 9th 1912

	FATHER	MOTHER
FULL NAME	Jacob O Leininger	Helen E Durkey
RESIDENCE	Meridian	Meridian Ida.
COLOR	White	White
AGE AT LAST BIRTHDAY (Years)	44	33
BIRTHPLACE	Ohio	New Hampshire
OCCUPATION	Farm Harness Maker	House Wife

Number of child of this mother, including present birth 4

Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 1 15 9 M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) O L Dutton

(Physician or midwife)

Address .....

Given names added from a supplemental report

..... 19.....

Filed Dec 11 1912

O L Dutton
Registrar

..... Registrar

S-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

JAN 12 1972

6/16/41 L. B.

318-227-001-269

PLACE OF BIRTH

Form V. S. No. 11-C—20m-2-15-12

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Ada

City of 1 Mi West-2 Mi N. Registration District No. 1 File No. 10907

No. Meridian St.

Primary Registration District No. 2003 Registered No. 22

Hospital

FULL NAME OF CHILD Hazel Fay

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Female			yes	Dec 27 1912

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	George L Taylor	Nettie E Bonney
RESIDENCE	3 Mi N. West. - Meridian	3 Mi North West - Meridian
COLOR	White	White
AGE AT LAST BIRTHDAY (Years)	43	36
BIRTHPLACE	Utah	Missouri
OCCUPATION	Orchardist and Fruit Grower	House Wife

Number of child of this mother, including present birth 2

Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born Alive (Born alive or stillborn) at 9.40 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) C L Sutton

(Physician or midwife)

Address Meridian Idaho

Given names added from a supplemental report

.....19.....

Filed Dec 30 1912 C L Sutton

.....
Registrar

S-Y CO. 20174

Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

MAY 27 1947

966-dis-00-294

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Form V. S. No. 11-C—20m-2-15-12

PLACE OF BIRTH

County of Ada

City of Meridian

No. ..... St.

Hospital Erma

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 1 File No. 10908

Primary Registration District No. 2003 Registered No. 23

FULL NAME OF CHILD Erma Antonette Rowbury

Sex of Child Female | Twin, Triplet or other? (To be answered only in event of plural births) and Number in order of birth | Legitimate? Yes | Date of Birth Dec 15 (Month) (Day) 1912 (Year)

FATHER

FULL NAME Joseph James Rowbury

RESIDENCE 2½ Mi. South 1½ Mi E.

COLOR White AGE AT LAST BIRTHDAY 20 (Years)

BIRTHPLACE Utah. —

OCCUPATION Farmer

MOTHER

FULL MAIDEN NAME Carrie E. Krubish

RESIDENCE 2½ Mi So. — 1½ Mi E.

COLOR White AGE AT LAST BIRTHDAY 24 (Years)

BIRTHPLACE New York City

OCCUPATION House Wife

Number of child of this mother, including present birth 1

Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 12 0 M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) O. L. Sutton

(Physician or midwife)

Address Meridian Ada

Filed Dec. 20th 1912 O. L. Sutton Registrar

Given names added from a supplemental report

..... 19.....

..... Registrar

S-Y CO. 20174

MAY 5 1944

753.231.001-315

PLACE OF BIRTH

Form V. S. No. 11-C—20m-2-15-12

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Ada

City of Country

No. Nampa R. F. D. Inst. 2

Hospital —

Registration District No. 1

Primary Registration District No. 2003

File No. 10909

Registered No. 24

FULL NAME OF CHILD Florence Gertrude

Sex of Child	Twin Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Girl	x	x	Yes	Dec 31 1912

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	G. M. Pethtel	E. E. LaValley
RESIDENCE	Ada Co	Ada Co
COLOR	White	White
AGE AT LAST BIRTHDAY (Years)	54	34
BIRTHPLACE	Ill	Ill
OCCUPATION	Farmer	Housewife

Number of child of this mother, including present birth 3

Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 2.30 P.M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. H. Murray

Physician (Physician or midwife)

Address Nampa

Given names added from a supplemental report

.....19.....

.....
Registrar

Filed Jan 9th 1913

J. M. Taylor
Registrar

S-Y CO. 20174

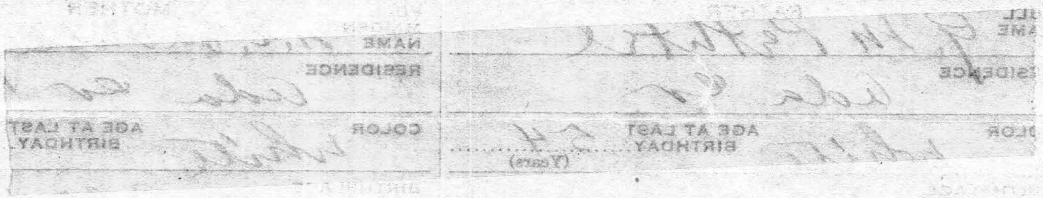
MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

MAY 5 1942

SEP 2 5 1975



264-117-001-319

PLACE OF BIRTH

Form V. S. No. 11-C—15m-6-20-11

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

County of Ada

City of Star

Registration District No. 1

File No. 10910

No. ____, ____ St.

Primary Registration District No. 2001

Registered No. 25

Hospital ____

FULL NAME OF CHILD Leon Carteri Bourguignon

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
M.	—	—	yes	Nov. 17, 1912

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	Frank E. Bourguignon	Serena Carteri
RESIDENCE	Star	Star
COLOR	W.	W.
AGE AT LAST BIRTHDAY (Years)	35	26
BIRTHPLACE	California	California
OCCUPATION	Botanist	Housewife

Number of child of this mother, including present birth 4

Number of children, of this mother, now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 1:30 P.M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. C. Mangle M.D.

(Physician or Midwife)

Address Star

Given names added from a supplemental report

....., 19.....

Filed Nov 17 19 12 J. E. Mangle Registrar

....., Registrar

S-Y CO., 16670

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

9-9

551-220.00-693

PLACE OF BIRTH

Form V. S. No. 11-C—15m-6-20-11

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

File No. 10911

County of Ada

City of Meridian Registration District No. 1

No. R # I St.

Primary Registration District No. 2003 Registered No. 26

Hospital

FULL NAME OF CHILD Helen Elizabeth Neal

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Female	one	2nd	yes	Dec 20, 1912

FATHER	MOTHER
FULL NAME: Herbert L. Neal	FULL MAIDEN NAME: Edith Wilson
RESIDENCE: Meridian Idaho R. I.	RESIDENCE: Meridian Idaho R. I.
COLOR: White	COLOR: White
AGE AT LAST BIRTHDAY: 30 (Years)	AGE AT LAST BIRTHDAY: 22 (Years)
BIRTHPLACE: Iowa	BIRTHPLACE: Col—
OCCUPATION: Rancher	OCCUPATION: Housewife

Number of child of this mother, including present birth: 2

Number of children, of this mother, now living, including present birth: 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 6.05 P.M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Herbert L. Neal

Physician

(Physician or Midwife)

Address Meridian, Ida.

Given names added from a supplemental report

....., 19.....

Registrar

Filed Jan 10 19 13 L. M. Taylor

Registrar

S-Y CO., 16670

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

FEB 4 1970

396-201-001-245

PLACE OF BIRTH

County of Ada

City of

No. near Soldiers Home St.

Hospital

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

Form V. S. No. 11-C—15m-6-20-11

Registration District No. 1

File No. 10912

Primary Registration District No. 2014

Registered No. 97

FULL NAME OF CHILD Dorothy May Crouse

Sex of Child	Twin, Triplet, or other?	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
F.	sngl	2	Yes.	Dec. 1, 1912

(To be answered only in event of plural births)

FATHER	MOTHER
FULL NAME Clyde G. Crouse	FULL MAIDEN NAME May Bunney
RESIDENCE Soldiers Home precinct	RESIDENCE Soldiers Home precinct
COLOR W.	COLOR W.
AGE AT LAST BIRTHDAY 32 (Years)	AGE AT LAST BIRTHDAY 28 (Years)
BIRTHPLACE Wisconsin	BIRTHPLACE Colorado
OCCUPATION Brickmaker	OCCUPATION Home wife.

Number of child of this mother, including present birth 2

Number of children, of this mother, now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 8 a.m. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) H. M. Robinson M. D.

(Physician or Midwife)

Address Boise

Given names added from a supplemental report

....., 19.....

Registrar

Filed Jan 10th 1913 J. M. Taylor Registrar

S-Y CO., 16670

MARGIN RESERVED FOR BINDING

WRITE PLAINLY. WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

K

NOV 5 1942

JUL 10 1944

MAY 19 1971

433-20-040-433

STATE OF IDAHO
Bureau of Vital Statistics
CERTIFICATE OF BIRTH

County of Shoshone

City of Mullan — Registration District No. 45 — File No. 10913

No. ____, ____ St. — Primary Registration District No. 2108 — Registered No. ____

Hospital ____

FULL NAME OF CHILD Edna Susan[illegible] McCormick

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births) and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
F.		Yes	12-1-1912

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	Fred McCormick	Edna S McCormick
RESIDENCE	Mullan	Mullan
COLOR	W	W
AGE AT LAST BIRTHDAY (Years)	46	41
BIRTHPLACE	Wisconsin	Indiana
OCCUPATION	Supt mine	HW

Number of child of this mother, including present birth 5 — Number of children, of this mother, now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 3-45 A. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) James R Burns

(Physician or Midwife) Physician

Address ____

Given names added from a supplemental report

____, 19____

____ Registrar

Filed Dec 8 1912 Dr. Chas. [illegible] Registrar

S-Y CO., 16670

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

DEC 1 3 1944

115-202-040-993

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth, stated.

Form V. S. No. 11-C—20m-2-15-12

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

PLACE OF BIRTH

County of Shoshone

City of Mullan

No. ..... St.

Hospital .....

Registration District No. 25 File No. 10914

Primary Registration District No. 2108 Registered No. .....

FULL NAME OF CHILD XXXXXX ELLA Davis

Sex of Child	Twin / Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
F			yes	12 – 2 – 1912

FATHER	MOTHER
FULL NAME Charles Davis	FULL MAIDEN NAME Stella Rice
RESIDENCE Mullan	RESIDENCE Mullan
COLOR W AGE AT LAST BIRTHDAY 28 (Years)	COLOR W AGE AT LAST BIRTHDAY 20 (Years)
BIRTHPLACE Oregon	BIRTHPLACE Montana
OCCUPATION Driver	OCCUPATION H W

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 3:15 P. M. on the date above stated.

(Signature) James K Bean

Physician (Physician or midwife)

Address .....

Filed Dec 8 1912 Dr. Charles Witham Registrar

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report

..... 19.....

..... Registrar

S-Y CO. 20174

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

PLACE OF BIRTH

RESIDENCE

COLOR

BIRTHDAY

(Years)

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS
AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of Montana }
County of Powell } ss.

Certificate No. 10914

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of birth (Birth or Death)
for Ella Davis (Name on Original Certificate) who was born (Was Born or Died) on December 2-191[illegible] (Date of Event)
in Mullan Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts are shown by (Bible Record, Insurance Policy, Etc.) prepared on (Give Date), are:

FACTS TO BE CORRECTED ("Name", "Birth Date", "Cause of Death", Etc.)	FROM (As on Original)	TO (The Correct Facts)
Name	Unnamed	Ella Davis

Subscribed and sworn to before me this 6th
day of October, 1943.
K W Copeland
Notary Public, residing at Deer Lodge Mont
My commission expires Oct 20-1943
(Seal)

Signed Mrs J E Woods mother
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Montana }
County of Powell } ss.

[This Affidivat **MUST** Also be Executed.
(See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 22nd
day of October, 1943.
K W Copeland
Notary Public, residing at Deer Lodge Mont
My commission expires Oct 20-1946
(Seal)

Signed Mrs. N. W. Jones
(Signature of Any Credible Person Other Than Previous Year)

Deer Lodge Montana
(Street Address, City, State)

OCT. 28 1943

OCT 29 1943

528-19-040-569

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

Form V. S. No. 21-C—16m-8-7-11

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

PLACE OF BIRTH

County of Shoshone

City of Mullan

No ——, ——— St.

Hospital ——

Registration District No 25 — File No. 10915

Primary Registration District No. 2108 — Registered No.

FULL NAME OF CHILD Everett Ekholm

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Boy			Yes	Dec 19, 1912

FATHER		MOTHER	
FULL NAME	Leonard Ekholm	FULL MAIDEN NAME	Emma Norman
RESIDENCE	Mullan	RESIDENCE	Mullan
COLOR	White	COLOR	W
AGE AT LAST BIRTHDAY	23 (Years)	AGE AT LAST BIRTHDAY	22 (Years)
BIRTHPLACE	Finland	BIRTHPLACE	Sweden
OCCUPATION	Miner	OCCUPATION	Wife

Number of child of this mother, including present birth 1

Number of children, of this mother, now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 11:30 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) F W Rolfs

(Physician or Midwife)

Address Mullan Ida

Given names added from a supplemental report

Mullan Ida Dec 24 1912

F W Rolfs Registrar

Filed Dec 24 1912 F W Rolfs Dr. Registrar

SYMS - YORK CO., PTRS. & BDRS. 17826

JUN 16 1942

JUN 12 1973

599-2011040-455

PLACE OF BIRTH

STATE OF IDAHO

Form V. S. No. 11-C—15m-6-20-11

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

County of Shoshone

City of Mullan

Registration District No. 25

File No. 10916

No. Miners St.

Primary Registration District No. 2108

Registered No. 2107

Hospital ———

FULL NAME OF CHILD Emma Erickson

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
girl	\	\	Yes	Dec 1, 1912

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	Henry Ericsson	Hulda Mienberg
RESIDENCE	Mullan	Mullan
COLOR	W	W
AGE AT LAST BIRTHDAY (Years)	29	25
BIRTHPLACE	Sweden	Sweden
OCCUPATION	Miner	Wife

Number of child of this mother, including present birth 5

Number of children, of this mother, now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Alive (Born alive or stillborn) at 8 A. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Christina Flints (Physician or Midwife)

Address Mullan Ida

Given names added from a supplemental report

Dec 8 1912

Registrar

Filed Dec 2 1912 F. W. Rafn Registrar

S-Y CO., 16670

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

791-107-040-419

PLACE OF BIRTH

County of Shoshone

City of Wardner.

No. ..... St.

Hospital .....

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

Form V. S. No. 11-C—20m-2-15-

CERTIFICATE OF BIRTH

Registration District No. 25 File No. 10917

Primary Registration District No. 2106 Registered No. .....

FULL NAME OF CHILD Can't get Name. Pratrenovich

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Boy	1	8	Yes	10 7 1912

FATHER

FULL NAME Mick Pratrenovich

RESIDENCE Wardner.

COLOR W AGE AT LAST BIRTHDAY 47 (Years)

BIRTHPLACE Austria

OCCUPATION Miner

MOTHER

FULL MAIDEN NAME Gustena Maricich

RESIDENCE Wardner.

COLOR W AGE AT LAST BIRTHDAY 37 (Years)

BIRTHPLACE Austria

OCCUPATION House Wife

Number of child of this mother, including present birth 8

Number of children of this mother now living, including present birth 7

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 2.30 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. R. Mason

(Physician or midwife)

Given names added from a supplemental report

..... 19.....

Address .....

Registrar

Filed Jan 10 1913

Dr. Chas. A. Dittman
Registrar

S-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY. WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

PLACE OF BIRTH

FULL NAME OF CHILD

Sex of CHILD

FULL NAME

FATHER

MOTHER

RESIDENCE

COLOR

AGE AT LAST BIRTHDAY

BIRTHPLACE

OCCUPATION

446-225-040-251

Form V. S. D. 11-C—20m-2-15-12

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH

County of Shoshone

City of Wardner

No. ..... St.

Hospital .....

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 25 File No. 10918

Primary Registration District No. 2106 Registered No. .....

FULL NAME OF CHILD Shirley Belle Duff.

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
F.	1	1	yes	11 - 25 1912

FATHER		MOTHER	
FULL NAME	William O. Duff	FULL MAIDEN NAME	Laura Bell Seaman
RESIDENCE	Wardner Ida.	RESIDENCE	Wardner
COLOR	W.	COLOR	W.
AGE AT LAST BIRTHDAY (Years)	26	AGE AT LAST BIRTHDAY (Years)	21
BIRTHPLACE	New Mexico,	BIRTHPLACE	S. Dak.
OCCUPATION	Mechanic	OCCUPATION	House wife

Number of child of this mother, including present birth 1

Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 3 P. M. on the date above stated.

(Signature) T. R. Mason

(Physician or midwife)

Address .....

Filed Jan 10 1913 Dr. Chas. E. Wettman Registrar

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report

..... 19.....

..... Registrar

8-Y CO. 20174

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

PLACE OF BIRTH

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of Idaho }
County of Shoshone } ss.

Certificate No. 10918

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of Birth (Birth or Death)
for Dorris Duft (Name on Original Certificate) who Born (Was Born or Died) on Nov. 25, 1912 (Date of Event)
in Wardner Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts are shown by (Bible Record, Insurance Policy, Etc.) prepared on (Give Date), are:

FACTS TO BE CORRECTED ("Name", "Birth Date", "Cause of Death", Etc.)	FROM (As on Original)	TO (The Correct Facts)
Name	Dorris	shirley Belle Duft

Subscribed and sworn to before me this 15th day of August, 1942

Notary Public, residing at Seattle

My commission expires October 28, 1945
(Seal)

Signed Laura Belle Tiddes
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Washington }
County of King } ss.

[This Affidivat **MUST** Also be Executed.
(See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 15th day of August, 1942

Notary Public, residing at Seattle,

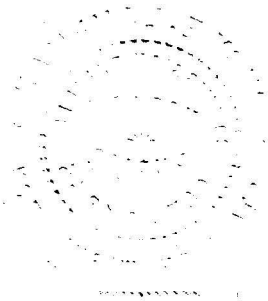
My commission expires Oct 28, 1945
(Seal)

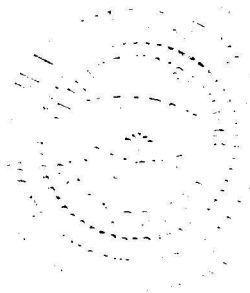
Signed Mrs Helen Duft.
(Signature of Any Credible Person Other Than Previous Year)

3701-6th
(Street Address, City, State)
Seattle, Wash

AUG 18 1942

AUG 20 1942





849-108-040-299

Form V. S. No. 11-C—20m-2-15-12

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH

County of Shoshone

City of Wardner

No. ____ St.

Hospital ____

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 25 File No. 10920

Primary Registration District No. 2106 Registered No. ____

FULL NAME OF CHILD (Not given) ELMO HOMER Hudgins

Sex of Child: Male | Twin, Triplet or other? \ | and Number in order of birth \ (To be answered only in event of plural births) | Legitimate? Yes. | Date of Birth: Dec 8 (Month) (Day) 191.2 (Year)

FATHER	MOTHER
FULL NAME: Jno. Walter Hudgins	FULL MAIDEN NAME: Emma Kirkpatrick
RESIDENCE: Wardner, Idaho.	RESIDENCE: Wardner, Idaho.
COLOR: White	AGE AT LAST BIRTHDAY: 28 (Years)
COLOR: White	AGE AT LAST BIRTHDAY: 24 (Years)
BIRTHPLACE: Missouri	BIRTHPLACE: Washington
OCCUPATION: Miner.	OCCUPATION: Home wife.

Number of child of this mother, including present birth: 4

Number of children of this mother now living, including present birth: 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 11.55 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Alex. D. McCracken M. D.

(Physician or midwife)

Address Kellogg, Ida.

Given names added from a supplemental report

....., 19.....

Filed Jan 2 1913 Dr. Chas. C. Dethman

Registrar

S-Y CO. 20174

Registrar

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

PLACE OF BIRTH

County of

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of Idaho } ss.
County of Shoshone }

Certificate No. 10920

APR 17 ...

Date Filed ...

The undersigned does solemnly swear that certain facts on the certificate of birth (BIRTH OR DEATH)
for none (NAME ON ORIGINAL CERTIFICATE) who born (WAS BORN OR DIED) on December 18, 1912 (DATE OF EVENT)
in Kellog, Idaho (PLACE OF EVENT) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts as shown by ... (BIBLE RECORD, INSURANCE POLICY, ETC.) prepared on ... (GIVE DATE), are:

FACTS TO BE CORRECTED ("NAME", "BIRTH DATE", "CAUSE OF DEATH", ETC.)	FROM (AS ON ORIGINAL)	TO (THE CORRECT FACTS)
Name	No name	Elmo Homer Hudgens

Subscribed and sworn to before me this 16th
day of April, 19 42
Dorothy M. Pfister
Notary Public, residing at Seattle,
My commission expires Feb. 16, 1946
(SEAL)

Signed Mrs Mary Ewing (grandmother)
(SIGNATURE OF PARENT OR ATTENDANT IF CORRECTING A BIRTH RECORD; OF ATTENDANT, FUNERAL DIRECTOR, INFORMANT IF CORRECTING A DEATH RECORD; OR OTHER CREDIBLE PERSON.)
840 E 59th Seattle, Wash.
(STREET ADDRESS, CITY, STATE)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Washington. } ss.
County of King }

[THIS AFFIDAVIT MUST ALSO BE EXECUTED. (SEE CHAPTER 139, 1937 IDAHO SESSION LAWS.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

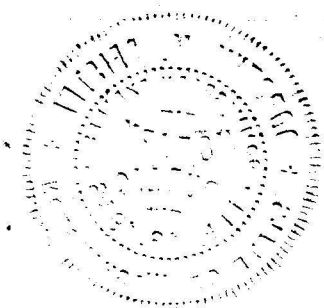
Subscribed and sworn to before me this 16th
day of April, 19 42
Dorothy M. Pfister
Notary Public, residing at Seattle, Wash.
My commission expires Feb. 16, 1946
(SEAL)

Signed Mrs Alma Hudgens (wife)
(SIGNATURE OF ANY CREDIBLE PERSON OTHER THAN PREVIOUS AFFIANT.)
832 E 59th Seattle, Wash
(STREET ADDRESS, CITY, STATE)

Received for filing on ... By ...
(REGISTRAR'S SIGNATURE)

APR 17 1942

MAY 9 1942



949-101-040-949

Form V. S. No. 15-C—20m-2-15-12

PLACE OF BIRTH

County of Shoshone

City of Wardner

No. ..... St.

Hospital .....

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 25 File No. 10921

Primary Registration District No. 2106 Registered No. .....

FULL NAME OF CHILD Andros Ruzic

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Male			Yes.	Dec 1 1912

FATHER	MOTHER
FULL NAME: Andros Ruzic	FULL MAIDEN NAME: Victoria Ruzic
RESIDENCE: Wardner, Idaho.	RESIDENCE: Wardner, Ida.
COLOR: White	COLOR: White
AGE AT LAST BIRTHDAY: 26 (Years)	AGE AT LAST BIRTHDAY: 25 yr (Years)
BIRTHPLACE: Austria	BIRTHPLACE: Austria
OCCUPATION: Miner	OCCUPATION: House-wife

Number of child of this mother, including present birth: 1

Number of children of this mother now living, including present birth: 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 3 30 P M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Alex D. McCrackin M. D.

(Physician or midwife)

Address Kellogg Idaho

Given names added from a supplemental report

..... 19.....

Filed Jan 3 1913 Dr. Chas. A. Bethman Registrar

..... Registrar

S-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

MAY 3 1 2018

381-101-040-165

Form V. S. No. 11-C—20m-8-15-12

PLACE OF BIRTH

County of Shoshone

City of Kellogg

No. ..... St.

Hospital .....

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 25 File No. 10922

Primary Registration District No. 2105 Registered No. .....

FULL NAME OF CHILD Robert Graham Thatcher.

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
M	/	/	Yes	12 / 1912

FATHER	MOTHER
FULL NAME G. H. Thatcher	FULL MAIDEN NAME Lizzie E. Jones
RESIDENCE Kellogg	RESIDENCE Kellogg
COLOR W AGE AT LAST BIRTHDAY 26 (Years)	COLOR W AGE AT LAST BIRTHDAY 23 (Years)
BIRTHPLACE West Virginia	BIRTHPLACE Missouri
OCCUPATION Lumberman	OCCUPATION House wife

Number of child of this mother, including present birth 1. Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive, at 2 P. M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. E. Mason

(Physician or midwife)

Given names added from a supplemental report

..... 19.....

Address .....

Filed Jan 10 1913 Dr. Chas. A. Hittman

S-Y CO. 20174 Registrar

Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Form V. S. No. 11-C—20m-2-[illegible]

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

PLACE OF BIRTH

County of

MARGIN RESERVED FOR BINDING

WRITE PLAINLY. WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth, stated.

756.126.040-415

Form V. S. No. 11-C—20m-2-15-12

PLACE OF BIRTH

County of Shoshone

City of Kellogg

No. ..... St.

Hospital .....

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 25 File No. 10923

Primary Registration District No. 2105 Registered No. .....

FULL NAME OF CHILD William Arthur George

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Boy	1	1	Yes	11 26 1912

FATHER	MOTHER
FULL NAME Richard George	FULL MAIDEN NAME Annie E. Davidson
RESIDENCE Kellogg, Idaho	RESIDENCE Kellogg
COLOR W	COLOR W
AGE AT LAST BIRTHDAY 28 (Years)	AGE AT LAST BIRTHDAY 21 (Years)
BIRTHPLACE England	BIRTHPLACE England
OCCUPATION Miner	OCCUPATION Housewife

Number of child of this mother, including present birth 1

Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was ..... (Born alive or stillborn), at ..... M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) .....

(Physician or midwife)

Address .....

Given names added from a supplemental report

..... 19.....

..... Registrar

Filed June 10 1913 Dr. Chas. C. Hellman Registrar

S-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Form V. S. No. 11-C—20m-2-15-12

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

PLACE OF BIRTH

County of

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

843-116

PLACE O[redacted]

County of [redacted]

Form V. S. No. 11-C—20m-2-15-12

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

City of Kellogg. Registration District No. 25 File No. 10924

No. ..... St. Primary Registration District No. 2105 Registered No. .....

Hospital .....

FULL NAME OF CHILD Arthur Griffin Hutton

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Boy	1	2	Yes	11 16 1912

FATHER	MOTHER
FULL NAME Arthur Clayton Hutton	FULL MAIDEN NAME Berenice J. Griffin
RESIDENCE Kellogg Idaho	RESIDENCE Kellogg
COLOR W	COLOR W.
AGE AT LAST BIRTHDAY 25 (Years)	AGE AT LAST BIRTHDAY 23 (Years)
BIRTHPLACE Mich.	BIRTHPLACE Mich
OCCUPATION Dry Goods Clerk	OCCUPATION House wife

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at ..... M. on the date above stated.

(Signature) J. C. Mason

(Physician or midwife)

Address .....

Filed Jan 10 1913 Dr. Chas. A. Hettman Registrar

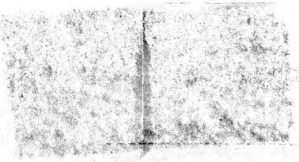
*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

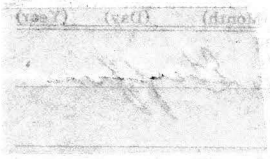
Given names added from a supplemental report

..... 19.....

..... Registrar

S-Y CO. 20174





295-21-1070-669

PLACE OF BIRTH

County of Shoshone

City of Kellogg

No. ..... St.

Hospital .....

[redacted]

BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 25 File No. 10925

Primary Registration District No. 2105 Registered No. .....

FULL NAME OF CHILD Francis Evelin Kinney

Sex of Child	Twin, Triplet or other?	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
F.	1	2	yes	12 11 1912

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	Frank Kinney	FULL MAIDEN NAME	Mary Forbs.
RESIDENCE	Kellogg, Ida.	RESIDENCE	Kellogg, Ida.
COLOR	W	AGE AT LAST BIRTHDAY (Years)	34
BIRTHPLACE	Indiana	COLOR	W.
OCCUPATION	Miner	AGE AT LAST BIRTHDAY (Years)	31
		BIRTHPLACE	Ill.
		OCCUPATION	House wife

Number of child of this mother, including present birth 2

Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 3 A. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J R Mason

(Physician or midwife)

Given names added from a supplemental report

..... 19.....

Address .....

Filed Jan 10 1913

Dr. Chas. G. Hellman
Registrar

..... Registrar

S-Y CO. 20174

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

MARGIN RESERVED FOR BINDING

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

MAR 20 1962

394-116-040-299

PLACE OF BIRTH

County of Shoshone

City of Kellogg

No. ..... St.

Hospital .....

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

Form V. S. No. 11-C—Rev. 2-15

CERTIFICATE OF BIRTH

Registration District No. 25 File No. 10926

Primary Registration District No. 2105 Registered No. .....

FULL NAME OF CHILD ..... T. W. W. Tompkin

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Boy	1	3	yes	12 16 1912

FATHER		MOTHER	
FULL NAME	C. H. Tompkin	FULL MAIDEN NAME	M. A. Kinfather
RESIDENCE	Kellogg Ida	RESIDENCE	Kellogg
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY (Years)	32	AGE AT LAST BIRTHDAY (Years)	29
BIRTHPLACE	Kansas	BIRTHPLACE	Kansas
OCCUPATION	Farmer	OCCUPATION	House wife

Number of child of this mother, including present birth 3

Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 10 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) I R Mason

(Physician or midwife)

Address .....

Given names added from a supplemental report

..... 19.....

..... Registrar

Filed Jan 10 19 13 W. Chas. C. Dothman Registrar

S-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Form V. S. No. 11-C—80m-

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

PLACE OF BIRTH

County of

31-105-1040-386

Form V. S. No. 11-C—20m-2-15-12

PLACE OF BIRTH

County of Shoshone

City of Kellogg,

No. ..... St.

Hospital .....

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 25 File No. .....

Primary Registration District No. 2105 Registered No. 10927

FULL NAME OF CHILD Carl [illegible] Lamuth

Sex of Child	Twin Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
M	/	/	Yes	11 5 1912

FATHER	MOTHER
FULL NAME Joseph. Lamuth	FULL MAIDEN NAME Mamie Thompson
RESIDENCE Kellogg, Idaho	RESIDENCE Kellogg
COLOR W	COLOR W
AGE AT LAST BIRTHDAY 29 (Years)	AGE AT LAST BIRTHDAY 17 (Years)
BIRTHPLACE Finland	BIRTHPLACE Montana
OCCUPATION Butcher	OCCUPATION House wife

Number of child of this mother, including present birth 1

Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 8 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. H. Wilson

(Physician or midwife)

Address .....

Given names added from a supplemental report

..... 19.....

..... Registrar

Filed Jun 10 19 13 Dr. Chas. A. Dettman Registrar

8-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

213.201.040-253

Form V. S. No. 11-C—20m-2-15-12

PLACE OF BIRTH

County of Shoshone

City of Kellogg.

No. ..... St.

Hospital .....

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 25 File No. 10928

Primary Registration District No. 2105 Registered No. .....

FULL NAME OF CHILD Alice M. Ball.

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
F.	1	3	Yes	11 1 1912

FATHER	MOTHER
FULL NAME Thomas A Ball	FULL MAIDEN NAME Flora L. Bell
RESIDENCE Kellogg, Ida	RESIDENCE Kellogg.
COLOR W	AGE AT LAST BIRTHDAY 31 (Years)
BIRTHPLACE North Carolina	COLOR W
OCCUPATION Miner	AGE AT LAST BIRTHDAY 25 (Years)
	BIRTHPLACE N. C.
	OCCUPATION House wife

Number of child of this mother, including present birth 3

Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 3.30 A. M. on the date above stated.

(Signature) J. R. Mason

(Physician or midwife)

Address .....

Filed Jan 10 1913 Dr. Chas. A. Dettman Registrar

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report

..... 19.....

..... Registrar

5-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

OCT 1 1942

SEP 28 1944

319-230-040-413

Form V. S. No. 11-C—20m-2-15-12

PLACE OF BIRTH

County of Shoshone

City of Kellogg

No. ____ St.

Hospital ____

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 25 File No. 10929

Primary Registration District No. 2105 Registered No. ____

FULL NAME OF CHILD Edith Irene Carlson

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Female			Yes.	Oct 30 1912

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	Arvid Carlson	Emma Mattson
RESIDENCE	Kellogg, Idaho	Kellogg, Idaho
COLOR	White	White
AGE AT LAST BIRTHDAY (Years)	27	19
BIRTHPLACE	Finland	Finland
OCCUPATION	Miner	Housework

Number of child of this mother, including present birth 1

Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 1 20 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Alex. McCracken

MD

(Physician or midwife)

Address Kellogg, Idaho

Given names added from a supplemental report

....., 19.....

Filed Jan 3 1913 Dr. Chas. G. Dettman

Registrar

.....

Registrar

8-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

3162210040-793

Form V. S. No. 11-C—20m-2-15-12

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Shoshone

City of Kellogg

No. ..... St.

Registration District No. 25 File No. 10930

Primary Registration District No. 2105 Registered No. .....

Hospital .....

FULL NAME OF CHILD Eileen Rose Lawrence

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Female			Yes.	Nov 21 1912

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	Garel Lindsay Lawrence	Selina Harris Gill
RESIDENCE	Kellogg Idaho	Kellogg Idaho
COLOR	White	White
AGE AT LAST BIRTHDAY (Years)	35	35
BIRTHPLACE	Cornwall, Eng	Cornwall, Eng.
OCCUPATION	Miner	House-wife

Number of child of this mother, including present birth 1

Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 6.15 P.M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Alex D. McCracken

M. D.
(Physician or midwife)

Address Kellogg Idaho

Given names added from a supplemental report

..... 19.....

..... Registrar

Filed Jan 3 19 13 Dr. Charles Wellman Registrar

S-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

AUG 7 1972

3162081040415

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Form V. S. No. 11-C—20m-2-15-12

PLACE OF BIRTH

County of Shoshone

City of Kellogg

No. ..... St.

Hospital .....

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 15 File No. 10931

Primary Registration District No. 2105 Registered No. .....

FULL NAME OF CHILD Annie Elizabeth Lafon

Sex of Child	Twin / Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Female	/	/	Yes	Sept. 8 1912

FATHER

FULL NAME Morton Booher Lafon

RESIDENCE Kellogg, Ida.

COLOR White AGE AT LAST BIRTHDAY 31 (Years)

BIRTHPLACE Kansas.

OCCUPATION Miner

MOTHER

FULL MAIDEN NAME Annie Dare

RESIDENCE Kellogg, Ida.

COLOR White AGE AT LAST BIRTHDAY 24 (Years)

BIRTHPLACE Kansas.

OCCUPATION Home-wife

Number of child of this mother, including present birth 5

Number of children of this mother now living, including present birth 5

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 6 30 P. M. on the date above stated.

(Signature) Morton B Lafon

Father (Physician or midwife)

Address Kellogg, Ida.

Filed Jan 3 19 13 Dr. Chas. C. Dettman Registrar

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report

..... 19.....

..... Registrar

S-Y CO. 20174

JAN 27 1955

316.209.040-251

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Form V. S. No. 11-C—20m-2-15-12

PLACE OF BIRTH

County of Shoshone

City of Kellogg

No. ..... St.

Hospital

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 25 File No. 10932

Primary Registration District No. 2105 Registered No.

FULL NAME OF CHILD Thelma Irene La Fon

Sex of Child	Twin / Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Female	—	—	Yes.	Aug 9 1912

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	Hugh Carlton La Fon	Alice Knapp.
RESIDENCE	Kellogg. Ida.	Kellogg. Ida
COLOR	White.	White
AGE AT LAST BIRTHDAY (Years)	39	36
BIRTHPLACE	Kansas.	Kansas.
OCCUPATION	Mill. man	Home-wife.

Number of child of this mother, including present birth Five

Number of children of this mother now living, including present birth Five

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 10 40 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Alex D. McCrackin M.D.

Physician

(Physician or midwife)

Address .....

Given names added from a supplemental report

..... 19.....

..... Registrar

Filed Jun 3 19 13 Michael Dettman Registrar

S-Y CO. 20174

795206.040.689

Form V. S. No. 11-C—20m-2-15-12

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH

County of Shoshone

City of Kellogg

No. ..... St.

Hospital .....

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 25 File No. 10933

Primary Registration District No. 2105 Registered No. .....

FULL NAME OF CHILD Venessa Dee Green

Sex of Child	Twin / Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Female	\	\	Yes.	Dec 6 1912

FATHER		MOTHER	
FULL NAME	David Edson Green	FULL MAIDEN NAME	Daisy White
RESIDENCE	Kellogg. Ida.	RESIDENCE	Kellogg. Ida
COLOR	White	AGE AT LAST BIRTHDAY (Years)	41
BIRTHPLACE	Illinois	COLOR	White
OCCUPATION	Millman	AGE AT LAST BIRTHDAY (Years)	30
		BIRTHPLACE	Nebraska
		OCCUPATION	Home-wife

Number of child of this mother, including present birth 3

Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive, at 1309 M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Alex D. McCrackin M.D

M.D
(Physician or midwife)

Address Kellogg. Ida

Filed Jan 3 1913 H. Chas. L. Dettman
Registrar

Given names added from a supplemental report

..... 19.....

.....
Registrar

S-Y CO. 20174

MARGIN RESERVED FOR BINDING
WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

234-002-040-614

Form V. S. No. 11-C—20m-2-15-12

PLACE OF BIRTH

County of Shoshone

City of Kellogg

No. ..... St.

Hospital .....

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 25 File No. 10934

Primary Registration District No. 2105 Registered No. .....

FULL NAME OF CHILD Ellen Lennea Stuns

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Female			Yes	Sept 2 1912

FATHER		MOTHER	
FULL NAME	John Stuns	FULL MAIDEN NAME	Hannah Hadsen
RESIDENCE	Kellogg Ida.	RESIDENCE	Kellogg Idaho.
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	26	AGE AT LAST BIRTHDAY (Years)	21
BIRTHPLACE	Finland	BIRTHPLACE	Finland
OCCUPATION	Miner.	OCCUPATION	House-wife

Number of child of this mother, including present birth 2nd

Number of children of this mother now living, including present birth 2nd

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 11 45 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Alex. McTaggart M.D.

(Physician or midwife)

Address .....

Given names added from a supplemental report

..... 19.....

Filed June 3 1913

..... Registrar

Chas. A. Dettman Registrar

8-Y CO. 20174

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

PLACE OF BIRTH

AUG 5 1955

249-107-040-295

Form V. S. No. 11-C—20m-2-15-12

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Shoshone

City of Kellogg.

No. ..... St.

Registration District No. 25 File No. 10935

Primary Registration District No. 2105 Registered No. .....

Hospital .....

FULL NAME OF CHILD Robert John Burton

Sex of Child	Twin / Triplet or other?	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Male	\	\	Yes.	Aug 7 1912

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	John Burton	FULL MAIDEN NAME	Mary Ring
RESIDENCE	Kellogg, Ida.	RESIDENCE	Kellogg, Ida.
COLOR	White	COLOR	White.
AGE AT LAST BIRTHDAY (Years)	40	AGE AT LAST BIRTHDAY (Years)	33
BIRTHPLACE	Michigan	BIRTHPLACE	Michigan
OCCUPATION	Miner.	OCCUPATION	House-wife.

Number of child of this mother, including present birth 8th Number of children of this mother now living, including present birth 6

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive, at 4.20 P. M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Alex. D. McCracken M.D

Physician
(Physician or midwife)

Address Kellogg, Idaho.

Given names added from a supplemental report

..... 19.....

Filed Jan 3 1913 Wm. Chas. A. Dettman
Registrar

..... Registrar

S-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Form V. S. No. 11-C—20m-3-15-12

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

PLACE OF BIRTH

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK. THIS IS A PERMANENT RECORD

SSS·127·044-897

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH

County of Washington

City of Nyssa

No. ..... St.

Hospital .....

Form V.S. No. 11-C-[illegible]

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 26 File No. 10953

Primary Registration District No. 2112 Registered No. 6

FULL NAME OF CHILD Henry Parks Neely

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and — Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Male	X	7th	yes	Dec 27 1912

FATHER		MOTHER	
FULL NAME	John C Neely	FULL MAIDEN NAME	Lorena Wilson
RESIDENCE	Nyssa	RESIDENCE	Nyssa
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	50 (Years)	AGE AT LAST BIRTHDAY	38 (Years)
BIRTHPLACE	Scott Co Va	BIRTHPLACE	Holton Kansas
OCCUPATION	Sheepman	OCCUPATION	Housewife

Number of child of this mother, including present birth .....

Number of children of this mother now living, including present birth .....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was X (Born alive or stillborn) on the date above stated. at 8 a M.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) S B Dudley

(Physician or midwife)

Given names added from a supplemental report

..... 19.....

Address .....

Filed Feb 1st 1913 W. R. Hamilton

S-Y CO. 20174

Registrar

Registrar

PLACE OF BIRTH

Dep of 1912 - 338608

255-205-044-258

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Form V. S. No. 11-C—20m-2-15-12

PLACE OF BIRTH

County of Washington

City of Salubria

No. ..... St.

Hospital .....

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 16 File No. 10954

Primary Registration District No. 2114 Registered No. 7

FULL NAME OF CHILD Vera

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth
Female		3rd	yes	Dec (Month) 5 (Day) 1912 (Year)

FATHER		MOTHER	
FULL NAME	Abraham Beigh	FULL MAIDEN NAME	Stella Snyder
RESIDENCE	Salubria Idaho	RESIDENCE	Salubria Idaho
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY	31 (Years)	AGE AT LAST BIRTHDAY	25 (Years)
BIRTHPLACE	Indiana	BIRTHPLACE	Indiana
OCCUPATION	Rancher	OCCUPATION	House wife

Number of child of this mother, including present birth 3rd

Number of children of this mother now living, including present birth 3rd

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn), at 11 a M. on the date above stated.

(Signature) C E Schmuck

MD

(Physician or midwife)

Address Caldwell

Filed June 14 1913 C E Schmuck Registrar

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report

..... 19.....

..... Registrar

S-Y CO. 20174

DUP OF 12-332325

BEIGH

383 22 1 029-213

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH

County of Latah

City of Moscow

No. ..... St.

Hospital .....

Form V. S. No. [illegible]

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 15 File No. 10977

Primary Registration District No. 1008 Registered No. 398

FULL NAME OF CHILD Agnes Leona Tylden

Sex of Child F. | Twin, Triplet or other? | and Number in order of birth 8 | Legitimate? Yes | Date of Birth Nov. (Month) 21 (Day) 1913 (Year)

(To be answered only in event of plural births)

FATHER

FULL NAME Caspar Tylden

RESIDENCE Moscow

COLOR W. AGE AT LAST BIRTHDAY 43 (Years)

BIRTHPLACE Minn.

OCCUPATION Farmer

MOTHER

FULL MAIDEN NAME Carn. Sattra

RESIDENCE

COLOR W. AGE AT LAST BIRTHDAY 38 (Years)

BIRTHPLACE Norway

OCCUPATION Housewife

Number of child of this mother, including present birth 8

Number of children of this mother now living, including present birth 8

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Alive (Born alive or stillborn) at 8 P. M. on the date above stated.

(Signature) Joseph Aspray M.D.

(Physician or midwife)

Address Moscow Idaho

Filed Dec. 8 1913 S. F. Rae Registrar

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report

..... 19.....

..... Registrar

S-Y CO. 20174

Form V. S. No. II-C—20m-2-15-12

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

File No.

Medical Reg. No.

PLACE OF BIRTH

County of

RESIDENCE

COLOR

AGE AT LAST BIRTHDAY (Years)

BIRTHPLACE

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of the child in order of birth is to be stated.

Address

Filed 19

Registrar

912-220-001-2

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

PLACE OF BIRTH

Form V. S. No. 11-C—1

STATE OF IDAHO
Bureau of Vital Statistics
CERTIFICATE OF BIRTH

County of Ada

City of Boise

No 1816 No 14 St.

Hospital

Registration District No. 2

Primary Registration District No. 104

File No. 10978

Registered No. 1

FULL NAME OF CHILD Opal Mary Rasmussen

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day)
W			Yes	Dec 20

FATHER		MOTHER	
FULL NAME	Harry C. Rasmussen	FULL MAIDEN NAME	Mary King
RESIDENCE	1816 No. 14th	RESIDENCE	1816 No 14
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY	28 (Years)	AGE AT LAST BIRTHDAY	24 (Years)
BIRTHPLACE	Kas	BIRTHPLACE	Mo
OCCUPATION	Carpenter	OCCUPATION	Housewife

Number of child of this mother, including present birth 4

Number of children, of this mother, now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or Stillborn), at 5:37 on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) W. V. Turkey

Physician

(Physician or Midwife)

Address Boise

Given names added from a supplemental report

....., 19.....

Filed Jan. 10 1913 C. S. McConnell

Registrar

SYMS - YORK CO., PTRS. & BDRS. 17826

Registrar

NOV 14 1942

SEP 3 0 1976

359-215-004-315

PLACE OF BIRTH

Form V. S. No. 11-C—15m-6-20-11

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

County of Ada

City of Boise

No. 1911 Washington St.

Registration District No. 2

File No. 10979

Primary Registration District No. 1004

Registered No. 1 1 1

Hospital

FULL NAME OF CHILD Virginia Alice Leininger

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Female	—	—	Yes	Dec. 15, 1912

FATHER	MOTHER
FULL NAME: S. E. Leininger	FULL MAIDEN NAME: Addye M. Lant
RESIDENCE: 1911 Washington St.	RESIDENCE: 1911 Washington St
COLOR: White	COLOR: White
AGE AT LAST BIRTHDAY: 29 (Years)	AGE AT LAST BIRTHDAY: 28 (Years)
BIRTHPLACE: Nebraska	BIRTHPLACE: Illinois
OCCUPATION: Str. Ry Conductor	OCCUPATION: Housewife

Number of child of this mother, including present birth: 3rd

Number of children, of this mother, now living, including present birth: 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born Alive (Born alive or stillborn) on the date above stated, at 3:30 P. M.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. M. Taylor M.D.

(Physician or Midwife)

Address Boise, Idaho

Given names added from a supplemental report

....., 19.....

Registrar

Filed 1-1 1913 C. S. McConnell

Registrar

S-Y CO., 16670

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

PLACE OF BIRTH

(County of _____

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

Form V. S. No. 11-C

AUG 21 1942

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

219.229.00-235

PLACE OF BIRTH

Form V. S. No. 11-C—20m-2-15-12

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Ada

City of Boise

No. ..... St.

Hospital St. Alphonsus

Registration District No. 2 File No. 10980

Primary Registration District No. 1004 Registered No. 174

FULL NAME OF CHILD Lily Marian Sarlat

Sex of Child	Twin / Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Female			yes	Nov. 29 1912

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	Bernard Sarlat	Jennie Steinman
RESIDENCE	Boise	Boise
COLOR	White	White
AGE AT LAST BIRTHDAY (Years)	39	26
BIRTHPLACE	Russia	Russia
OCCUPATION	Merchant	Housework

Number of child of this mother, including present birth 1

Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 6:30 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Ralph H. Falk

M. D.
(Physician or midwife)

Address Falk Bldg.

Given names added from a supplemental report

..... 19.....

Filed Dec. 19.12 C. S. McConnell
Registrar

..... Registrar

S-Y CO. 20174

MAR 8 1948

JUN 1 2 1975

419-22-001-633

PLACE OF BIRTH

Form V. S. No. 11-C—15m-6-20-11

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

File No. 10981

County of Ada

City of Boise

No. ——, ——— St.

Registration District No. 2

Primary Registration District No. 1004

Registered No. 116

Hospital St Lukes

FULL NAME OF CHILD Althea Eulene Martin

Sex of Child	Twin, Triplet, or other?	Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
female	— (To be answered only in event of plural births)	—	yes	Nov 22, 1912

FATHER	MOTHER
FULL NAME: Thomas L. Martin	FULL MAIDEN NAME: Bertha Ott
RESIDENCE: 1303 N 12 Boise	RESIDENCE: 1302 N 12 Boise
COLOR: white	COLOR: white
AGE AT LAST BIRTHDAY: 34 (Years)	AGE AT LAST BIRTHDAY: 30 (Years)
BIRTHPLACE: Ark	BIRTHPLACE: Iowa
OCCUPATION: Lawyer	OCCUPATION: Housewife

Number of child of this mother, including present birth: 1

Number of children, of this mother, now living, including present birth: 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 5.15 P.M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) R. L. Glasse

(Physician or Midwife)

Address Boise

Given names added from a supplemental report

....., 19.....

Filed Jan. 1 19 13 C. S. McConnell

S-Y CO., 16670 Registrar

Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

PLACE OF BIRTH

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

COLOR

AGE AT LAST BIRTHDAY

BIRTHPLACE

OCCUPATION

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of Idaho }
County of Ada } ss.

Certificate No. 10981

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of (Birth or Death)
for (Name on Original Certificate) who (Was Born or Died) on (Date of Event)
in (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts are shown by (Bible Record, Insurance Policy, Etc.) prepared on (Give Date), are:

FACTS TO BE CORRECTED ("Name", "Birth Date", "Cause of Death", Etc.)	FROM (As on Original)	TO (The Correct Facts)
Name	Althea Alene	Althea Eulene Martin

Subscribed and sworn to before me this 25th
day of November 1942
Fred M Waylen
Notary Public, residing at Boise, Idaho.
My commission expires Nov. 10, 1944.
(Seal)

Signed T. L. Martin
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)
6/14 Hays, Boise, Idaho.
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of }
County of } ss.

[This Affidivat **MUST** Also be Executed.
(See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this
day of , 19

Notary Public, residing at
My commission expires
(Seal)

Signed
(Signature of Any Credible Person Other Than Previous Year)

(Street Address, City, State)

NOV 25 1942

375 220 000-318

PLACE OF BIRTH

Form V. S. No. 11-C—15m-6-20-11

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

County of Ada

City of Boise

No. 1200, N 19 St.

Registration District No. 2

File No. 10982

Primary Registration District No. 1004

Registered No. 185

Hospital

FULL NAME OF CHILD Elizabeth Stewart

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
female	—	—	yes	Nov 20, 1912

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	Blaine D. Stewart	Ethel Cahoon
RESIDENCE	1200 N. 19 Boise	1200 N. 19 Boise
COLOR	White	White
AGE AT LAST BIRTHDAY (Years)	36	24
BIRTHPLACE	Vermont	Utah
OCCUPATION	Grain buyer	Housewife

Number of child of this mother, including present birth 1

Number of children, of this mother, now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 4:30 A.M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) R. L. Glasse

(Physician or Midwife)

Address Boise

Given names added from a supplemental report

....., 19.....

.....
Registrar

Filed Dec 1912 C. S. McConnel
Registrar

S-Y CO., 16670

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

PLACE OF BIRTH

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

315.091.04

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Ada

City of Boise City

No. 107 East Idaho St.

Hospital Residence

Registration District No. 2 File No. 10983

Primary Registration District No. 1014 Registered No. 210

FULL NAME OF CHILD Mildred Ruth Cavanah

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
female			Yes	Dec. 1st 1912

FATHER	MOTHER
FULL NAME Charles C Cavanah	FULL MAIDEN NAME Mildred Benzel
RESIDENCE 107 East Idaho Street, Boise Idaho	RESIDENCE 107 East Idaho street, Boise Idaho
COLOR White AGE AT LAST BIRTHDAY 41 Years (Years)	COLOR White AGE AT LAST BIRTHDAY 35 Years (Years)
BIRTHPLACE Greensboro, North Carolina	BIRTHPLACE Lewiston Minnesota
OCCUPATION Lawyer,	OCCUPATION

Number of child of this mother, including present birth 2

Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was ..... at ..... M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Geo Callisto
(Physician or midwife)

Given names added from a supplemental report

..... 19.....

Address .....

Filed Jan. 1 19 13 C S McConnell
Registrar

.....
Registrar

S-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY. WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

OCT 14 1942

666-22-0001-815

PLACE OF BIRTH

Form V. S. No. 11-C—15m-6-20-11

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

County of Ada

City of Boise

No. 1311, Grove St.

Hospital

Registration District No. 2

Primary Registration District No. 1004

File No. 10981

Registered No. 209

FULL NAME OF CHILD

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
F.			L	Dec 22, 1912

FATHER		MOTHER	
FULL NAME	Roan I Wood	FULL MAIDEN NAME	Mamie Hansen
RESIDENCE	1311 Grove	RESIDENCE	1311 Grove
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY (Years)	40	AGE AT LAST BIRTHDAY (Years)	
BIRTHPLACE	Ark.	BIRTHPLACE	Ida
OCCUPATION	Farmer	OCCUPATION	H W

Number of child of this mother, including present birth 4

Number of children, of this mother, now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN ~~OR MIDWIFE*~~

I hereby certify that I attended the birth of this child, who was ..... (Born alive ~~or stillborn~~) at 10:15 P.M. on the date above stated.

(Signature) John Brink

(Physician ~~or Midwife~~)

Address Boise Ida

Filed Dec 19 13 C S McCammon Registrar

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report

....., 19.....

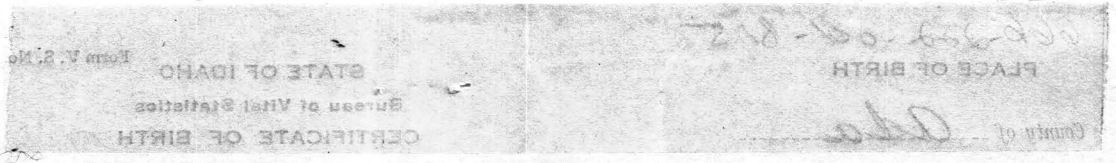
Registrar

S-Y CO., 16670

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated



DUP OF 12-355119

Amended 10-28-60

PLACE OF BIRTH

294-223001-753

County of Ada

City of Boise

No. 2030 N. 17th St.

Hospital

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF IDAHO

DEPARTMENT OF PUBLIC WELFARE

BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 2 File No. 10985

Primary Registration District No. 1004 Registered No. 208

FULL NAME OF CHILD Helen Simonsen

(Certificate of no value without full name of child.)

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
F.			Yes	Dec. 23, 1912

What bacterieidal solution was used in eyes?

Number of child of this mother, including present birth 6 Number of children of this mother now living, including present birth 6

FATHER		MOTHER	
FULL NAME	Hans Simonsen	FULL MAIDEN NAME	Mary Peterson
RESIDENCE	2030 N. 17	RESIDENCE	2030 N. 17
COLOR	W.	COLOR	W.
AGE AT LAST BIRTHDAY (Years)	42	AGE AT LAST BIRTHDAY (Years)	41
BIRTHPLACE	Norway	BIRTHPLACE	Utah
OCCUPATION	Carpenter	OCCUPATION	Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born Alive (Born alive or stillborn), at 11 A. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) John Boeck

Physician (Physician or midwife)

Address Boise, Ida.

Give names added from a supplemental report.

....., 192.....

..... Registrar.

Filed Dec 192 3 C.S. McConnel Registrar.

Documents listed on back -

IDAHO DEPARTMENT OF HEALTH

BUREAU OF VITAL STATISTICS

Affidavit to Correct or Amend An Original Certificate of Birth or Death

State of ..... } ss.
County of ..... }

Certificate No. 10985

Date Filed .....

The undersigned does solemnly swear that certain facts on the certificate of Birth (Birth or Death)
for Unnamed Simmonsen (Name on Original Certificate) who was born (Was Born or Died) on Dec. 23, 1912 (Date of Event)
in Boise, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts are shown by ..... (Bible Record, Insurance Policy, Etc.) prepared on ..... (Give Date) are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
Full Name of Child	Unnamed	Helen Simonsen
Father's Last Name	Simmonsen	Hans Simonsen

Subscribed and sworn to before me this 28 day of October, 1969

Notary Public, residing at Eagle, Idaho

My commission expires Sept 26, 1960

(Seal)

Signed Thomas S. Barrett
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

Route 4 Caldwell, Idaho
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of ..... } ss.
County of ..... }

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this ..... day of
....., 19.....

Notary Public, residing at .....

My commission expires .....

(Seal)

Signed .....
(Signature of Any Credible Person)

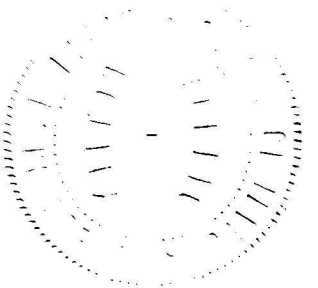
.....
(Street Address, City, State)

FORM DH 60-155

Statement from T.C. Bird, Superintendent of Boise, Idaho Schools, states "According to the records on file in our office Helen Simonsen attended the Boise Public Schools. Her birthdate is given as December 23, 1912. Her father is listed as H.C. Simonsen. Miss Simonsen attended the Boise Schools during the school year 1928-29."- viewed by V.S.

A Child's Death Certificate on File gives father's Full Name as H.C. Simonsen - #21788 - viewed by V.S.

Metropolitan Life Insurance Policy, verafax copy of, Policy Number 10 324 678 A, Sept. 11, 1941 gives full name as Helen Simonsen Marx, born Dec. 23, 1912 at Boise, Idaho - Frank Marx is given as Husband and Beneficiary - viewed by V.S.



Form V. S. No. 11-C—15m-6-20-11

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

PLACE OF BIRTH

County of Ada

City of Boise

No. 2030, N 17 St.

Hospital

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

Registration District No. 2 File No. 10985

Primary Registration District No. 1004 Registered No. 205

FULL NAME OF CHILD

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births) and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
f.		L.	Dec. 23, 1912

FATHER		MOTHER	
FULL NAME	Hans Simmonsen	FULL MAIDEN NAME	Mary Peterson
RESIDENCE	2030 N 17	RESIDENCE	2035 N 17
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY	42 (Years)	AGE AT LAST BIRTHDAY	41 (Years)
BIRTHPLACE	Norway	BIRTHPLACE	Utah
OCCUPATION	Carpenter	OCCUPATION	H. W

Number of child of this mother, including present birth .....

Number of children, of this mother, now living, including present birth .....

CERTIFICATE OF ATTENDING PHYSICIAN ~~OR MIDWIFE~~

I hereby certify that I attended the birth of this child, who was ..... (Born alive ~~or stillborn~~) at 11 A M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Jno Bauch

(Physician or ~~Midwife~~)

Address Boise Idaho

Given names added from a supplemental report

....., 19.....

Filed Dec 19 12 O S McCormick

S-Y CO., 16670

Registrar

Registrar

OCT 28 1960

SEC-226-00-168

1. PLACE OF BIRTH — STATE OF IDAHO

County of Ada

City of Boise

No. 1617 Jefferson St.

Hospital St Lukes

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

Registration District No. 2 — File No. 10986

Primary Registration District No. 104 — Registered No. 228

FULL NAME OF CHILD Hansen.

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
female			yes	12-26-12

FATHER		MOTHER	
FULL NAME	Walter F. Hansen	FULL MAIDEN NAME	Margeret Johnston
RESIDENCE	1617 Jeff.	RESIDENCE	same
COLOR	White	COLOR	white
AGE AT LAST BIRTHDAY	35 (Years)	AGE AT LAST BIRTHDAY	35 (Years)
BIRTHPLACE	Denmark	BIRTHPLACE	Canada
OCCUPATION	Banking	OCCUPATION	Housewife

Number of child of this mother, including present birth ..... two

Number of children, of this mother, now living, including present birth .....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Alive (Born alive or stillborn) on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Fred A. Fleming Jr (Physician or Midwife)

Given names added from a supplemental report

....., 19.....

Address Falk Bldg

Filed Dec 19 12 C S McCowan

SYMS - YORK CO., PTRS. & BDRS. 17926

Registrar

Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

K

JUN 1 0 1976

944-15-001-795

PLACE OF BIRTH

Form V. S. No. 11-C—15m-6-20-11

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

County of Ada

City of Boise

No. 1003, N 20 St.

Hospital

Registration District No. 2 File No. 10987

Primary Registration District No. 1004 Registered No. 206

FULL NAME OF CHILD James Harold Rummel

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
M			L	Dec 15, 1912

FATHER		MOTHER	
FULL NAME	John Tompson Rummel	FULL MAIDEN NAME	Mildred Green
RESIDENCE	1003 N 20	RESIDENCE	100 N 20
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY	26 (Years)	AGE AT LAST BIRTHDAY	24 (Years)
BIRTHPLACE	Wyo.	BIRTHPLACE	Neb
OCCUPATION	Bank Clerk	OCCUPATION	H. W

Number of child of this mother, including present birth 1

Number of children, of this mother, now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN ~~OR MIDWIFE~~*

I hereby certify that I attended the birth of this child, who was ..... (Born alive or ~~stillborn~~), at 3.30 A M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) John Boucher

(Physician or ~~Midwife~~)

Address Boise Ida

Given names added from a supplemental report

....., 19.....

Filed ..... 19..... A. M. McConnell

S-Y CO., 16670

Registrar

Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

OCT 2 3 1947

819-116-001-819

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

PLACE OF BIRTH

County of Ada

City of Boise

No. 1416 Rudenbaugh

Hospital

Form V. S. No. 11-C—15m-6-20-11

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

Registration District No. 2 File No. 10988

Primary Registration District No. 1074 Registered No. 205

FULL NAME OF CHILD

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
M			2	Dec. 16, 1912

FATHER		MOTHER	
FULL NAME	Henry A Hart	FULL MAIDEN NAME	Matilda Hart
RESIDENCE	1416 Rudenbaugh	RESIDENCE	1416 Rudenbaugh
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY	42 (Years)	AGE AT LAST BIRTHDAY	37 (Years)
BIRTHPLACE	Main	BIRTHPLACE	Wis.
OCCUPATION	Laborer & Clerk	OCCUPATION	House Wife

Number of child of this mother, including present birth 3

Number of children, of this mother, now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN ~~OR MIDWIFE~~*

I hereby certify that I attended the birth of this child, who was (Born alive or ~~Stillborn~~) at 9.30 P.M. on the date above stated.

(Signature) John Burch

(Physician or ~~Midwife~~)

Address Boise Ida

Filed Dec 19.12 C S McConnell Registrar

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report

....., 19.....

Registrar

S-Y CO., 18670

168-117.001-413

PLACE OF BIRTH

STATE OF IDAHO — Form V. S. No. 11-C—15m-6-20-11

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

County of Ada

City of Boise

No. 1109, State St.

Hospital

Registration District No. 2 — File No. 10989

Primary Registration District No. 1004 — Registered No. 204

FULL NAME OF CHILD Willard Armond Johnson

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births) and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
M		L	Dec. 17, 1912

FATHER		MOTHER	
FULL NAME	Hal W. Johnson	FULL MAIDEN NAME	Leta Mackie
RESIDENCE	1109 State	RESIDENCE	1109 State
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY	27 (Years)	AGE AT LAST BIRTHDAY	22 (Years)
BIRTHPLACE	Ill	BIRTHPLACE	Ill
OCCUPATION	Electrician	OCCUPATION	House Wife

Number of child of this mother, including present birth 2

Number of children, of this mother, now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN ~~OR MIDWIFE*~~

I hereby certify that I attended the birth of this child, who was ..... (Born alive ~~or stillborn~~) at 6.15 A. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) John Davis

(Physician ~~or Midwife~~)

Address Boise Ida

Given names added from a supplemental report

....., 19.....

Registrar

Filed Dec. 24, 1912 C. J. McConnell

Registrar

S-Y CO., 16670

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

5/27, 1941

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

Affidavit to Correct or Amend an Original Certificate of Birth or Death

State of Idaho } ss.
County of Ada

Certificate No.
Date Filed

The undersigned does solemnly swear that certain facts on the certificate of birth (Birth or death)
for Willard Armond Johnson (Name on original certificate) who was born (Was born or died) on Dec. 19 - 1912 (Date of event)
in Boise (Place of event) are erroneous or were omitted; and that, to the best of his knowledge, the true
facts as shown by (Bible record, insurance policy, etc.) prepared on May 27, 1941 (Give date), are:

FACTS TO BE CORRECTED ("Name", "birth date", "cause of death", etc.)	FROM (As on original)	TO (The correct facts)
name	none -	Willard Armond Johnson

Subscribed and sworn to before me this
day of, 19

Notary Public, residing at
My commission expires
[SEAL]

Signed John Breech
(Signature of parent or attendant if correcting a birth record; or attendant, funeral director, informant if correcting a death record; or other credible person)
Boise Idaho
(Street Address, City, State)

Supporting Affidavit of a Second Person

State of } ss.
County of

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this
day of, 19

Notary Public, residing at
My commission expires
[SEAL]

Signed
(Signature of any credible person other than the previous affiant)

(Street Address, City, State)

Received for filing on by
(Registrar's signature)

553-117001-683

PLACE OF BIRTH

STATE OF IDAHO

Form V. S. No. 11-C—15m-6-20-11

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

County of Ada

City of Boise

No. 1518, State St.

Hospital

Registration District No. 2

Primary Registration District No. 1004

File No. 10990

Registered No. 203

FULL NAME OF CHILD Arthur P. Nelson

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
M			L	Dec 17, 1912

FATHER		MOTHER	
FULL NAME	Chas. A Nelson	FULL MAIDEN NAME	Anna Ahlson
RESIDENCE	1518 Nelson State	RESIDENCE	1518 State
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY (Years)	37	AGE AT LAST BIRTHDAY (Years)	35
BIRTHPLACE	Sweden	BIRTHPLACE	Sweden
OCCUPATION	Farmer	OCCUPATION	House Wife

Number of child of this mother, including present birth 3

Number of childrea, of this mother, now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR [redacted]*

I hereby certify that I attended the birth of this child, who was ..... (Born alive or ~~stillborn~~) at 2.10 P. M. on the date above stated.

(Signature) John Burk

(Physician or ~~Midwife~~)

Address Boise Ida

Filed 12/24/ 1912 C. A. McConnell

Registrar

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report

....., 19.....

Registrar

S-Y CO., 16670

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

11/28/40 L. B.

FEB 15 1954

Form V. S. No. 11-C—15m-6-20-11

PLACE OF BIRTH
546.105.00-399

STATE OF IDAHO
Bureau of Vital Statistics
CERTIFICATE OF BIRTH

County of Ada

City of Boise — Registration District No. 2 — File No. 10991

No. 1209 Grand St. — Primary Registration District No. 1004 — Registered No. 201

Hospital

FULL NAME OF CHILD Roy Leonard

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
M			Yes	Dec. 5, 191[illegible]

FATHER		MOTHER	
FULL NAME	William Hupton	FULL MAIDEN NAME	Hester B. Triplett.
RESIDENCE	Boise - Ada.	RESIDENCE	Boise -
COLOR	W.	COLOR	W.
AGE AT LAST BIRTHDAY	37 (Years)	AGE AT LAST BIRTHDAY	37 (Years)
BIRTHPLACE	Neb.	BIRTHPLACE	Ark.
OCCUPATION	Farmer	OCCUPATION	H W.

Number of child of this mother, including present birth 4

Number of children, of this mother, now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 1:30 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. Paul Hill.

(Physician or Midwife)

Address

Given names added from a supplemental report

12/22, 19[illegible]

Filed 19[illegible] C. S. McConnell
Registrar

Registrar

S-Y CO., 16670

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

DEC 23 1941

JAN 14 1942

IN THE DISTRICT COURT OF THE THIRD JUDICIAL DISTRICT OF THE STATE OF IDAHO, IN AND FOR THE COUNTY OF ADA.

HESTER B. HUFTON, Plaintiff	)	
v.	)	DECREE OF DIVORCE
WILLIAM HUFTON Defendant	)	

Coming this cause to be heard and coming the parties hereto in their own proper persons and by their attorneys as well, and Raymond L. Given, Esq., appearing for plaintiff and Barber & Davison, Esqs. appearing for defendant and cross complainant, and the Court having seen and understood the pleadings herein and having heard the evidence, and having duly considered the same and the parties having filed in writing in this cause a waiver of making and filing of findings of fact and conclusions of law, it is in consideration of said premises and by virtue of the law ordered, adjudged and decreed that the bonds of matrimony heretofore contracted by and between the parties hereto be, and the same hereby are forever cancelled set aside and for naught held; and that the parties hereto be, and they hereby are absolutely divorced and restored to all the rights and privileges of single and unmarried persons; that the plaintiff be granted the custody of the child, Roy Leonard the issue of said marriage, and that the plaintiff shall further be restored to her former name of Hester B. Leonard; that there is no community property unto the parties hereto belonging; and that neither party hereto recover costs.

Done in open Court this 5th day of December, 1914.

Carl A. Davis
Judge.

Case No. 4510
Filed Dec. 5, 1914
Stephen Utter, Clerk
By B. Clyde Eagleson, Deputy.

STATE OF IDAHO)
)ss.
COUNTY OF ADA)

I, OTTO F. PETERSON, Clerk of the District Court of the Third Judicial District of the State of Idaho, in and for the County of Ada, do hereby certify that the foregoing is a true and correct copy of the original Decree of Divorce of Hester B. Hufton vs. William Hufton filed in the above entitled action and remaining now on file in my office at Boise City, Ada County, Idaho.

IN WITNESS WHEREOF, I have hereunto set my hand and affixed my official seal this 22 day of ~~December, 1941.~~

Otto F. Peterson
Clerk.

By Geraldine Noggin Deputy.

Hester B. Hufton

vs.

William Hufton

291-213.001-229

PLACE OF BIRTH

Form V. S. No. 11-C—15m-6-20 *1

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

County of Ada

City of Boise

No. 1812 N. 15th St.

Registration District No. 2

File No. 10992

Primary Registration District No. 1004

Registered No. 2 10

Hospital

FULL NAME OF CHILD Lesley Eva Brakel

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
female			Yes	Dec. 13, 192[illegible]

FATHER		MOTHER	
FULL NAME	Leslie Brakel	FULL MAIDEN NAME	Eva Skinner
RESIDENCE	Boise - Ida	RESIDENCE	Boise -
COLOR	W.	COLOR	W.
AGE AT LAST BIRTHDAY	26 (Years)	AGE AT LAST BIRTHDAY	20 (Years)
BIRTHPLACE	Ill.	BIRTHPLACE	Ind.
OCCUPATION	Telephone Co. Employe	OCCUPATION	H. W.

Number of child of this mother, including present birth 3

Number of children, of this mother, now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Boy alive - (Born alive or stillborn) at 12/54 M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. Paul Hill

(Physician or Midwife)

Address

Given names added from a supplemental report

K 12/22 19[illegible]

Registrar

Filed 12/22/ 19 12 C S McConnell

Registrar

S-Y CO., 16670

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

6/9/41 L. B.

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH — BUREAU OF VITAL STATISTICS

Affidavit to Correct or Amend an Original Certificate of Birth or Death

State of Idaho } ss.
County of Ada }

Certificate No. 10992
Date Filed 12/22/12

The undersigned does solemnly swear that certain facts on the certificate of Birth (Birth ~~or death~~)
for (Name on original certificate) who was born (Was born ~~or died~~) on Dec. 13, 1912 (Date of event)
in Boise, Idaho (Place of event) are erroneous or were omitted; and that, to the best of his knowledge, the true
facts as shown by (Bible record, insurance policy, etc.) prepared on (Give date), are:

FACTS TO BE CORRECTED ("Name", "birth date", "cause of death", etc.)	FROM (As on original)	TO (The correct facts)
~~Birth~~ Given name	Blank	Lesley Eva

Subscribed and sworn to before me this 31st day of May 1941

Dan D. Obenchain
Notary Public, residing at McCall Idaho
My commission expires July 6, 1941
[SEAL]

Signed (aunt) Anna Brakel Nourse
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person)
Overhee & Kootenai
(Street Address, City, State) Boise, Idaho

Supporting Affidavit of a Second Person

State of Idaho } ss.
County of Ada }

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this
day of , 19

Notary Public, residing at
My commission expires
[SEAL]

Signed R. L. Nourse M.D.
(Signature of any credible person other than the previous affiant)
218 No 8th St Boise Idaho
(Street Address, City, State)

Received for filing on by
(Registrar's signature)

DEC 5 1968

418-218-001-165

PLACE OF BIRTH

Form V. S. No. 11—10m-6-20-11

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

County of Ada

City of Boise

No. 1006 E. State

Hospital St Lukes

Registration District No. 2

File No. 10993

Primary Registration District No. 1004

Registered No. 191

FULL NAME OF CHILD Emmeth Day

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Female			yes	12 - 18 - 1912

FATHER		MOTHER	
FULL NAME	Alfred B. Day	FULL MAIDEN NAME	Emma Jones
RESIDENCE	1006 E. State St	RESIDENCE	1006 E. State St
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	43	AGE AT LAST BIRTHDAY (Years)	refused
BIRTHPLACE	England	BIRTHPLACE	Idaho
OCCUPATION	Mining Engineer	OCCUPATION	Housewife

Number of child of this mother, including present birth One

Number of children, of this mother, now living, including present birth One

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 11.30 A.M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Dr. James F. Stewart (Physician or Midwife)

Address 410 Overland Bldg.

Given name added from a supplemental report

12 [illegible], 19..

Filed 12-24- 1912 C. S. McConnell Registrar

Registrar

S-Y CO., 16669

MARGIN RESERVED FOR BINDING

WRITE PLAINLY. WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at a birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

432.220-09-816

Form V. S. No. 11—10m-6-20-11

PLACE OF BIRTH

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

County of Ada

City of Boise

No. 507 N. 12th St.

Registration District No. 2 File No. 10994

Primary Registration District No. 104 Registered No. 177

Hospital

FULL NAME OF CHILD Margaret May McKinley

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	and (Number in order of birth)	Legitimate?	Date of birth (Month) (Day) (Year)
Female			yes	12-20-, 1912

FATHER	MOTHER
FULL NAME: Russell A. McKinley	FULL MAIDEN NAME: Pearl Hawes
RESIDENCE: 507 N. 12th St	RESIDENCE: 507 N. 12th St
COLOR: White	COLOR: White
AGE AT LAST BIRTHDAY: 31 (Years)	AGE AT LAST BIRTHDAY: 30 (Years)
BIRTHPLACE: Iowa	BIRTHPLACE: Idaho
OCCUPATION: Attorney	OCCUPATION: Housewife

Number of child of this mother, including present birth: Four

Number of children, of this mother, now living, including present birth: Four

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 4 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Wm. F. Smith, M. D.

(Physician or Midwife)

Address 410 Overland Bldg

Given name added from a supplemental report

....., 19.....

Filed 12-24-1912 B. of S. & V. S. Connell

Registrar

.....

Registrar

S-Y CO., 16669

MARGIN RESERVED FOR BINDING

WRITE PLAINLY. WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at a birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

JUL 22 1965

235-205-004-891

PLACE OF BIRTH

County of Ada

City of Boise

No. 26th & Fairview (Road)

Hospital

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

Form V. S. No. 11-C—15m-6-20-11

Registration District No. 2

File No. 10995

Primary Registration District No. 1004

Registered No. 111

FULL NAME OF CHILD Joetta Steel

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Female			yes	Dec 5 1912

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	Homer J Steel	Mollie Hiatt
RESIDENCE	26th & Fairview (Road)	26th & Fairview (Road)
COLOR	White	White
AGE AT LAST BIRTHDAY (Years)	27	27
BIRTHPLACE	Ohio	Kansas
OCCUPATION	Horse Dealer	Housewife

Number of child of this mother, including present birth 4

Number of children, of this mother, now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born Alive (Born alive or stillborn), at 6 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Edward T Bierne M.D.

Physician (Physician or Midwife)

Address 208 Idaho Bldg Boise & Ida

Given names added from a supplemental report

....., 19.....

Registrar

Filed Dec 20 1912 C. A. McConnell

Registrar

S-Y CO., 16670

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

APR 7 1942

MAY 2 1974

135.202.001-353

PLACE OF BIRTH

Form V. S. No. 11-C—20m-2-15-12

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Ada

City of Boise

No. 509 Main St.

Hospital

Registration District No. 2

Primary Registration District No. 104

File No. 10996

Registered No. 136

FULL NAME OF CHILD Bibiana Alegria

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
F			Yes	12 2 1912

FATHER

FULL NAME: Alego Alegria

RESIDENCE: 509 Main Street

COLOR: White

AGE AT LAST BIRTHDAY: 47 (Years)

BIRTHPLACE: Spain

OCCUPATION: Laborer

MOTHER

FULL MAIDEN NAME: Ysabel Celaya

RESIDENCE: 509 Main Street

COLOR: White

AGE AT LAST BIRTHDAY: 40 (Years)

BIRTHPLACE: Spain

OCCUPATION: Housewife

Number of child of this mother, including present birth: 9

Number of children of this mother now living, including present birth: 6

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 3 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Geo Collister

(Physician or midwife)

Given names added from a supplemental report

.....19.....

.....
Registrar

Address .....

Filed Dec 19 12 C S McConnell
Registrar

S-Y CO. 20174

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

MARGIN RESERVED FOR BINDING

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Form V. S. No. 11-C—Rev-2-15-12

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

PLACE OF BIRTH

213-224:001-096

Form V. S. No. 11-C—20m-8-15-12

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Ada

City of Boise

No. 1008 Bannock St.

Hospital ———

Registration District No. 2 File No. 10997

Primary Registration District No. 1004 Registered No. 111

FULL NAME OF CHILD Jessie May Saling

Sex of Child	Twin, Triplet or other?	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
F.	—	—	yes	11 - 24 - 1912

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	J. A. Saling	FULL MAIDEN NAME	Nettie Brown
RESIDENCE	Boise Idu	RESIDENCE	Boise Idu
COLOR	White	COLOR	W.
AGE AT LAST BIRTHDAY	47 (Years)	AGE AT LAST BIRTHDAY	20 (Years)
BIRTHPLACE	Oregon	BIRTHPLACE	Neb
OCCUPATION	Blacksmith	OCCUPATION	Kw.

Number of child of this mother, including present birth 2

Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 1 A. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) M Allen Calloway

Physician (Physician or midwife)

Address Boise Idu

Given names added from a supplemental report

....., 19.....

Filed Nov. 19 12 C S McConnell

Registrar

Registrar

8-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY. WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

JUN 21 1967

IDAHO DEPARTMENT OF HEALTH

BUREAU OF VITAL STATISTICS

Affidavit to Correct or Amend an Original Certificate of Birth or Death

RECEIVED DEC 1 1967 Bureau of Vital Statistics

State of California
County of Yuba } ss.

Certificate No. 10997

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of Birth (Birth or Death)
for Unnamed Saling (female child) (Name on Original Certificate) who was born (Was Born or Died) on Nov. 24, 1912 (Date of Event)
in Boise, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the true facts are shown by (Bible Record, Insurance Policy, Etc.) prepared on (Give Date), are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
Full Name of Child	Unnamed	Jessie May Saling

Subscribed and sworn to before me this 28th day of November, 1967

Vera Brunell

Notary Public, residing at Marysville, Calif.

My commission expires October 10, 1971

VERA BRUNELL
Notary Public
Yuba County
State of California

Signed X Nettie Mae Glenn (Mother)
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

P.O. Box 46, Downieville, Calif.
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

State of
County of } ss.

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this day of , 19

Notary Public, residing at

My commission expires
(Seal)

Signed
(Signature of Any Credible Person)

(Street Address, City, State)

FORM DH 60-155

CL 9-19-67. one copy pd.

Own child's birth certificate, On file California File #5801, child's name Donald Ray Schuette, born January 2, 1937, at Marysville, Calif., gives full maiden name of mother as Jessie May Saling, age 24 - viewed by V.S. (Certified Copy of Birth Record)

Marriage License, State of California, County of Yuba, gives name of groom as Alfred Joseph Schuette, age 22 and name of bride as Jessie May Saling age 22, married July 11, 1935 - viewed by V.S.

JAN 1 0 1968

165-208-004-813

PLACE OF BIRTH

Form V. S. No. 11-C—15m-6-20-11

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

County of Ada

City of Boise

No. 2116, 18th St.

Registration District No. 2 File No. 10998

Primary Registration District No. 174 Registered No.

Hospital

FULL NAME OF CHILD Dorothy Marlene Jones

Sex of Child Fem. | ~~Twin, Triplet,~~ or other? | and Number in order of birth 3 (To be answered only in event of plural births) | Legitimate? Yes | Date of birth Dec 18th, 1912 (Month) (Day) (Year)

FATHER	MOTHER
FULL NAME Sam L. Jones	FULL MAIDEN NAME Maggie Hall
RESIDENCE 2116 N 18th St Boise Ida.	RESIDENCE Boise Ida.
COLOR Wht	AGE AT LAST BIRTHDAY 35 (Years)
COLOR Wht	AGE AT LAST BIRTHDAY 24 (Years)
BIRTHPLACE Tenn.	BIRTHPLACE Idaho
OCCUPATION Rancher	OCCUPATION Housekpr

Number of child of this mother, including present birth 3

Number of children, of this mother, now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 5 A M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J E Froom

(Physician or Midwife)

Address Boise Ida.

Given names added from a supplemental report

....., 19.....

Filed Dec 19/2 A M McConnel

S-Y CO., 16670 Registrar Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

PLACE OF BIRTH

STATE OF IDAHO

DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of ..... } ss.
County of ..... }

Certificate No. 10998

Date Filed .....

The undersigned does solemnly swear that certain facts on the certificate of ..... (Birth or Death)
for ..... (Name on Original Certificate) who ..... (Was Born or Died) on ..... (Date of Event)
in ..... (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts are shown by ..... (Bible Record, Insurance Policy, Etc.) prepared on ..... (Give Date), are:

FACTS TO BE CORRECTED ("Name", "Birth Date", "Cause of Death", Etc.)	FROM (As on Original)	TO (The Correct Facts)
Name	Not given	Dorothy Marlene Jones

Subscribed and sworn to before me this 14
day of April, 19 43

Notary Public, residing at Boise

My commission expires 11/14/47
(Seal)

Signed x Maggie Chaffin
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

.....
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of ..... } ss.
County of ..... }

[This Affidivat **MUST** Also be Executed.
(See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this .....
day of ....., 19.....

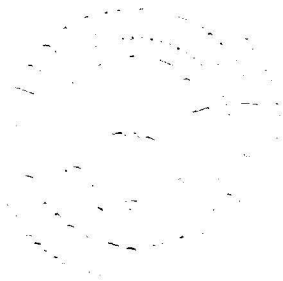
Notary Public, residing at .....

My commission expires .....
(Seal)

Signed .....
(Signature of Any Credible Person Other Than Previous Year)

.....
(Street Address, City, State)

APR 15 1943



MARGIN RESERVED FOR BINDING

WRITE PLAINLY. WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

432-101-001-356

PLACE OF BIRTH

Form V. S. No. 11-C—15m-6-20-11

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

County of Ada

City of Boise

No. ____, ____ St.

Hospital St. Lukes

Registration District No. 2

File No. 10999

Primary Registration District No. 1004

Registered No. 1211

FULL NAME OF CHILD ____

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Male	—	—	yes	Dec. 1st, 1912

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	Harry R. McKinney	Ella Fay Leonard
RESIDENCE	708 Fort St.	708 Fort St.
COLOR	White	White
AGE AT LAST BIRTHDAY (Years)	28	23
BIRTHPLACE	Iowa	California
OCCUPATION	Civil Engineer	Housewife

Number of child of this mother, including present birth 1st

Number of children, of this mother, now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) on the date above stated, at 11.45 P. M.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. M. Taylor M.D.

(Physician or Midwife)

Address Boise Idaho

Given names added from a supplemental report

____, 19____

Filed Dec 19 1912 C S McConnell

S-Y CO., 16670

Registrar

Registrar

319-110-00-556

PLACE OF BIRTH

Form V. S. No. 11-C—15m-6-20-11

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

County of Ada

City of Boise

Registration District No. 2

File No. 11000

No. 1815 N. Bannock St.

Primary Registration District No. 104

Registered No. [illegible]

Hospital

FULL NAME OF CHILD Donald D. Carson

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Male		3	Yes	Dec 10, 1912

FATHER		MOTHER	
FULL NAME	Roy Carson	FULL MAIDEN NAME	Edith Newell
RESIDENCE	Boise Ida.	RESIDENCE	Boise Ida.
COLOR	White	AGE AT LAST BIRTHDAY (Years)	33
COLOR	White	AGE AT LAST BIRTHDAY (Years)	36
BIRTHPLACE	Kansas	BIRTHPLACE	Iowa
OCCUPATION	Electrician	OCCUPATION	Housekpr.

Number of child of this mother, including present birth 3

Number of children, of this mother, now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born living (Born alive or stillborn) 12¹⁵ at [illegible] M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. E. Troon

(Physician or Midwife)

Address Boise Ida.

Given names added from a supplemental report

....., 19.....

.....
Registrar

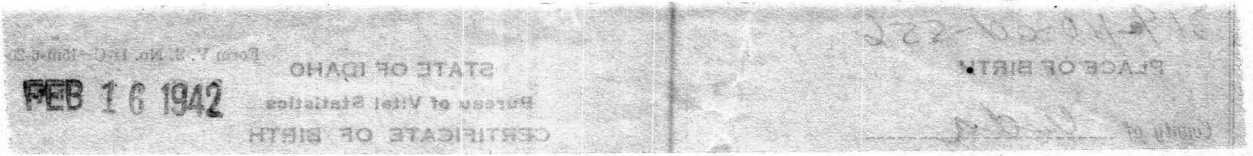
Filed Dec 19.12 C S M Conrad
Registrar

S-Y CO., 16670

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated


FEB 16 1942

261-B-8-001-692

PLACE OF BIRTH

Boise

No. 1216 State St.

Hospital —

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

Form V. S. No. 11-C—15m-6-12

Registration District No. 2

File No. 11001

Primary Registration District, No. 1004

Registered No.

FULL NAME OF CHILD Jesse William Swan

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Male	—	—	yes	Nov. 28th 1912

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	J. W. Swan	Emma J. Fisher
RESIDENCE	10 Mile - Ada Co.	10 Mile - Ada Co.
COLOR	White	White
AGE AT LAST BIRTHDAY (Years)	46	36
BIRTHPLACE	Missouri	Iowa
OCCUPATION	Farmer	Housewife

Number of child of this mother, including present birth 7th

Number of children, of this mother, now living, including present birth 6

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 4-40 P M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. M. Taylor M. D.

(Physician or Midwife)

Address Boise, Idaho

Given names added from a supplemental report

....., 19.....

.....
Registrar

Filed Dec. 19.13 C S McConnell
Registrar

S-Y CO., 16670

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT R

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and of each, in order of birth stated

K

JAN 17 197

689-408 [redacted]

PLACE OF BIRTH

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

County of Ada

City of Boise

No. 710 Ridenbaugh

Registration District No. _____ File No. 11002

Hospital _____

Primary Registration District No. _____ Registered No. 1

FULL NAME OF CHILD Harold Fred Whipple

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Male				yes	Nov. 8, 1917

FATHER		MOTHER	
FULL NAME	Fred A. Whipple	FULL MAIDEN NAME	Avis Leerhart
RESIDENCE	8 Ridenbaugh	RESIDENCE	Boise
COLOR	Light	COLOR	Light
AGE AT LAST BIRTHDAY	32 (Years)	AGE AT LAST BIRTHDAY	28 (Years)
BIRTHPLACE	Nevinville Iowa	BIRTHPLACE	Jacksonville Florida
OCCUPATION	Miner	OCCUPATION	Wife

Number of child of this mother, including present birth. 1

Number of children, of this mother, now living, including present birth. 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 11 P. M. on the date above stated.

(Signature) Geo. V. Hardy

(Physician or Midwife)

Address

Filed 1/2 1918 C. S. McConnell Registrar

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report

1 ..., 19 3.. Registrar

SYMS - YORK CO., PTRS. & BDRS. 17826

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each such child.

Use back, in case of birth abroad.

PLACE OF BIRTH

STATE OF IDAHO

Form V. S. No. 11-C—10m-8-7-11

FULL NAME

Sex of Child

FULL NAME

RESIDENCE

FULL MAIDEN NAME

RESIDENCE

COLOR

BIRTHPLACE

OCCUPATION

(Physician or Midwife)

Registrar

469-105-001-866

PLACE OF BIRTH

Form V. S. No. 11-C—15m-6-20-11

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

County of Ada

City of Boise

No. 710 Grove St.

Hospital

Registration District No. 2 File No. 11003

Primary Registration District No. 1004 Registered No.

FULL NAME OF CHILD Duncan Howe Morrison

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
M.			Yes	12 5 1912

FATHER		MOTHER	
FULL NAME	Alexander Morrison	FULL MAIDEN NAME	Catherine Howe
RESIDENCE	710 Grove St.	RESIDENCE	710 Grove St.
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	43 (Years)	AGE AT LAST BIRTHDAY	37 (Years)
BIRTHPLACE	Scotland	BIRTHPLACE	Scotland
OCCUPATION	Idaho Traction Co.	OCCUPATION	Housewife

Number of child of this mother, including present birth 3

Number of children, of this mother, now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Dec. 5 - 1912 (Born alive or stillborn) at 5.35 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Wm C. S. Allen

Allen and Allen (Physician or Midwife)

Address 301-3 McCarty Bldg

Given names added from a supplemental report

....., 19.....

Registrar

Filed Dec 19.12 C. M. McCanna

Registrar

S-Y CO., 16670

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

STATE OF IDAHO
Bureau of Vital Statistics
CERTIFICATE OF BIRTH

PLACE OF BIRTH
County of

552-130 10 d-731

PLACE OF BIRTH

Form V. S. No. 11—10m-6-20-11

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

County Ada

City of Boise

No. 501 Hays St.

Hospital

Registration District No. 2

File No. 11004

Primary Registration District No. 104

Registered No. 1

FULL NAME OF CHILD FREDERICK GIBBS ENSIGN

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Male		Twin	yes	11-30-1912

FATHER	MOTHER
FULL NAME Frank G. Ensign	FULL MAIDEN NAME Anna [illegible] PLANK
RESIDENCE 501 Hays St	RESIDENCE 501 - Hays St
COLOR White	COLOR White
AGE AT LAST BIRTHDAY 35 (Years)	AGE AT LAST BIRTHDAY 29 (Years)
BIRTHPLACE Illinois	BIRTHPLACE Indiana
OCCUPATION Insurance	OCCUPATION Housewife

Number of child of this mother, including present birth Twin

Number of children, of this mother, now living, including present birth Twin

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 3-30 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Dr. W. F. Smith

(Physician or Midwife)

Address 410 Overland Bldg

Given name added from a supplemental report

12-5-, 1912

Registrar

Filed Dec. 19. 12

Registrar

S-Y CO., 16669

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at a birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

PLACE OF BIRTH

MARGIN RESERVED FOR BINDING

WHITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

BIRTHPLACE

BIRTHDAY

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of ..... } ss.
County of ..... }

Certificate No. 11004

Date Filed .....

The undersigned does solemnly swear that certain facts on the certificate of Birth (Birth or Death)
for ..... (Name on Original Certificate) who Born (Was Born or Died) on Nov. 30, 1912 (Date of Event)
in Boise, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts are shown by personal knowledge of mother (Bible Record, Insurance Policy, Etc.) prepared on ..... (Give Date), are:

FACTS TO BE CORRECTED ("Name", "Birth Date", "Cause of Death", Etc.)	FROM (As on Original)	TO (The Correct Facts)
Name	Unnamed	Frederick Gibbs Ensign
Mother's Name	Anna D. Prank	Anna D. Plank

Subscribed and sworn to before me this 26
day of Sept, 19 43

Clarence Ambrose

Notary Public, residing at Boise

My commission expires 1/4/47
(Seal)

Signed Anna D. Ensign.
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

.....
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of ..... } ss.
County of ..... }

[This Affidivat **MUST** Also be Executed.
(See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this .....
day of ....., 19.....

Notary Public, residing at .....

My commission expires .....
(Seal)

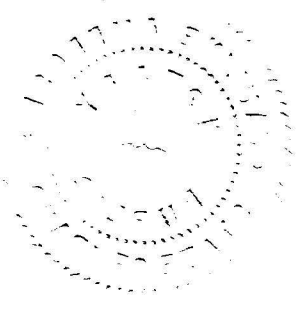
Signed .....
(Signature of Any Credible Person Other Than Previous Year)

.....
(Street Address, City, State)

MAY 2 1967

MAR 17 1966

SEP 28 1943



354-129001-419

PLACE OF BIRTH

Form V. S. No. 11—10m-6-20-11

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

County of Ada

City of Boise

No. Hagerman St.

Hospital St. Luke's

Registration District No. 2

File No. 11005

Primary Registration District No. 104

Registered No. 154

FULL NAME OF CHILD McPherson LeMoyne

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Male		Two	yes	11 - 29 - 1912

FATHER		MOTHER	
FULL NAME	Charles LeMoyne	FULL MAIDEN NAME	Clara Frances ~~Harris~~ Marcus
RESIDENCE	Hagerman	RESIDENCE	Hagerman
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	36	AGE AT LAST BIRTHDAY (Years)	30
BIRTHPLACE	mass	BIRTHPLACE	Idaho City
OCCUPATION	Sheepman	OCCUPATION	Housewife

Number of child of this mother, including present birth: Two

Number of children, of this mother, now living, including present birth: Two

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born Alive (Born alive or stillborn) at 8-45 A.M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Dr. Wm. F. Smith

(Physician or Midwife)

Address 410 Overland Bldg. S. N.

Given name added from a supplemental report

12 - 5 - 1912

Filed Dec. 1912

Registrar

Registrar

S-Y CO., 16669

MARGIN RESERVED FOR BINDING

WRITE PLAINLY. WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at a birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

JUL 3 1 1943

AUG 2 - 1943

231-103-004-532

PLACE OF BIRTH

County of Ada

City of Boise

No. ____, ____ St.

Hospital St Luke

FULL NAME OF CHILD John Leonard Stametz

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

Form V. S. No. 11-C—15m-6-20-11

Registration District No. 2 File No. 11006

Primary Registration District No. 1004 Registered No. 187

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Male			yes	Dec 3, 1912

FATHER		MOTHER	
FULL NAME	Guy E Stametz	FULL MAIDEN NAME	Sorena Eckert
RESIDENCE	1107 N. 16th St	RESIDENCE	1107 N 16th St
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	28 (Years)	AGE AT LAST BIRTHDAY	28 (Years)
BIRTHPLACE	Claycenter Kansas	BIRTHPLACE	Claycenter Kansas
OCCUPATION	Contractor	OCCUPATION	Housewife

Number of child of this mother, including present birth 1

Number of children, of this mother, now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 4 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. S. Springer

(Physician or Midwife)

Address Idaho Bldg

Given names added from a supplemental report

....., 19.....

Registrar

Filed Jan. 2 1913 C. M. Conrad

Registrar

S-Y CO., 16670

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

5/1/41 /z.j.

942-10100-967

PLACE OF BIRTH

Form V. S. No. 11-C—20m-2-15-12

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Ada

City of Boise

No. 8th and State St.

Hospital

Registration District No. 2 File No. 11007

Primary Registration District No. 1004 Registered No. 11 C

FULL NAME OF CHILD Kenneth Thurston Russell

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Male			yes	11 / 1 / 1912

FATHER		MOTHER	
FULL NAME	Ed. Russell	FULL MAIDEN NAME	Amy Rogers
RESIDENCE	Boise Ada	RESIDENCE	Boise Ada
COLOR	White	AGE AT LAST BIRTHDAY (Years)	24
COLOR	White	AGE AT LAST BIRTHDAY (Years)	23
BIRTHPLACE	Colorado	BIRTHPLACE	Illinois
OCCUPATION	Photographer	OCCUPATION	Hse.

Number of child of this mother, including present birth 2

Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 1 a. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) M. Allen Calloway M.D.

Physician

(Physician or midwife)

Address Boise Ida.

Given names added from a supplemental report

.....19.....

.....
Registrar

Filed 1 / 17 19

C. S. McConnell
Registrar

S-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Form V. S. No. H-C-20m-2-15-12

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

PLACE OF BIRTH

County of

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.

N.B. In case of twins or triplets, the name of each child must be written in full. Twins or triplets born one child at a time, the order of birth must be stated.

RESIDENCE

COLOR

AGE AT LAST BIRTHDAY (Years)

BIRTHPLACE

0/8/10

39

414-13-001-199

PLACE OF BIRTH

Form V. S. No. 11-C

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Ada

City of Boise

No. 9th & Front St.

Hospital

Registration District No. 2

File No. 11008

Primary Registration District No. 1004

Registered No. 111

FULL NAME OF CHILD Madarioga

Sex of Child	Twin / Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
male				yes	12-13 1912

FATHER	MOTHER
FULL NAME: Eulogio Madarioga	FULL MAIDEN NAME: Trinidad Arriola
RESIDENCE: 9th & Front	RESIDENCE: Boise
COLOR: White	COLOR: White
AGE AT LAST BIRTHDAY: 28 (Years)	AGE AT LAST BIRTHDAY: 24 (Years)
BIRTHPLACE: Spain	BIRTHPLACE: Spain
OCCUPATION: Lodging House keeper	OCCUPATION: Housework

Number of child of this mother, including present birth 2

Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 10 A. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) [signature]

M. D.

(Physician or midwife)

Address Falk Bldg.

Given names added from a supplemental report

..... 19.....

Filed Dec 19.12 [signature]

Registrar

S-Y CO. 20174

Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth, stated.

Form V. S. No. 11-C—20m-2-16-12

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

File No. 11008

Registration District No. 3

PLACE OF BIRTH

County of Ada

City of Boise

No. 9th & Front St.

RESIDENCE

Boise

COLOR White

AGE AT LAST BIRTHDAY 24 (Years)

BIRTHPLACE

419-108-001-819

Form V. S. No. 11-C—20m-2-15-12

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Ada

City of Boise

No. 1911 N. 11th St.

Registration District No. 2 File No. 11009

Primary Registration District No. [illegible] Registered No. 1 11

Hospital

FULL NAME OF CHILD Claud E. March

Sex of Child	Twin / Triplet or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
M	—	—	yes	12 8 1912

FATHER		MOTHER	
FULL NAME	Chester A. March	FULL MAIDEN NAME	Pearl Harrison
RESIDENCE	Boise	RESIDENCE	Boise
COLOR	W.	COLOR	W.
AGE AT LAST BIRTHDAY	31 (Years)	AGE AT LAST BIRTHDAY	23 (Years)
BIRTHPLACE	Ill.	BIRTHPLACE	Texas
OCCUPATION	Laborer	OCCUPATION	Hus

Number of child of this mother, including present birth 3

Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 10:30 A.M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) M Allen Calloway

Physician (Physician or midwife)

Given names added from a supplemental report

.....19.....

Address Boise Idaho

Filed Jan 11 1913

.....Registrar

E S McConnell Registrar

B-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

AUG 26 1942

667-110100/-365

Form V. S. No. 11-C—15m-6-20-11

PLACE OF BIRTH

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

County of Ada

City of Boise

No. 608 Wash St.

Registration District No. 2 **File No.** 11010

Primary Registration District No. 1074 **Registered No.** 172

Hospital

FULL NAME OF CHILD Charles John Fox

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Male		2	yes	Dec 10, 1912

FATHER	MOTHER
FULL NAME: Noble Fox	FULL MAIDEN NAME: Theresa M. Long
RESIDENCE: Boise Ida	RESIDENCE: Boise
COLOR: White	COLOR: White
AGE AT LAST BIRTHDAY: 30 (Years)	AGE AT LAST BIRTHDAY: 25 (Years)
BIRTHPLACE: Ohio	BIRTHPLACE: Ohio
OCCUPATION: Train despatcher	OCCUPATION: Housewife

Number of child of this mother, including present birth.....

Number of children, of this mother, now living, including present birth.....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 4 P M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. S. Springer

(Physician or Midwife)

Address Boise Ida

Filed Dec 19 12 C. S. McConnell

Registrar

Given names added from a supplemental report

....., 19.....

Registrar

S-Y CO., 16670

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

JAN 1 6 1968

493-116-00-693

PLACE OF BIRTH

Form V. S. No. 11-C—15m-6-20-11

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

County of Ada

City of Boise

Registration District No. 2

File No. 11011

No. ....., ... St.

Primary Registration District No. 1004

Registered No. .....

Hospital St. Alphonsus

FULL NAME OF CHILD Robert Harry McDonald Dickson

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Male	—	—	yes	Dec 16th, 1912

FATHER		MOTHER	
FULL NAME	R. E. Dickson	FULL MAIDEN NAME	Eleanor S. Fitzgibbon
RESIDENCE	626 North 10½ St. Boise	RESIDENCE	626 No. 10½ St.
COLOR	white	COLOR	White
AGE AT LAST BIRTHDAY	27 (Years)	AGE AT LAST BIRTHDAY	25 (Years)
BIRTHPLACE	Ohio	BIRTHPLACE	Canada
OCCUPATION	Teacher	OCCUPATION	Housewife

Number of child of this mother, including present birth... 1st

Number of children, of this mother, now living, including present birth... 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 10 00 A. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. M. Taylor M.D.

(Physician or Midwife)

Address Boise Idaho

Given names added from a supplemental report

....., 19.....

Filed Dec 19.12 C. S. McConnell

S-Y CO., 16670

Registrar

Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

Form V.S. No. 11-C—15m-6-20-11

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

PLACE OF BIRTH

County of

35-6[redacted] 1-C—15m-6-20-11

PLACE OF BIRTH

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

County of Ada

City of Boise Registration District No. 2 File No. 11012

No. ____ St. Primary Registration District No. 1084 Registered No. 1112

Hospital St Lukes

FULL NAME OF CHILD Edmund Brayton Lepper II.

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
M		1	Yes	Dec 14, 191[illegible]

FATHER

FULL NAME Clinton Leroy Lepper

RESIDENCE 517 - Bannock

COLOR W. AGE AT LAST BIRTHDAY 29 (Years)

BIRTHPLACE Stamford Conn.

OCCUPATION Salesman

MOTHER

FULL MAIDEN NAME Bessie Edna Stoutt

RESIDENCE 517 Bannock

COLOR W. AGE AT LAST BIRTHDAY 25 (Years)

BIRTHPLACE Ohio (Decliff)

OCCUPATION H.W.

Number of child of this mother, including present birth 1

Number of children, of this mother, now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Alive (Born alive or stillborn) at 11 P M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) W.S. Peters (Physician or Midwife)

Address Boise

Given names added from a supplemental report

....., 19.....

Registrar

Filed Jan 1 1913 C.S. McConnell Registrar

S-Y CO., 16670

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

Mrs Lefevre & ors.
Mrs. Pitman, 416 to 3 - Feb 75

MAR 19 1942

APR 23 1942

958-112.001-459

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

PLACE OF BIRTH

Form V. S. No. 11-C—10m-8-11

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

County of Ada

City of Boise

No 607, Grove St.

Registration District No 2 File No. 11013

Primary Registration District No. 1004 Registered No. 1

Hospital —

FULL NAME OF CHILD Boyd Killian Reynolds

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
M			Yes	Dec 12, 1912

FATHER		MOTHER	
FULL NAME	Rudy A. Reynolds	FULL MAIDEN NAME	Lidie M. Merritt
RESIDENCE	607 Grove	RESIDENCE	607 Grove
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY (Years)	26	AGE AT LAST BIRTHDAY (Years)	24
BIRTHPLACE	Utah	BIRTHPLACE	Utah
OCCUPATION	Miner	OCCUPATION	Housewife

Number of child of this mother, including present birth 2

Number of children, of this mother, now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 6:50 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) W. A. Lukens

(Physician or Midwife)

Address Boise

Given names added from a supplemental report

....., 19.....

Filed Dec 19 12 C. M. McComas

Registrar

SYMS - YORK CO., PTRS. & BDRS. 17326

Registrar

Form V. S. No. 11-C—10m-8-42

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

OCT 8 1945

PLACE OF BIRTH

Idaho

Boise

[redacted] 275-220-003-365

PLACE OF BIRTH

Form V. S. No. 11-C—10m-8-7-11

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

County of Bannock

City of Pocatello

No. Drain # 17 Block 7. Registration District No. 19 File No. 1014

Hospital Lester Bird Primary Registration District No. 1002 Registered No. 1

FULL NAME OF CHILD Sylva Pocatello Speer

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
F.	—	3	Yes	12 20 1912

FATHER	MOTHER
FULL NAME Samuel Laurence Speer	FULL MAIDEN NAME Eva May Conner
RESIDENCE Cascade Wash.	RESIDENCE Cascade Wash
COLOR W	AGE AT LAST BIRTHDAY 42 (Years)
COLOR W.	AGE AT LAST BIRTHDAY 31 (Years)
BIRTHPLACE Illinois - Fulton Co.	BIRTHPLACE Nebraska - Thur. Co.
OCCUPATION Farmer.	OCCUPATION Housewife

Number of child of this mother, including present birth 8

Number of children, of this mother, now living, including present birth 5

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 11 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Dr Roberts

Physician

(Physician or Midwife)

Address Pocatello Idaho

Given names added from a supplemental report

....., 19.....

Filed Jan 1st 1913 O B Sleely

Registrar

SYMS - YORK CO., PTRS. & BDRS. 17326

Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

MARGIN RESERVED FOR BINDING

WRITE PLAINLY. WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, give BIRTH and full name of each child in order of birth.

PLACE OF BIRTH

STATE OF IDAHO

Bureau of Vital Statistics

Form V. S. No. 11-C—Jan-8-5-11

11014

No.

NAME

RESIDENCE

COLOR

AGE AT LAST BIRTHDAY

(Years)

544-221003-395

PLACE OF BIRTH

County of Bannock

City of Pocatello

No. 743 N. 5th Ave.

Hospital

Form V. S. No. 11-C—20m-2-15-12

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 19 File No. 11015

Primary Registration District No. 1002 Registered No. 2

FULL NAME OF CHILD Arleen Edmonds

Sex of Child: Female

Twin, Triplet or other? ✓ and Number in order of birth ✓
(To be answered only in event of plural births)

Legitimate? Yes.

Date of Birth: Dec 21st 1912 (Month) (Day) (Year)

FATHER	MOTHER
FULL NAME: Tracy A Edmonds	FULL MAIDEN NAME: Letitia C. Coker
RESIDENCE: Pocatello Idaho	RESIDENCE: Pocatello Idaho
COLOR: W AGE AT LAST BIRTHDAY: 26 (Years)	COLOR: W AGE AT LAST BIRTHDAY: 27 (Years)
BIRTHPLACE: Kaysville Utah	BIRTHPLACE: Spanish Fork Utah
OCCUPATION: Grocery Clerk	OCCUPATION: At home

Number of child of this mother, including present birth: 1

Number of children of this mother now living, including present birth: 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive Dec 21/12 (Born alive or stillborn) at 4:10 A. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) A A Castle M.D.
(Physician or midwife)

Address Pocatello Idaho

Given names added from a supplemental report

.....19.....

.....
Registrar

Filed Jan 2 1913 O. B. Sterly
Registrar

5-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

APR 12 1962

415-230-003-552

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

Form V. S. No. 11-C—10m-8-7-11

PLACE OF BIRTH

County of Bannock

City of Pocatello

No ....., ... St.

Hospital .....

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

Registration District No 19 File No. 11016

Primary Registration District No 1002 Registered No. 3

FULL NAME OF CHILD Mary Addie Daniels

Sex of Child	Twin, Triplet or other?	Number in order of birth	Legitimate?	Date of birth (Month)	(Day)	(Year)
Female	Single	and	Yes	Dec.	20	1912

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	Tyler Daniels	FULL MAIDEN NAME	Mary Addie Nestor
RESIDENCE	Unknown	RESIDENCE	Bonham (Temporary)
COLOR	W.	COLOR	W.
AGE AT LAST BIRTHDAY	40 (Years)	AGE AT LAST BIRTHDAY	35 (Years)
BIRTHPLACE	Nebraska	BIRTHPLACE	Denver Colo.
OCCUPATION	Laborer	OCCUPATION	Domestic

Number of child of this mother, including present birth 2

Number of children, of this mother, now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 6:10 A.M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Martha M. Scadden

Midwife (Physician or Midwife)

Address Bonham, Idaho

Given names added from a supplemental report

....., 19.....

Filed Jan 3 19 13 O. B. Straley Registrar

SYMS - YORK CO., PTRS. & BDRS. 17326 Registrar

PLACE OF BIRTH

COLOR

AGE AT LAST BIRTHDAY

346/31 003-749

PLACE OF BIRTH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

AMENDED November 2, 1946

County of Bannock
City of Pocatello
No. 440 No. St.
Hospital

Registration District No. 19
Primary Registration District No. 1002

File No. 11017
Registered No. 4

FULL NAME OF CHILD Bert Michael Cuoio
(Certificate of no value without full name of child.)

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Male			Yes	December 31 1912

What bactericidal solution was used in eyes?

Number of child of this mother, including present birth 4

Number of children of this mother now living, including present birth 3

FATHER		MOTHER	
FULL NAME	Vito Cuoio	FULL MAIDEN NAME	Filomena Guido
RESIDENCE	Pocatello, Idaho	RESIDENCE	Pocatello, Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	32	AGE AT LAST BIRTHDAY (Years)	30
BIRTHPLACE	Italy	BIRTHPLACE	Italy
OCCUPATION	Laborer R.R.	OCCUPATION	Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 3:45 A. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Give names added from a supplemental report.

....., 192.....

..... Registrar.

(Signature) H. A. Castle
M. D.
(Physician or midwife)

Address Pocatello, Idaho

Filed Jan. 3 1913 V. B. Sterly
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

K

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH

County of Bannock

City of Pocatello

No. 440 N. 3rd W. St.

Hospital

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 19 File No. [illegible]

Primary Registration District No. 1002 Registered No. 4

FULL NAME OF CHILD Umberto Adamo Cuoio

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Male	✓	✓	Yes	Dec 31st 1912

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	Vito Cuoio	Filomena Guido
RESIDENCE	Pocatello Idaho	Pocatello Idaho
COLOR	W	W
AGE AT LAST BIRTHDAY (Years)	32	30
BIRTHPLACE	Italy	Italy
OCCUPATION	Laborer R.R.	At H.

Number of child of this mother, including present birth 4

Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive Dec 31/12 (Born alive or stillborn), at 3:45 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) H A Castle MD

(Physician or midwife)

Address Pocatello Idaho

Given names added from a supplemental report

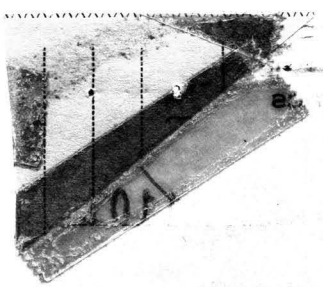
..... 19.....

..... Registrar

Filed Jan 3rd 19 13 O B Sterly Registrar

S-Y CO. 20174

K



DEC 7 1945

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of IDAHO } ss.
County of BANNOCK }

Certificate No. 11017

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of BIRTH (Birth or Death)

for UMBERTO ADAMO CUOIO (Name on Original Certificate) who, was born (Was Born or Died) on Dec. 31, 1912 (Date of Event)

in Pocatello, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the true facts are shown by (Bible Record, Insurance Policy, Etc.) prepared on (Give Date), are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
Name	Umberto Adamo Cuoio	Bert Michael Cuoio

Subscribed and sworn to before me this 29th day of October 1946

F. E. Tydeman

Notary Public, residing at Pocatello Idaho

My commission expires Jan 28, 1948

(Seal)

Signed Bert Cuoio

(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

134 North Fourth Ave Pocatello Idaho

(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Idaho } ss.
County of Bannock }

[This Affidavit **MUST** Also be Executed. (See Chapter 139, 1937 Idaho Session Laws,)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 30th day of October, 1946

F. E. Tydeman

Notary Public, residing at Pocatello, Idaho

My commission expires Jan 28, 1948

(Seal)

Signed

(Signature of Any Credible Person)

132 North Fourth

(Street Address, City, State)

Pocatello, Idaho

815-22/1 003-219

PLACE OF BIRTH

name added 5-11-83

Form V. S. No. 11-C—20m-2-15-12

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Bannock.

City of Pocatello.

No. 536 W. Lander. St.

Hospital ---

Registration District No. 19

File No. 11021/

Primary Registration District No. 1007

Registered No. 8

FULL NAME OF CHILD Thamar Eileen Hansen

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Female.	---	---	Yes.	Dec. 21 192.

FATHER	MOTHER
FULL NAME: Delbert Hansen.	FULL MAIDEN NAME: Frances Barrett.
RESIDENCE: 536 W. Lander.	RESIDENCE: 536 W. Lander.
COLOR: White.	COLOR: White
AGE AT LAST BIRTHDAY: 19 (Years)	AGE AT LAST BIRTHDAY: 18 (Years)
BIRTHPLACE: St. Charles, Idaho.	BIRTHPLACE: Pocatello, Idaho.
OCCUPATION: Laborer.	OCCUPATION: Housewife.

Number of child of this mother, including present birth 1

Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive at 3:40P. M. on the date above stated.

(Born alive ~~or stillborn~~)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report

..... 19.....

..... Registrar

(Signature) W. F. Howard M.D.

(Physician ~~or midwife~~)

Address Pocatello Idaho

Filed Jan 5 19 13 O B Starley Registrar

S-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

DECEASED

IDAHO DEPARTMENT OF HEALTH

BUREAU OF VITAL STATISTICS

Affidavit to Correct or Amend An Original Certificate of Birth or Death

State of.....
} ss.
County of.....

Certificate No. 11021

Date Filed.....

The undersigned does solemnly swear that certain facts on the certificate of birth (Birth or Death)
for Unnamed Hansen (female) (Name on Original Certificate) who was born (Was Born or Died) on Dec. 21, 1912 (Date of Event)
in Pocatello, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts are shown by (Bible Record, Insurance Policy, Etc.) prepared on (Give Date) are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
child's name	Unnamed	[redacted]
		Thamar Eileen Hansen

Subscribed and sworn to before me this 9th day of
May, 1985.
Notary Public, residing at Pocatello
My commission expires 2-9-89
(Seal)

Signed Thamar Eileen Hansen
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of.....
} ss.
County of.....

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this.....day of
....., 19.....

Notary Public, residing at.....
My commission expires.....
(Seal)

Signed.....
(Signature of Any Credible Person)

(Street Address, City, State)

FORM DH 60-155

CL 6/14/74 nm

Notification of Birth Registration from Bureau of the Census gives Edgar Marvin Van Vleck born Jan 5, 1933 to Edgar Vincent Van Vleck and Thamar Eileen Hansen. Viewed by V.S.

E. V. Van Vleck
339 Crescent Dr.
Pocatello, Idaho

MAY 11 1983

Metropolitan Life Ins Policy gives Thamar E Van Bleck age 30 as insured Policy date of issue is Dec 1, 1942. Viewed by V.S.

993-125 1003-319

PLACE OF BIRTH

Form V. S. No. 11-C 2-15-12

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Bannock.

City of Pocatello.

No. 343 S. 2nd. St.

Hospital ----

Registration District No. 19 File No. 11022

Primary Registration District No. 1002 Registered No. 9

FULL NAME OF CHILD Rich.

Sex of Child	Twin Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Male.	----	----	Yes.	Dec. 25 1912

FATHER	MOTHER
FULL NAME: Erbie L. Rich.	FULL MAIDEN NAME: Mildred Carlton.
RESIDENCE: 343 S. 2nd.	RESIDENCE: 343 S. 2nd.
COLOR: White. AGE AT LAST BIRTHDAY: 23 (Years)	COLOR: White. AGE AT LAST BIRTHDAY: 21 (Years)
BIRTHPLACE: Helena, Missouri.	BIRTHPLACE: Randall, Kansas.
OCCUPATION: Car Work. R. R.	OCCUPATION: Housewife.

Number of child of this mother, including present birth: 2

Number of children of this mother now living, including present birth: 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive at 3:15 A. M. on the date above stated. (Born alive or stillborn)

6 & 1-2 months gestation, child died 4hrs. after birth.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) W. J. Howard M.D.

(Physician)

Address Pocatello Idaho

Given names added from a supplemental report

.....19.....

.....
Registrar

Filed Jan 5 1913 S. B. Straley
Registrar

S-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Form V. S. No. 11-C-Idho-5-15-12

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

PLACE OF BIRTH

County of Bannock

764-26-003-281

Form V. S. No. 11-C—20m-2-15-12

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Bannock

City of Pocatello

No. 905 S. Main St.

Hospital Maternity

Registration District No. 19 File No. 11033 /

Primary Registration District No. 1002 Registered No. 20

FULL NAME OF CHILD Adelbert Delano Ivyl Goddard

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
male			yes	Nov. 26 1912

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	Alfred Leo. Goddard	Calma Odessa Shade
RESIDENCE	Fort Rivers Idaho	Fort Rivers Idaho
COLOR	white	white
AGE AT LAST BIRTHDAY (Years)	23	22
BIRTHPLACE	Idaho	Penn.
OCCUPATION	farming	housekeeping

Number of child of this mother, including present birth 2

Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn) at 11:30 A.M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Mrs. Annie Bird

Midwife (Physician or midwife)

Address 905 So. Main St.

Given names added from a supplemental report

.....19.....

.....
Registrar

Filed Jan. 29 19 13 O B Sterley
Registrar

S-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

285-127-003-296

PLACE OF BIRTH

County of Bannock

City of Pocatello

No. 303 N. Grant St.

Hospital Home

FULL NAME OF CHILD Baby Sherman

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

Form V. S. No. 11-C—20m-2-15-12

CERTIFICATE OF BIRTH

Registration District No. 19 File No. 11034

Primary Registration District No. 1002 Registered No. 21

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of Birth
male			Yes	Nov. 27 1912 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Ethelbert Li Sherman	FULL MAIDEN NAME	Minnie May Brown
RESIDENCE	303 N. Grant	RESIDENCE	303 N. Grant
COLOR	white	COLOR	white
AGE AT LAST BIRTHDAY	27 (Years)	AGE AT LAST BIRTHDAY	27 (Years)
BIRTHPLACE	Iowa	BIRTHPLACE	Idaho
OCCUPATION	Cooking	OCCUPATION	housekeeping

Number of child of this mother, including present birth One

Number of children of this mother now living, including present birth one

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 7:15 P M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Mrs. Annie Bird

Midwife (Physician or midwife)

Address 905 S Main

Given names added from a supplemental report

.....19.....

.....
Registrar

Filed Jan 29 19 13 S D Straley
Registrar

S-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

553-216-003-296

Form V. S. No. 11-C—20m-2-15-12

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Bannock

City of Pocatello

No. 1 Idaho St.

Hospital Home

Registration District No. 19

Primary Registration District No. 1002

File No. 11035

Registered No. 22

FULL NAME OF CHILD Baby Nelson.

Sex of Child	Twin / Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	**Legitimate?**	**Date of Birth**
female			yes	Dec 16 1912 (Month) (Day) (Year)

FATHER		**MOTHER**	
FULL NAME	George Nelson	**FULL MAIDEN NAME**	Lillian Johnston Brown
RESIDENCE	Ogt town	**RESIDENCE**	No 1 Idaho St.
COLOR	white	**COLOR**	white
AGE AT LAST BIRTHDAY (Years)		**AGE AT LAST BIRTHDAY** (Years)	21
BIRTHPLACE	Washington	**BIRTHPLACE**	Utah
OCCUPATION	O.S.L. Fireman	**OCCUPATION**	Housekeeping

Number of child of this mother, including present birth 2

Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn) at 8 P.M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Mrs. Annie Bird

Midwife (Physician or midwife)

Address P.O.S. So. Main St.

Given names added from a supplemental report

..... 19.....

..... Registrar

Filed Jan 29 19 13 J. B. Stirly Registrar

S-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

393.223.003-851

PLACE OF BIRTH

County of Bannock

City of Pocatello

No. 905 So. Main St.

Hospital Maternity

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

Registration District No. 19 File No. 11036

Primary Registration District No. 1002 Registered No. 23

FULL NAME OF CHILD Charlotte Eva Lillibridge

Sex of Child	Twin / Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
female			yes	Dec 23 1912

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	George William Lillibridge	Blanch Ina Seaman
RESIDENCE	706 N. 7th Ave.	706 N. 7th Ave.
COLOR	white	white
AGE AT LAST BIRTHDAY (Years)	22	18
BIRTHPLACE	Iowa	Idaho
OCCUPATION	Common Labor	housekeeping

Number of child of this mother, including present birth one

Number of children of this mother now living, including present birth one

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn), at 8:30 A.M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Mrs. Cynnie Bird

Midwife (Physician or midwife)

Address 905 S Main

Given names added from a supplemental report

.....19.....

.....
Registrar

Filed Jan 29 19 13 O. B Sturly
Registrar

S-Y CO. 20174

MARGIN RESERVED FOR BINDING
WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

NOV 29 1947

DEC 16 1957

JUL 12 1974

432-225-003-619

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

Form V. S. No. [illegible]

CERTIFICATE OF BIRTH

County of Bannock

City of Pocatello

No. 357 So. 2nd Ave.

Hospital home

Registration District No. 19 File No. 11037

Primary Registration District No. 1002 Registered No. 24

FULL NAME OF CHILD Dorothy Maybe McBride

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth
female			yes	Dec 25 (Month) (Day) 1912 (Year)

FATHER		MOTHER	
FULL NAME	Willard McBride	FULL MAIDEN NAME	Martha Ann Waite
RESIDENCE	357 So. 2nd Ave.	RESIDENCE	357 So. 2nd Ave.
COLOR	white	COLOR	white
AGE AT LAST BIRTHDAY	32 (Years)	AGE AT LAST BIRTHDAY	22 (Years)
BIRTHPLACE	Utah	BIRTHPLACE	Idaho
OCCUPATION	Common labor	OCCUPATION	housekeeping

Number of child of this mother, including present birth 3

Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 11 A.M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Mrs. Annie Bird

midwife (Physician or midwife)

Address 20 & So. Main St.

Given names added from a supplemental report

.....19.....

.....
Registrar

Filed Jan 29 19 13 O B Sterley
Registrar

8-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

JUN 10 1942

United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 12
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Bannock (b) City Pocatello
(c) Street Address or R.F.D. No. 210 - So. - 2nd
(d) Name of Hospital or Maternity Home: Home
(e) Mother's stay **BEFORE** delivery: IN **THIS** county years 3 months 5 days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Bannock
(c) City Pocatello
(d) Street Address or R.F.D. No. 210 - So. 2nd
(e) How long has **MOTHER** lived in Idaho? 19 yrs.

3. RESIDENCE OF FATHER (city, state)

4. FULL NAME OF CHILD Dorothy May McBride

5. Date of Birth of Child (Month, day, year) Dec. 25 - 1912

6. Sex female

7. Twin or Triplet / If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy 9

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** Willard M. McBride
11. Color or Race white
12. Age at time of THIS birth 32 yrs.
13. Birthplace Richfield (City or town) Utah (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Martha Ann White
17. Color or Race White
18. Age at time of THIS birth 21 yrs.
19. Birthplace Dayton (City or town) Idaho (State or foreign country)
20. Exact Occupation House Wife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 3 (b) Born alive and now living

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related to this child as (Mother, etc.)

25. Attendant's **OWN** signature Mrs Bird M.D. Midwife Address Pocatello Date Idaho

State of Idaho } ss.
County of Bingham }

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 51 years of age, that I have known this person for years, and that Mrs (First name) Bird (Last name), who attended this birth Cannot be located (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

x Martha Ann McBride Signature
Fort Hall Idaho P. O. Address

Subscribed and sworn to before me this 3rd day of June, 1942

(SEAL) H. E. Evans Notary Public, residing at Fort Hall Id

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for Filing on JUN 4 1942 by , Registrar.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

PLACE OF BIRTH 01-044-114

Form V. S. No. 11-C—15m-6-20-11

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

County of [redacted]

City of Cambridge

Registration District No. 26. File No. 11050

No. ____, ____ St.

Primary Registration District No. 2114 Registered No. 176

Hospital ____

FULL NAME OF CHILD FRANCES EDITH TUTTLE

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Female		3	Yes	Dec 1, 1912

FATHER		MOTHER	
FULL NAME	Jas Tuttle	FULL MAIDEN NAME	Jessie Jamieson
RESIDENCE	Cambridge	RESIDENCE	Cambridge
COLOR	W	AGE AT LAST BIRTHDAY (Years)	47
COLOR	W	AGE AT LAST BIRTHDAY (Years)	33
BIRTHPLACE	Born Canada	BIRTHPLACE	Canada
OCCUPATION	Blacksmith	OCCUPATION	House wife

Number of child of this mother, including present birth 6

Number of children, of this mother, now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 5 A M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) C C Schmunk M D

(Physician or Midwife)

Address Cambridge

Given names added from a supplemental report

....., 19....

Filed Dec 1 1912 C C Schmunk

Registrar

S-Y CO., 16670

Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of Washington }
County of Walla Walla } ss.

Certificate No. 11050

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of birth (Birth or Death)
for Frances Edith Tuttle (Name on Original Certificate) who was born (Was Born or Died) on December 1, 1912 (Date of Event)
in Cambridge, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts are shown by (Bible Record, Insurance Policy, Etc.) prepared on (Give Date), are:

FACTS TO BE CORRECTED ("Name", "Birth Date", "Cause of Death", Etc.)	FROM (As on Original)	TO (The Correct Facts)
Name	Unnamed	Frances Edith Tuttle

Subscribed and sworn to before me this 4th
day of May, 19 42

Louis A. Ryan.

Notary Public, residing at Waitsburg, Washington.

My commission expires Dec. 26th. 1942
(Seal)

Signed James L. Tuttle
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

Waitsburg, Washington
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Washington }
County of Walla Walla } ss.

[This Affidivat **MUST** Also be Executed.
(See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 6th
day of ~~May~~ June, 19 42

Louis A. Ryan.

Notary Public, residing at Waitsburg

My commission expires December 26th. 1942
(Seal)

Signed Dorothy Tuttle
(Signature of Any Credible Person Other Than Previous Year)

Waitsburg, Washington
(Street Address, City, State)

JUN 17 1942

JUN 2 2 1942

988 141 225 applied.

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Washington

City of Weiser

No. 1029 E. Park St.

Hospital

Registration District No. 26 File No. 11051

Primary Registration District No. 1010. Registered No. 188.

FULL NAME OF CHILD Glenna Adams

Sex of Child	Twin, Triplet or other?	Number in order of birth	Legitimate?	Date of Birth (Month)	(Day)	(Year)
Female	# (To be answered only in event of plural births)	1	Yes	12	29	1912

FATHER	MOTHER
FULL NAME: Elvin Adams	FULL MAIDEN NAME: Effie Jane Howard
RESIDENCE: Thousand Spring Valley	RESIDENCE: Thousand Spring Valley
COLOR: White	COLOR: White
AGE AT LAST BIRTHDAY: 25 (Years)	AGE AT LAST BIRTHDAY: 24 (Years)
BIRTHPLACE: Idaho	BIRTHPLACE: Illinois
OCCUPATION: Farmer	OCCUPATION: House-wife

Number of child of this mother, including present birth 1

Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 10.30a M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) C. R. Kinney, M.D.

(Physician or midwife)

Address Weiser, Idaho

Given names added from a supplemental report

.....19.....

.....
Registrar

Filed Dec 31 1912

W. R. Hamilton
Registrar

S-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

K

Form V.S. 10-C—Rev-2-15-12

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

PLACE OF BIRTH

Country of Washington

808

JUL 3 1944

816 15-044-413

PLACE OF BIRTH

Form V. S. No. 11-C-40m-2-15-12

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Washington

City of Midvale

Registration District No. ..... File No. 11052

No. ..... St.

Primary Registration District No. 2113 Registered No. 179

Hospital .....

FULL NAME OF CHILD Martin Dale Hawkes

Sex of Child	Twin / Triplet or other? (To be answered only in event of plural births) and Number in order of birth	Legitimate?	Date of Birth
male		yes	Nov. 15th 1912 (Month) (Day) (Year)

FATHER	MOTHER
FULL NAME: Chas T Hawkes	FULL MAIDEN NAME: Stella L Dale
RESIDENCE: Midvale	RESIDENCE: Midvale
COLOR: White	COLOR: White
AGE AT LAST BIRTHDAY: 30 (Years)	AGE AT LAST BIRTHDAY: 23 (Years)
BIRTHPLACE: Ill	BIRTHPLACE: Mo
OCCUPATION: Runchm	OCCUPATION: Housewife

Number of child of this mother, including present birth: 1

Number of children of this mother now living, including present birth: 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 6 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) F A Schmidt

Physician (Physician or midwife)

Address Midvale

Filed Dec 1 1912 F A Schmidt Registrar

Given names added from a supplemental report

..... 19.....

..... Registrar

8-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

MAR 26 1942

2/11/41 L. B.

F. A. SCHMITZ, M. D.
WEISER, IDAHO

June 17, 1942

State of Idaho
County of Washington ss to wit

Dr. F. A. Schmitz, first being duly sworn disposes and says, that I have attended the birth of Martin Dale Hawks, born on November 15, 1912, instead of December 1, 1912.

Dr F A Schmitz

Subscribed and sworn to before me this 17 day of June, 1942.

C. E. Taylor,
Notary Public

JUN 2 2 1942

JAN 6 1977

449-205-104K-249

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

Form V. S. No. 11-C—10m-8-7-11

PLACE OF BIRTH

County of Washington

City of Weiser

No ____, ____ St.

Hospital ____

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

Registration District No 26 File No. 11053

Primary Registration District No. 1010 Registered No. 150.

FULL NAME OF CHILD Bonnie Murphey

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Female	—	—	yes	Dec 5 1912

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	Harry Murphy	Willie Burkhart
RESIDENCE	Weiser Idaho	Weiser Idaho
COLOR	White	White
AGE AT LAST BIRTHDAY (Years)	24	19
BIRTHPLACE	Terre Haute Ind.	Missouri
OCCUPATION	Laborer	Housewife

Number of child of this mother, including present birth one

Number of children, of this mother, now living, including present birth one

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn) at 11a M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report

..... 19.....

..... Registrar

(Signature) James A Young

Physician

(Physician or Midwife)

Address Weiser Idaho

Filed Dec 7th 1912 W. R. Hamilton Registrar

SYMS - YORK CO., PTRS. & BDRS. 17826

JUL 3 1 1969

36620?.044-113

PLACE OF BIRTH

Form V. S. No. 11-C

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Washington

City of Midvale

Registration District No. _____ File No. 11054

No. _____ St.

Primary Registration District No. 213 Registered No. 191

Hospital _____

FULL NAME OF CHILD Eunice May Towell

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Female				yes	10 7 1912

FATHER		MOTHER	
FULL NAME	Wm Towell	FULL MAIDEN NAME	Maude Jackson
RESIDENCE	Midvale	RESIDENCE	Midvale
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	49 (Years)	AGE AT LAST BIRTHDAY	32 (Years)
BIRTHPLACE	Midvale	BIRTHPLACE	Iowa
OCCUPATION	Rancher	OCCUPATION	House Wife

Number of child of this mother, including present birth 4 Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 5 a. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) X Mrs P Lee Shaw

Midwife (Physician or midwife)

Address Midvale

Given names added from a supplemental report

..... 19.....

Filed Dec 10 1912 Faschnitz MD

..... Registrar

Registrar

S-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

AUG 5 1966

393-230-044-816

Form V. S. No. 11.—C—20m-2-15-12

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Washington

City of Meadow

Registration District No. 26 File No. 11055

No. ..... St.

Primary Registration District No. 2183 Registered No. 182

Hospital .....

FULL NAME OF CHILD Alda Eleanore Titsworth

Sex of Child	Twin / Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth
Female			yes	Nov. 30 (Month) (Day) 1912 (Year)

FATHER		MOTHER	
FULL NAME	Wm Neil Titsworth	FULL MAIDEN NAME	Mary Gertrude Hawks
RESIDENCE	Meadow	RESIDENCE	Meadow
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	24 (Years)	AGE AT LAST BIRTHDAY	23 (Years)
BIRTHPLACE	Oregon	BIRTHPLACE	Ill
OCCUPATION	Rancher	OCCUPATION	House Wife

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 8 a. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) T A Schmutz

M D

(Physician or midwife)

Address Meadow Idaho

Given names added from a supplemental report

..... 19.....

Filed Dec 10 1912 T A Schmutz

..... Registrar

Registrar

S-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

PLACE OF BIRTH

County of

439-110-044-293

PLACE OF BIRTH

Form V. S. No. 11-C—20m-2-15.

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Washington

City of Midvale

No. ..... St.

Hospital .....

Registration District No. .....

File No. 11056

Primary Registration District No. 213

Registered No. 193

FULL NAME OF CHILD HARLEY LOYAL McROBERTS

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
male			yes	Dec 10 1912

FATHER	MOTHER
FULL NAME Earl W Mc Roberts	FULL MAIDEN NAME Minnie Tilborn
RESIDENCE Midvale	RESIDENCE Midvale
COLOR White	COLOR White
AGE AT LAST BIRTHDAY 30 (Years)	AGE AT LAST BIRTHDAY 29 (Years)
BIRTHPLACE Iowa	BIRTHPLACE Idaho
OCCUPATION Butcher	OCCUPATION House Wife

Number of child of this mother, including present birth 3

Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 1 P M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) F A Schmidt

Physician (Physician or midwife)

Address Midvale Idaho

Given names added from a supplemental report

..... 19.....

Filed Dec 12 1912 F A Schmidt

..... Registrar

Registrar

B-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth, stated.

PLACE OF BIRTH

County of

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS
AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of Idaho, } ss.
County of Lincoln }

SEP 30 1942

Certificate No. 11056

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of birth (Birth or Death)
for Harlan McRoberts (Name on Original Certificate) who was born (Was Born or Died) on December 10, 1912 (Date of Event)
in Midvale, Idaho, (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts are shown by this affidavit of ~~prepared on~~ his mother (Bible Record, Insurance Policy, Etc.) (Give Date), are:

FACTS TO BE CORRECTED ("Name", "Birth Date", "Cause of Death", Etc.)	FROM (As on Original)	TO (The Correct Facts)
name	none given	Harlan McRoberts

(The true and correct name of said person is Harley Loyal McRoberts.)

Subscribed and sworn to before me this 26th. day of September, 1942.
Fred B. Haddock.
Notary Public, residing at Shoshone, Idaho.
My commission expires March 26, 1945.
(Seal)

Signed Minnie McRoberts
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)
Shoshone, Idaho.
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Idaho, } ss.
County of Lincoln, }

[This Affidivat **MUST** Also be Executed.
(See Chapter 139, 1937 Idaho Session Laws.)]

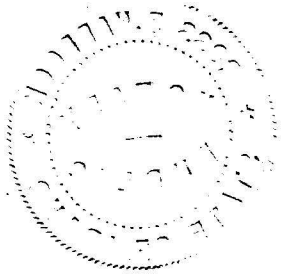
The undersigned does solemly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge. Affiant is father of said Harley Loyal McRoberts.

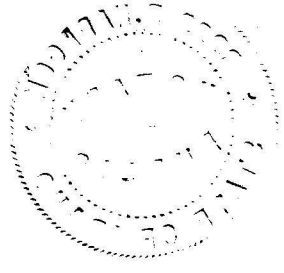
Subscribed and sworn to before me this 26th. day of September, 1942.
Fred B. Haddock.
Notary Public, residing at Shoshone, Idaho.
My commission expires
(Seal)

Signed Earl M. McRoberts
(Signature of Any Credible Person Other Than Previous Year)
Shoshone, Idaho
(Street Address, City, State)

OCT 1 1942

MAR 8 - 1954





141-229-044-363

PLACE OF BIRTH

Amended Oct. 19, 1954

County of Washington

City of Midvale

No. ..... St.

Hospital .....

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 26 File No. 11057

Primary Registration District No. 2113 Registered No. 177

FULL NAME OF CHILD Virgie Marie Adamson
(Certificate of no value without full name of child.)

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
F.			Yes	Nov. 29 1912

What bactericidal solution was used in eyes? .....

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

FATHER	MOTHER
FULL NAME: Francis Luster Adamson	FULL MAIDEN NAME: Zelda Margaret Colson
RESIDENCE: Midvale	RESIDENCE: Midvale
COLOR: White	COLOR: White
AGE AT LAST BIRTHDAY: 27 (Years)	AGE AT LAST BIRTHDAY: 20 (Years)
BIRTHPLACE: Kansas	BIRTHPLACE: Idaho
OCCUPATION: Rancher	OCCUPATION: Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 6:00 A. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Give names added from a supplemental report.

..... 192.....

..... Registrar.

(Signature) F. A. Schmidt.

..... (Physician or midwife)

Address Midvale, Idaho

Filed Dec. 5 1912 F. A. Schmidt. Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Form V. S. No. 11-C—20m-2-15-12

PLACE OF BIRTH

County of Washington

City of Midvale

No. ..... St.

Hospital .....

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 26 File No. 11057

Primary Registration District No. 2163 Registered No. 177

FULL NAME OF CHILD Virgil Marion Adamson

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
M.			Yes	Nov 24 1912

FATHER	MOTHER
FULL NAME: Francis Lester Adamson	FULL MAIDEN NAME: Zelda Masard Colson
RESIDENCE: Midvale	RESIDENCE: Midvale
COLOR: White	COLOR: White
AGE AT LAST BIRTHDAY: 27 (Years)	AGE AT LAST BIRTHDAY: 20 (Years)
BIRTHPLACE: Iowa	BIRTHPLACE: Idaho
OCCUPATION: Rancher	OCCUPATION: Home Wife

Number of child of this mother, including present birth: 2

Number of children of this mother now living, including present birth: 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 6 A. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) F. A. Schmitz M.D.

(Physician or midwife)

Address Midvale Ida

Given names added from a supplemental report

..... 19.....

Filed Dec 6 1912

F. A. Schmitz Registrar

..... Registrar

8-Y CO. 20174

JUL 7 1954

OCT 20 1954

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

Affidavit to Correct or Amend An Original Certificate of Birth or Death

State of Idaho
County of County } ss.

Certificate No. 1105-7
Date Filed 12-5-12

The undersigned does solemnly swear that certain facts on the certificate of Virgie Maine Adamson (Birth or Death)
for Virgie Maine Adamson (Name on Original Certificate) who born (Was Born or Died) on 11-29-12 (Date of Event)
in Midvale (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts are shown by School Record (Bible Record, Insurance Policy, Etc.) prepared on 12-5-12 (Give Date), are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
Date	Nov 24 1912	Nov 29 1912
Father	Francis Lester	Francis Luster
Mother	Zelda Maanita	Zelda Margaret

Subscribed and sworn to before me this 4th day of Oct 1954
W. W. Ranson
Notary Public, residing at Boise
My commission expires July 31-58
(Seal)

Signed Virgie M. Scott
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)
Rt 1. Box 23 Parma Idaho
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Idaho
County of Ada } ss.

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 4th day of Oct, 1954
W. W. Ranson
Notary Public, residing at Boise
My commission expires July 31-58
(Seal)

Signed Donald M. Scott
(Signature of Any Credible Person)
R. F. Parma Ida.
(Street Address, City, State)

DPH 52-155

219-112 10 44-249

PLACE OF BIRTH

Form V. S. No. 11-C—10m-9-7-11

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

County of Washington

City of Weiser

No. ....., ... St.

Hospital .....

Registration District No. 26 File No. 11058

Primary Registration District No. 1010 Registered No. 154

FULL NAME OF CHILD James Edwin Braithwaite

Sex of Child	Twin, Triplet or other? — and Number in order of birth — (To be answered only in event of plural births)	Legitimate?	Date of birth (Month) (Day) (Year)
Male		yes	Dec 12 1912

FATHER	MOTHER
FULL NAME: Earl H. Braithwaite	FULL MAIDEN NAME: Electa Burris
RESIDENCE: Weiser Idaho	RESIDENCE: Weiser Idaho
COLOR: White	COLOR: White
AGE AT LAST BIRTHDAY: 28 (Years)	AGE AT LAST BIRTHDAY: 25 (Years)
BIRTHPLACE: Oakmont Penn	BIRTHPLACE: Meadville Missouri
OCCUPATION: Carpenter	OCCUPATION:

Number of child of this mother, including present birth: two

Number of children, of this mother, now living, including present birth: two

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) on the date above stated. at 7 a M.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report

....., 19.....

.....
Registrar

(Signature) James A Young

Physician
(Physician or Midwife)

Address Weiser Idaho

Filed Dec 15 1912 W. C. Lauritsen
Registrar

SYMS - YORK CO., PTRS. & BDRS. 17326

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child of family, a SEPARATE RETURN must be made for each and every child.

249-22-1044-759

PLACE OF BIRTH

Form V. S. No. 11-C—10m-8-7-11

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

County of Washington

City of Weiser

No ____, ____ St.

Hospital ____

Registration District No 26 File No. 11059

Primary Registration District No 2112 Registered No. 183

FULL NAME OF CHILD Mildred L. Burris

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth
female			yes	Dec 21 (Month) (Day) 1917 (Year)

FATHER		MOTHER	
FULL NAME	Don Burris	FULL MAIDEN NAME	Stella Perkins
RESIDENCE	Weiser Idaho	RESIDENCE	Weiser Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	28 (Years)	AGE AT LAST BIRTHDAY	25 (Years)
BIRTHPLACE	Wheeling Mo.	BIRTHPLACE	Mo.
OCCUPATION	Broommaker	OCCUPATION	Housewife

Number of child of this mother, including present birth 1

Number of children, of this mother, now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn) at 6 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) James A Young

Physician (Physician or Midwife)

Address Weiser Idaho

Given names added from a supplemental report

....., 19.....

Filed Dec 30th 1917 M. R. Hamilton

Registrar

Registrar

SYMS - YORK CO., PTRS. & BDRS. 17326

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

OCT 22 1970

914-123-044-369

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

Form V. S. No. 11-C—10m-8-7-11

PLACE OF BIRTH

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

11060

County of Washington

City of Weiser

No R. F. D. No 1 St.

Registration District No 26. File No.

Primary Registration District No 212 Registered No. 176

Hospital

FULL NAME OF CHILD George Corbin Raubach.

Sex of Child	Twin, Triplet or other?	and	Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
M				Yes	Dec 23rd 1912

(To be answered only in event of plural births)

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	Henry Raubach.	Olga Corbin.
RESIDENCE	Weiser Ida	Weiser Ida
COLOR	W.	W.
AGE AT LAST BIRTHDAY (Years)	31	31
BIRTHPLACE	Nebraska.	Nebraska.
OCCUPATION	Farmer.	Home-wife

Number of child of this mother, including present birth 1

Number of children of this mother, now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) on the date above stated, at 12:15 P. M.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) M. R. Hamilton

(Physician or Midwife)

Address Weiser Ida

Given names added from a supplemental report

....., 19.....

Filed Dec 25th 1912 M. R. Hamilton

.....
Registrar

.....
Registrar

SYMS - YORK CO., PTRS. & SDRS. 17328

c.c. 6/12/41. w.h.

349-129-0644-366

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

PLACE OF BIRTH

County of Washington

City of Weiser

No. ____, ____ St.

Hospital ____

Form V. S. No. 11-C—10m-6-7-11

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

Registration District No. 26 File No. 11061

Primary Registration District No. 211 Registered No. 157.

FULL NAME OF CHILD Turnidge Raymon Carol

Sex of Child	Twin, Triplet or other?	and	Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
male	— (To be answered only in event of plural births)		—	yes	Dec 29, 1912

FATHER		MOTHER	
FULL NAME	Oliver Turnidge	FULL MAIDEN NAME	Ella Cooper
RESIDENCE	Weiser Idaho	RESIDENCE	Weiser
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	28 (Years)	AGE AT LAST BIRTHDAY	26 (Years)
BIRTHPLACE	Oregon	BIRTHPLACE	Nebraska
OCCUPATION	Farmer.	OCCUPATION	Housewife

Number of child of this mother, including present birth two

Number of children, of this mother, now living, including present birth two

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Alive (Born alive or stillborn), at 6 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) James A Young

Physician (Physician or Midwife)

Address Weiser Idaho

Given names added from a supplemental report

....., 19.....

Filed Dec 30th 1912 W. R. Hamilton

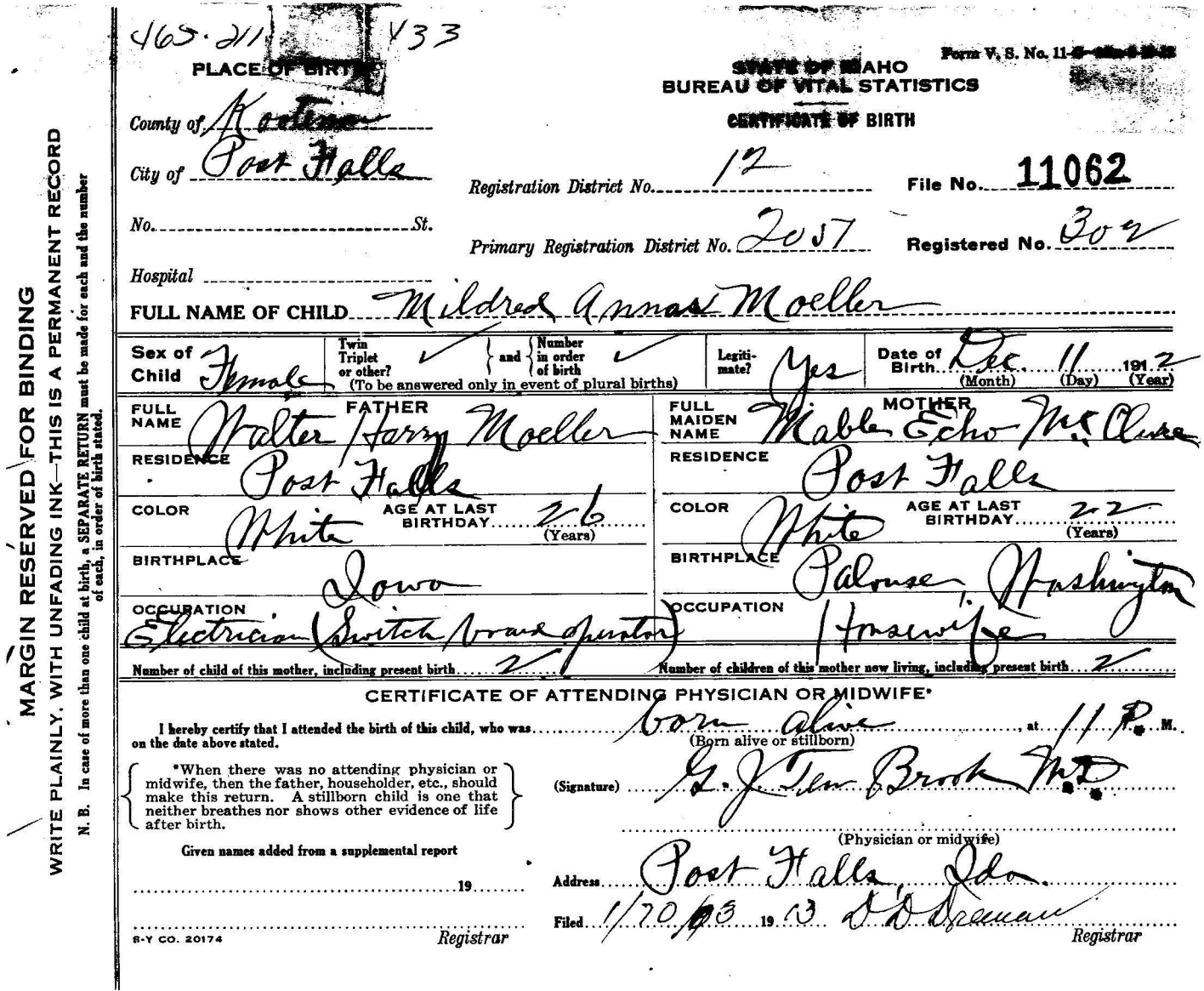
SYMS : YORK CO., PTRS. & BOKS. 17326

Registrar

Registrar

DEC 4 1973

MAY 2 1942



463-211 433

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

Form V. S. No. 11-S

County of Kootenai

City of Post Falls

No. ____ St.

Registration District No. 12 File No. 11062

Primary Registration District No. 2057 Registered No. 302

Hospital ____

FULL NAME OF CHILD Mildred Annas Moeller

Sex of Child	Twin Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Female	✓	✓	Yes	Dec. 11 1912

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	Walter Harry Moeller	Mable Echo McClure
RESIDENCE	Post Falls	Post Falls
COLOR	White	White
AGE AT LAST BIRTHDAY (Years)	26	22
BIRTHPLACE	Iowa	Palouse, Washington
OCCUPATION	Electrician (Switch board operator)	Housewife
Number of child of this mother, including present birth	2	
Number of children of this mother now living, including present birth		2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 11 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) G. J. Ten Brook M.D.
(Physician or midwife)

Address Post Falls Ida.

Given names added from a supplemental report

....., 19....

Filed 1/20/13 19 13 D. D. Deacon
Registrar

S-Y CO. 20174 Registrar

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

MARGIN RESERVED FOR BINDING

JUN 3 1965

Amended 6-13-58

PLACE OF BIRTH

435-21-9028-993

County of Kootenai

City of Spirit Lake

No. ..... St.

Hospital .....

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 12 File No. 11063

Primary Registration District No. 2051 Registered No. 307

FULL NAME OF CHILD Vera Dale McNair
(Certificate of no value without full name of child.)

Sex of Child	Twin / Triplet or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
F			Yes	12-19-1912

What bactericidal solution was used in eyes? .....

Number of child of this mother, including present birth 3 Number of children of this mother now living, including present birth 3

FATHER	MOTHER
FULL NAME: Clyde McNair	FULL MAIDEN NAME: Ethel Richards
RESIDENCE: Spirit Lake	RESIDENCE: Spirit Lake
COLOR: W	COLOR: W
AGE AT LAST BIRTHDAY: 25 (Years)	AGE AT LAST BIRTHDAY: 25 (Years)
BIRTHPLACE: Nebraska	BIRTHPLACE: Missouri
OCCUPATION: Laborer	OCCUPATION: Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 1:50 A. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Give names added from a supplemental report.

....., 192.....

..... Registrar.

(Signature) W. S. Moore

Physician
(Physician or midwife)

Address Spirit Lake, Ida.

Filed 1/10/1913 D. D. Drennan
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Form V. S. No. 11-C—20m-2-15-12

PLACE OF BIRTH

County of Kootenai

City of Spirit Lake

No. ..... St.

Hospital .....

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 12 File No. 11063

Primary Registration District No. 2051 Registered No. 307

FULL NAME OF CHILD Baby McNair

Sex of Child	Twin Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
F	Sing		yes	12-19-1912

FATHER		MOTHER	
FULL NAME	Clyde McNair	FULL MAIDEN NAME	Ethel Richards
RESIDENCE	Spirit Lake	RESIDENCE	Spirit Lake
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY	25 (Years)	AGE AT LAST BIRTHDAY	25 (Years)
BIRTHPLACE	Nebraska	BIRTHPLACE	Missouri
OCCUPATION	Laborer	OCCUPATION	Housewife

Number of child of this mother, including present birth 3

Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born Alive (Born alive or stillborn), at 1:50 A.M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Warren S. Moore

Physician (Physician or midwife)

Address Spirit Lake Ida

Given names added from a supplemental report

..... 19.....

..... Registrar

Filed 3/10/13 19 13 D. D. Brennan Registrar

8-Y CO. 20174

JUN 16 1958

Certificate of Baptism, January 2,1921 viewed by Vital Statistics;
Montana Marriage Certificate #1577, September 28, 1929.
viewed by V.S.

IDAHO STATE BOARD OF HEALTH
DIVISION OF VITAL STATISTICS

RECEIVED
MAY 28 1958
Bureau of Vital Statistics

Affidavit to Correct or Amend An Original Certificate of Birth or Death

State of Wyoming
County of Sheridan } ss.

Certificate No. 1577

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of birth (Birth or Death)
for Baby McNair (Name on Original Certificate) who born (Was Born or Died) on 12-19-1912 (Date of Event)
in Spirit Lake (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts are shown by (Bible Record, Insurance Policy, Etc.) prepared on (Give Date), are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
Child's Name	Unnamed	Vera Dale McNair

Subscribed and sworn to before me this 20 day of May, 1958

County Clerk [illegible]
Notary Public, residing at Sheridan
My commission expires Jan 5, 1959
(Seal)

Signed Ethel McNair Father
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

418 Huntington, Sheridan, Wyo
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Wyoming
County of Sheridan } ss.

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 20 day of May, 1958

County Clerk [illegible]
Notary Public, residing at Sheridan, Wyo
My commission expires Jan 5, 1959
(Seal)

Signed Ethel McNair Mother
(Signature of Any Credible Person)

418 Huntington St. Sheridan, Wyo
(Street Address, City, State)
Sheridan, Wyoming.

FORM DPH 55-155

NNCL 5-7-58 1 copy paid

959-21810288283

Form V. S. No. 11-C—10m-8-7-11

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

PLACE OF BIRTH

County of Kootenai

City of Rathdrum

No. ____, ____ St.

Hospital ____

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

Registration District No. 12 File No. 11064

Primary Registration District No. 2057 Registered No. 306

FULL NAME OF CHILD Mildred Emily Reinhart

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
female	—	—	Yes	Dec 18 1912

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	Ernest S. Reinhart	Amy E. Kyle
RESIDENCE	Rathdrum,	Rathdrum
COLOR	white	white
AGE AT LAST BIRTHDAY (Years)	44	37
BIRTHPLACE	Pine Island Minnesota	Lyne Minnesota
OCCUPATION	Saw mill man	housewife

Number of child of this mother, including present birth 2

Number of children, of this mother, now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 9:30 A. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Mrs. Kate E. Woolery

(Physician or Midwife)

Address Rathdrum, Idaho

Given names added from a supplemental report

....., 19....

Filed 1/10 1913 D. D. Drumm

Registrar

SYMS-YORK CO., PTRS. & BDRS. 17326

Registrar

JAN 28 1966

454-115-028-367

PLACE OF BIRTH

Form V. S. No. 11-C—15m-6-20-11

STATE OF IDAHO
Bureau of Vital Statistics
CERTIFICATE OF BIRTH

County of Kootenai
City of Fish Lake
Registration District No. 12
File No. 11065
No. ____, ____ St.
Primary Registration District No. 2051
Registered No. 311
Hospital ____

FULL NAME OF CHILD Lester Demo

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
M			yes	Dec 15, 191[illegible]

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	Edward Demo	Cecilia Lopeni
RESIDENCE	Fish Lake	Fish Lake
COLOR	W	W
AGE AT LAST BIRTHDAY (Years)	28	25
BIRTHPLACE	Dan	Mont
OCCUPATION	Mill laborer	H. W.

Number of child of this mother, including present birth 2

Number of children, of this mother, now living, including present birth ____

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was dead (Born alive or stillborn), at 3 9 M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) M. Thomas "Woman" (Physician or Midwife)

Address Fish Lake

Given names added from a supplemental report

____, 19____

____ Registrar

Filed 1/10 1913 A. D. Greenman Registrar

S-Y CO., 16670

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

MAY 9 1974

38612 5 c028-793

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

PLACE OF BIRTH

County of Kootenai

City of Rathdrum

No ____, ____ St.

Hospital ____

Form V. S. No. 11-C—10m-8-7-11

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

Registration District No. 14 File No. 11066

Primary Registration District No. 2051 Registered No. 310

FULL NAME OF CHILD Harry Darwin Lyon

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
male	—	—	Yes	Dec. 25, 1912

FATHER		MOTHER	
FULL NAME	Darwin L. Lyon	FULL MAIDEN NAME	Ora Gill
RESIDENCE	Rathdrum, Idaho	RESIDENCE	Rathdrum, Ida.
COLOR	white	COLOR	whit
AGE AT LAST BIRTHDAY (Years)	38	AGE AT LAST BIRTHDAY (Years)	35
BIRTHPLACE	Iowa	BIRTHPLACE	Iowa
OCCUPATION	Butcher etc.	OCCUPATION	Home wife

Number of child of this mother, including present birth 6

Number of children, of this mother, now living, including present birth 6

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 5:30 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Frank Ware

Phys. & Surg.

(Physician or Midwife)

Given names added from a supplemental report

....., 19.....

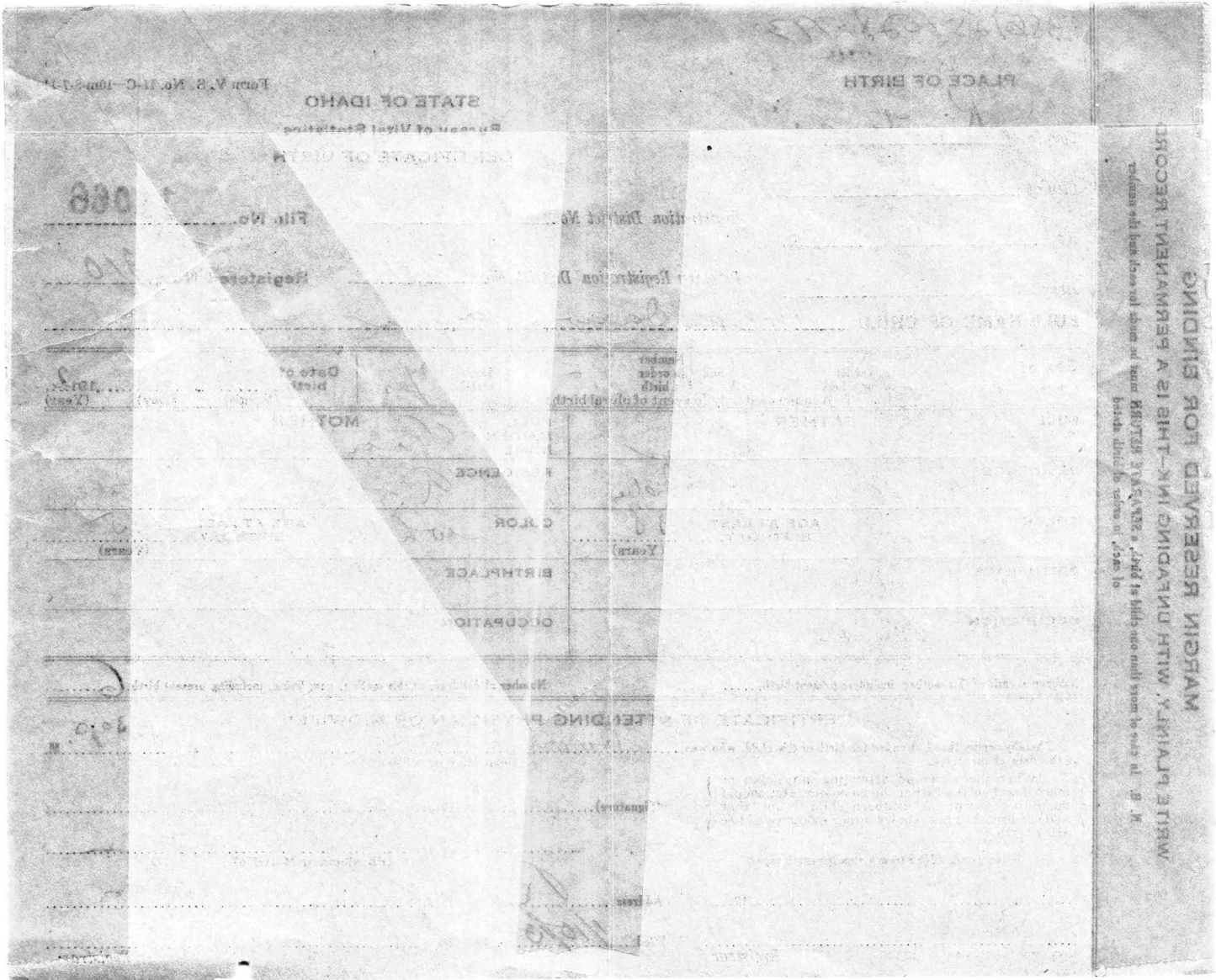
Address Rathdrum, Ida

Filed 1/10/13 19.13 D. D. Brennan

SYMS - YORK CO., PTRS. & BDRS. 17326

Registrar

Registrar



23-125028-795

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Form V. S. No. 11-C—20m-2-15-12

PLACE OF BIRTH

County of Kootenai

City of Post Falls

No. ✓ St.

Hospital ✓

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

Registration District No. 19 File No. 11067

Primary Registration District No. 2091 Registered No. 309

FULL NAME OF CHILD Carroll Stanley

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Male	✓	✓	Yes	Dec 25th 1912

FATHER

FULL NAME: Thomas Lennox Stanley

RESIDENCE: Garrison, N. Dak.

COLOR: White AGE AT LAST BIRTHDAY: 34 (Years)

BIRTHPLACE: Illinois

OCCUPATION: Editor

MOTHER

FULL MAIDEN NAME: Ruth Edna Pine

RESIDENCE: Garrison, N. Dak.

COLOR: White AGE AT LAST BIRTHDAY: 26 (Years)

BIRTHPLACE: Malton, N. Y.

OCCUPATION: Housewife

Number of child of this mother, including present birth: 3rd

Number of children of this mother now living, including present birth: 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 7:40 A.M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) G. J. Ten Brook M.D.

(Physician or midwife)

Address Post Falls, Idaho

Given names added from a supplemental report

.....19.....

.....Registrar

Filed 1/10/13 19 D. D. Drennan Registrar

8-Y CO. 20174

JAN 28 1969

IDAHO DEPARTMENT OF HEALTH

BUREAU OF VITAL STATISTICS

Affidavit to Correct or Amend An Original Certificate of Birth or Death

State of ..... } ss.
County of ..... }

Certificate No. 11067

Date Filed .....

The undersigned does solemnly swear that certain facts on the certificate of birth (Birth or Death)
for Baby Stanley (Male) (Name on Original Certificate) who was born (Was Born or Died) on Dec. 25, 1912 (Date of Event)
in Post Falls, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts are shown by ..... (Bible Record, Insurance Policy, Etc.) prepared on ..... (Give Date), are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
child's name	Unnamed	Carroll Stanley

Subscribed and sworn to before me this ..... day of
....., 19.....

.....
Notary Public, residing at .....
My commission expires .....
(Seal)

Signed .....
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

.....
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Idaho } ss.
County of Bonner }

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 23 day of
May, 1975

Ada Mae Martin
Notary Public, residing at Sandpoint, Id.
My commission expires July 2, 1977
(Seal)

Signed Dwight A. Stanley
(Signature of Any Credible Person)

13202 Saddle Ridge Rd Lakeside, Calif. 92040
(Street Address, City, State)

FORM DH 60-155 CL 5/20/75 1cc pd. rec. # 9060 RUSH!!

Passport gives name as Carroll Stanley born Dec 25, 1912 at Idaho. date issued Jan. 28, 1969. viewed by V. S.

MAY 27 1975

Family Bible record gives name as Carroll Stanley born Dec. 25, 1912. father's name as Thomas Lennox Stanley and mother's as Ruth Edna Pine. viewd by V S

395-220-028-287

PLACE OF BIRTH

County of Kootenai

City of St Maries

No. ..... St.

Hospital .....

Form V. S. No. 11-C—20m-2-15-12

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 17 File No. 11068

Primary Registration District No. 2049 Registered No. 308

FULL NAME OF CHILD ~~Boulevard~~ JEKYLL Treadway

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Female			yes	12 - 20 - 1912

FATHER		MOTHER	
FULL NAME	Sam Treadway	FULL MAIDEN NAME	Addie Shackford
RESIDENCE	St. Maries	RESIDENCE	St. Maries
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	29 (Years)	AGE AT LAST BIRTHDAY	29 (Years)
BIRTHPLACE	Kentuckey	BIRTHPLACE	Kentuckey
OCCUPATION	Car Repairer	OCCUPATION	Housewife

Number of child of this mother, including present birth 3

Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 11 45 A. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) F. C. Gibson

Physician (Physician or midwife)

Address St. Maries - Idaho

Given names added from a supplemental report

..... 19.....

..... Registrar

Filed 1/10/13 19 D D Dressman Registrar

S-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Form V. S. No. 11-C—20m-2-15-12

STATE OF IDAHO

BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

PLACE OF BIRTH

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a CERTIFICATE must be made for each and the number of each, in order of birth, stated.

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of ..... } ss.
County of ..... }

Certificate No. 11068
Date Filed .....

The undersigned does solemnly swear that certain facts on the certificate of ..... (Birth or death)
for ..... (Name on original certificate) who ..... (Was born or died) on ..... (Date of event)
in ..... (Place of event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts as shown by ..... (Bible record, insurance policy, etc.) prepared on ..... (Give date), are:

FACTS TO BE CORRECTED ("Name", "birth date", "cause of death", etc.)	FROM (As on original)	TO (The correct facts)
Name	Mildred J. Treadway	Jekyll Treadway

Subscribed and sworn to before me this 15
day of January, 1942
Tracy A. Bowen
Notary Public, residing at St Maries Ida
My commission expires NOTARY PUBLIC FOR THE STATE OF IDAHO RESIDING AT ST. MARIES IDAHO
[SEAL] MY COMMISSION EXPIRES FEB 24 1945.

Signed Addie M Treadway
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)
St Maries Idaho.
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Idaho }
County of Benewah. } ss.

[This affidavit MUST also be executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 15
day of January, 1942
Tracy A. Bowen
Notary Public, residing at St Maries Ida.
My commission expires NOTARY PUBLIC FOR THE STATE OF IDAHO RESIDING AT ST. MARIES IDAHO
[SEAL] MY COMMISSION EXPIRES FEB 24 1945.

Signed Jessie M Schmidt
(Signature of any credible person other than the previous affiant.)
St Maries Idaho.
(Street Address, City, State)

Received for filing on ..... By .....
(Registrar's signature)

MAR 7 [redacted]

NOV 14 1952

297-115-028-297

Form V. S. No. 11-C—15m-6-20-11

PLACE OF BIRTH

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

County of Kootenai

City of Harrison

No. ____, ____ St.

Hospital Harrison

Registration District No. 12

File No. 11069

Primary Registration District No. 2049

Registered No. 305

FULL NAME OF CHILD John Cole Kiger

Sex of Child	Twin, Triplet, or other?	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
M	1	1	Yes	December 15, 1912

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	Marion A. Kiger	FULL MAIDEN NAME	Francis Myrtle Kiger
RESIDENCE	Harrison, Idaho.	RESIDENCE	Harrison, Idaho
COLOR	W.	COLOR	W.
AGE AT LAST BIRTHDAY (Years)	35	AGE AT LAST BIRTHDAY (Years)	39
BIRTHPLACE	Fountain Co., Indiana	BIRTHPLACE	Pulaski Co. Indiana.
OCCUPATION	Attorney at Law.	OCCUPATION	Housewife.

Number of child of this mother, including present birth 1

Number of children, of this mother, now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn) at 3:45 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) B. F. Campbell M. D.

Harrison, Idaho.

(Physician or Midwife)

Given names added from a supplemental report

....., 19.....

Registrar

Address .....

Filed 1/10/13 19.. D. S. Drumm

Registrar

S-Y CO., 16670

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a CERTIFICATE must be made for each and the number

of each, in order of birth, stated.

PLACE OF BIRTH

CHILD

FATHER

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

954 1141 028762

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

Form V. S. No. 11-C—15m-6-20-11

PLACE OF BIRTH

County of Kootenai

City of St Maries

No. ____, ____ St.

Hospital ____

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

Registration District No. 14 File No. 11070

Primary Registration District No. 2049 Registered No. 304

FULL NAME OF CHILD Arthur Julian David Reddekopp.

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
M			Yes	Dec 14, 191.2

	FATHER	MOTHER
FULL NAME	David Emeal Reddekopp.	FULL MAIDEN NAME: Ada Elizabeth Roberts
RESIDENCE	Kootenai Co. (St Maries)	RESIDENCE: St Maries
COLOR	White	COLOR: White
AGE AT LAST BIRTHDAY	26 (Years)	AGE AT LAST BIRTHDAY: 27 (Years)
BIRTHPLACE	Oregon	BIRTHPLACE: Staines England
OCCUPATION	Homesteader	OCCUPATION: Housewife

Number of child of this mother, including present birth 1

Number of children of this mother, now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 11 15 P. M. on the date above stated.

(Signature) D E Cornwall

(Physician or ~~Midwife~~)

Address St Maries

Filed 1/10/13 19 L A Brannan

Registrar

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report

....., 19.....

Registrar

S-Y CO., 16670

10-6-11

285-1131 028-313

PLACE OF BIRTH

Form V. S. No. 11-C—15m-6-26-11

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

County of Kootenai

City of St Joe

Registration District No. 17

File No. 11071

No. ____, ____ St.

Primary Registration District No. 2049

Registered No. 303

Hospital

FULL NAME OF CHILD Donald Marden Shearer.

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Male.	Single.	1	Yes.	Dec 13, 1912.

FATHER		MOTHER	
FULL NAME	Henry Marden Shearer.	FULL MAIDEN NAME	Grace Lena Cook.
RESIDENCE	St Joe.	RESIDENCE	St Joe.
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	32. (Years)	AGE AT LAST BIRTHDAY	17. (Years)
BIRTHPLACE	Wisconsin	BIRTHPLACE	Washington.
OCCUPATION	Mill Sawyer.	OCCUPATION	housewife.

Number of child of this mother, including present birth 1st.

Number of children, of this mother, now living, including present birth

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn), at 8 P M. on the date above stated.

(Signature) W. L. Lindsay

Physician

(Physician or Midwife)

Address St Joe Idaho.

Filed 1/10/13 19 S. D. Brennan

Registrar

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report

....., 19.....

Registrar

S-Y CO., 16670

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

STATE OF BIRTH

MAR 19 1962

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

~~199-203-026-899~~
PLACE OF BIRTH

~~STATE OF NEVADA~~ Form V. S. No. 10—Modified

County of ~~Nye~~

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

City of Orovada

Registration District No. ~~2118~~ 17

File No. 11072

No. ____, ____ St.

Primary Registration District No. 2118

Registered No. 201

Hospital ____

FULL NAME OF CHILD Cecelia Arippa

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Female	single	6	yes	Dec 3 1912

FATHER

FULL NAME: Andrew Arippa

RESIDENCE: Orovada

COLOR: Indian

AGE AT LAST BIRTHDAY: 38 (Years)

BIRTHPLACE: Reservation

OCCUPATION: Farmer

MOTHER

FULL MAIDEN NAME: Felica Quinamonte

RESIDENCE: Orovada

COLOR: Indian

AGE AT LAST BIRTHDAY: 33 (Years)

BIRTHPLACE: Reservation

OCCUPATION: Housework

Number of child of this mother, including present birth ____

Number of children, of this mother, now living, including present birth ____

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was ____ (Born alive or stillborn) at ____ M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) ____

(Physician or Midwife)

Given names added from a supplemental report

____, 19____

Address ____

Registrar

Filed Jan. 7 1913 Herr J. L. Langley Sub Registrar

Jan/10/13 D O Duncan

S-Y CO., 16670

PLACE OF BIRTH

(County of ...

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

Form V. S. No. 11-C-Jan.-[illegible]-11

RESIDENCE

COLOR

BIRTHDAY ..... (Years)

BIRTHPLACE

RESERVED F

PRINT-TY

141-129028-235

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

Form V. S. No. 11-C—10m-8-7-11

PLACE OF BIRTH

County of Kootenai

City of Post Falls

No. ____, ____ St.

Hospital ____

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

Registration District No. 17 File No. 11073

Primary Registration District No. 2057 Registered No. 200

FULL NAME OF CHILD Cameron Stephenson Adams

Sex of Child	Twin, Triplet or other?	Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Male	✓	✓	Yes	Nov. 19th, 1912

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	Thomas Johnson Adams	FULL MAIDEN NAME	Mary Francis Stephenson
RESIDENCE	Post Falls, Ida.	RESIDENCE	Post Falls, Ida.
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	28	AGE AT LAST BIRTHDAY (Years)	23
BIRTHPLACE	Monett, Missouri	BIRTHPLACE	Monett, Mo.
OCCUPATION	Rancher	OCCUPATION	Housewife

Number of child of this mother, including present birth 1st

Number of children, of this mother, now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive at 11.05 A. M. on the date above stated.

(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) G. J. Ten Brook M.D.

(Physician or Midwife)

Address Post Falls, Idaho.

Given names added from a supplemental report

....., 19....

Filed 1/10 1913 O. O. Brennan

Registrar

Registrar

SYMS - YORK CO., PTRS. & BDRS. 17326

OCT 18 1960

142-119-028-142

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

Form V. S. No. 11-C—10m-8-7-11

PLACE OF BIRTH

County of Kootenai

City of Post Falls

No ____, ____ St.

Hospital ____

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

Registration District No. 12 — File No. 11074

Primary Registration District No. 2051 — Registered No. 299

FULL NAME OF CHILD Edward Justice

Sex of Child	Twin, Triplet or other?	Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Male	✓	1st	Yes	Nov. 19th, 1912

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	Edward D. Justice	FULL MAIDEN NAME	Martha Adkins
RESIDENCE	Post Falls, Ida.	RESIDENCE	Post Falls Ida.
COLOR	White	AGE AT LAST BIRTHDAY (Years)	39
COLOR	White	AGE AT LAST BIRTHDAY (Years)	34
BIRTHPLACE	Williamson, West Va.	BIRTHPLACE	Clintwood, Virginia
OCCUPATION	Rancher	OCCUPATION	Housewife

Number of child of this mother, including present birth 7th

Number of children, of this mother, now living, including present birth 7

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 8:15 A.M. on the date above stated.

(Signature) G. J. Ten Brook M.D.

(Physician or Midwife)

Address Post Falls, Idaho.

Filed 1/10 19 13 S. D. Freeman Registrar

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report

....., 19.....

Registrar

SYMS - YORK CO., PTRS. & BDRS. 1/326

FEB 12 1976

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

M. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth, stated

394-115-028-235

PLACE OF BIRTH

Form V. S. No. 11-C—15m-6-20-11

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

County of Kootenai

City of Dramat

Registration District No. 2118 / 12

File No. 11075

No. ____, ____ St.

Primary Registration District No. 2118

Registered No. 298

Hospital ____

FULL NAME OF CHILD Ignace Timothy

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Male	single	3	yes	Oct 15 1912

FATHER	MOTHER
FULL NAME: Ignace Timothy	FULL MAIDEN NAME: Mary Stillman
RESIDENCE: Dramat	RESIDENCE: Dramat
COLOR: Indian	COLOR: Indian
AGE AT LAST BIRTHDAY: 40 (Years)	AGE AT LAST BIRTHDAY: 37 (Years)
BIRTHPLACE: Reservation	BIRTHPLACE: Reservation
OCCUPATION: Farmer	OCCUPATION: Housewife

Number of child of this mother, including present birth.....

Number of children, of this mother, now living, including present birth.....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was ____ (Born alive or stillborn) on the date above stated. ____ at ____ M.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) ____

(Physician or Midwife)

Address Des Net

Given names added from a supplemental report

____, 19____

____ Registrar

Filed Dec 7 19 12 Geo. D. Eagles Registrar

Jan 10/13 A D Brennan Asst

S-Y CO., 16670

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

PLACE OF BIRTH

(County of ...)

RESERVED FOR USING INK—T

RESIDENCE

COLOR

BIRTHDAY ..... (Years)

BIRTHPLACE

RESIDENCE

BIRTHDAY ..... (Years)

BIRTHPLACE

858-114-028-795

1 PLACE OF BIRTH

STATE OF IDAHO
Bureau of Vital Statistics
CERTIFICATE OF BIRTH

Form V. S. No. 11-C—15m-6-20-11

County of Kootenai

City of Dalton

Registration District No. 17

File No. 11076

No. ....., ... St.

Primary Registration District No. 1003

Registered No. 297

Hospital .....

FULL NAME OF CHILD Roy C Heyn

Sex of Child	Twin, Triplet, or other?	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
M.	1.	7	Yes.	Oct. 14, 1917

(To be answered only in event of plural births)

	FATHER	MOTHER
FULL NAME	Henry Heyn.	FULL MAIDEN NAME Mary Pringel.
RESIDENCE	Coeur d'Alene. Ida.	RESIDENCE Same.
COLOR	White.	COLOR White.
AGE AT LAST BIRTHDAY (Years)	46	38
BIRTHPLACE	Germany.	Clintonville. Wis.
OCCUPATION	Lumberman.	Housewife.

Number of child of this mother, including present birth 7.

Number of children, of this mother, now living, including present birth 6

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive, at 10:30 A. M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) John Allwood. MD.

(Physician or Midwife)

Given names added from a supplemental report

....., 19.....

Registrar

Address C. D. A. Ida

Filed 1/10 1918 D. A. Drennan

Registrar

S-Y CO., 16670

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

JAN 12 1966

415-202-058-713

PLACE OF BIRTH

Form V. S. No. 11-C—15m-6-20-11

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

County of Kootenai

City of Dreamd

No. ____, ____ St.

Hospital ____

Registration District No. 2412

File No. 11077

Primary Registration District No. 2118

Registered No. 296

FULL NAME OF CHILD Lucia Daniel

Sex of Child	Twin, Triplet, or other?	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Female	single (To be answered only in event of plural births)	3	yes	Oct 2, 191 2

FATHER	MOTHER
FULL NAME: Bernard Daniel	FULL MAIDEN NAME: Mary Ann Gates
RESIDENCE: Dreamd	RESIDENCE: Reservation
COLOR: Indian	COLOR: Indian
AGE AT LAST BIRTHDAY: 26 (Years)	AGE AT LAST BIRTHDAY: 25 (Years)
BIRTHPLACE: Reservation	BIRTHPLACE: Cusick, Wash
OCCUPATION: Farmer	OCCUPATION: Housewife

Number of child of this mother, including present birth: 3

Number of children, of this mother, now living, including present birth: 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was ____ (Born alive or stillborn) at ____ M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) None

(Physician or Midwife)

Address Dreamd Idaho

Given names added from a supplemental report

____, 19____

Filed Dec. 7 19 12 Wm. J. Eagles Registrar

____ Registrar

1/10/32 L Dreamd

S-Y CO., 16670

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

DEC 1 4 1970

756/12.028-795

PLACE OF BIRTH

STATE OF IDAHO

Form V. S. No. 11-C—15m-6-20-11

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

County of Kootenai

City of Coeur d'Alene Registration District No. ~~2116~~ 12 File No. 11078

No. ....., ... St.

Primary Registration District No. 2118 Registered No. 295

Hospital .....

FULL NAME OF CHILD Donald Herbert Gregory

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Male			yes	Sept. 23, 1912

FATHER		MOTHER	
FULL NAME	Pascal Gregory	FULL MAIDEN NAME	Mary Susan Gregory
RESIDENCE	Reservation	RESIDENCE	Reservation
COLOR	Indian	COLOR	Indian
AGE AT LAST BIRTHDAY	30 (Years)	AGE AT LAST BIRTHDAY	27 (Years)
BIRTHPLACE	Reservation	BIRTHPLACE	Reservation
OCCUPATION	Farmer	OCCUPATION	Housework

Number of child of this mother, including present birth ..1.. Number of children, of this mother, now living, including present birth ..1..

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn), at ..... M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) No Physician Or Midwife

..... (Physician or Midwife)

Address L. L. Freeman

Given names added from a supplemental report

..... 19.....

Filed Dec 7 1912 Geo. J. Engles Registrar

..... Registrar

1/10/13

S-Y CO., 16670

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

JAN 25 1963

249-22-1028-759

PLACE OF BIRTH

County of Kootenai

City of C. D. A

No. ..... St.

Hospital .....

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

Form V. S. No. 11-C—15m-6-20-11

Registration District No. 12 File No. 11079

Primary Registration District No. 1003 Registered No. 294

FULL NAME OF CHILD Edna May Burkey

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
F.	1.	1.	Yes.	Sept. 21, 1912

	FATHER	MOTHER
FULL NAME / MAIDEN NAME	Paul C. Burkey.	Ethel Geise.
RESIDENCE	Coeur d'Alene. Ida.	Same.
COLOR	White.	White.
AGE AT LAST BIRTHDAY (Years)	27.	20
BIRTHPLACE	Paris. Ill.	Inez. Nebraska.
OCCUPATION	Rancher.	Housewife.

Number of child of this mother, including present birth 1.

Number of children, of this mother, now living, including present birth 1.

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive. (Born alive or stillborn) at 3:30 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) John O. Wood. MD.

(Physician or Midwife)

Address C. D. Alene

Given names added from a supplemental report

....., 19.....

Registrar

Filed 1/10 1913 L. D. Freeman

Registrar

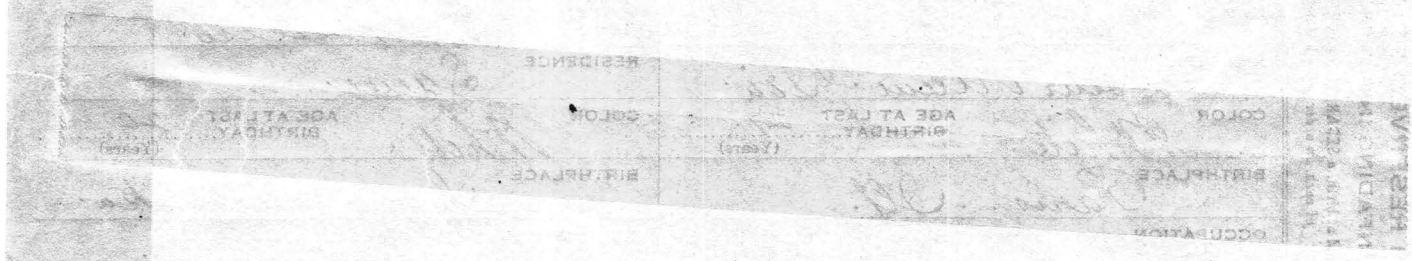
S-Y CO., 16670

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

JUL 31 1974



AUG 10 1949

818-209-028-766

PLACE OF BIRTH

County of Kootenai

City of Coeur d'Alene.

No. ....., ... St.

Hospital .....

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

Form V. S. No. 11-C—15m-6-20-11

Registration District No. 17

File No. 11080

Primary Registration District No. 1003

Registered No. 293

FULL NAME OF CHILD Frances Hayes.

Sex of Child	Twin, Triplet, or other?	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
F.	1	1	Yes.	Sep. 9 1912

(To be answered only in event of plural births)

FATHER	MOTHER
FULL NAME: Edward F. Hayes.	FULL MAIDEN NAME: Ida Powelson.
RESIDENCE: Coeur d'Alene.	RESIDENCE: Coeur d'Alene. Ida.
COLOR: White. AGE AT LAST BIRTHDAY: 23 (Years)	COLOR: White. AGE AT LAST BIRTHDAY: 20 (Years)
BIRTHPLACE: Oakland. Calif.	BIRTHPLACE: Battle Creek Mich.
OCCUPATION: Electrician	OCCUPATION: Housewife.

Number of child of this mother, including present birth 1

Number of children, of this mother, now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn) at 9.40 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) John Wood. M.D.

(Physician or Midwife)

Address Coeur d'Alene, Ida.

Given names added from a supplemental report

....., 19.....

Registrar

Filed 1/10 1912 L. L. Freeman

Registrar

S-Y CO., 16670

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

JUN 30 1942

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

County of Kootenai

City of Coeur d'Alene — Registration District No. 12 — File No. 11081

No. ____, ____ St. — Primary Registration District No. 1003 — Registered No. 292

Hospital ____

FULL NAME OF CHILD Eugene HUFF Phillips.

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
M.	/	/	Yes.	Sept. 9 1912

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	Fred Phillips	Selma Peterson.
RESIDENCE	Coeur d'Alene.	Same.
COLOR	White.	White.
AGE AT LAST BIRTHDAY (Years)	25.	23.
BIRTHPLACE	Mich.	Shell Lake. Wis.
OCCUPATION	Filer.	Housewife

Number of child of this mother, including present birth 1. — Number of children, of this mother, now living, including present birth 1.

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

*I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) on the date above stated, at 6 9 M.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) John Allwood. M.D.

(Physician or Midwife)

Address C. D. A. Ida.

Given names added from a supplemental report

....., 19.....

Filed 1/10 1913 L. L. Freeman

S-Y CO., 16670

Registrar

Registrar

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of Idaho }
County of Kootenai } ss.

Certificate No. 11081

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of (Birth ~~or Death~~)
for Eugene Phillips (Name on Original Certificate) who (Was Born ~~or Died~~) on Sept. 9, 1912. (Date of Event)
in Coeur d'Alene, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts are shown by Metropolitan Life Insurance Co. Policy Number 30926743 prepared on November 29, 1915 (Give Date), are:
(Bible Record, Insurance Policy, Etc.)

FACTS TO BE CORRECTED ("Name", "Birth Date", "Cause of Death", Etc.)	FROM (As on Original)	TO (The Correct Facts)
Name	Eugene	Eugene Huff Phillips

Subscribed and sworn to before me this 22
day of June, 1942.
Jay D. Foster CLERK OF DISTRICT COURT
By Notary Public, ~~EX-OFFICIO~~ AUDITOR & RECORDER
My commission expires Edith Bakke, Deputy
(Seal)

Signed Mrs. Selma Phillips
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)
1052 "A" Street, Coeur d'Alene, Idaho
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Idaho }
County of Kootenai } ss.

[This Affidivat **MUST** Also be Executed.
(See Chapter 139, 1937 Idaho Session Laws.)]

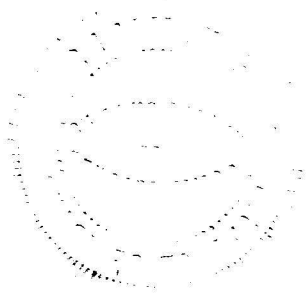
The undersigned does solemly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 23rd
day of June, 1942.
E. H. Mueller
Notary Public residing at Coeur d'Alene
My commission expires JUL 8 1942
(Seal)

Signed Fred Phillips
(Signature of Any Credible Person Other than Previous Year)
(Street Address, City, State)

NOV 25 1964

JUL 9 1942



843-109-028-468

Form V. S. No. 11-C—15m-6-20-11

PLACE OF BIRTH

STATE OF IDAHO
Bureau of Vital Statistics
CERTIFICATE OF BIRTH

County of Kootenai

City of Coeur d'Alene.

No. ....., ... St.

Hospital .....

Registration District No. 19 File No. 11082

Primary Registration District No. 1003 Registered No. 291

FULL NAME OF CHILD Leo Joseph

Sex of Child	Twin, Triplet, or other?	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
M.	1	3	Yes.	Sept. 8, 1912

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	Geo. M. Hueck.	FULL MAIDEN NAME	Caroline Mayer.
RESIDENCE	Coeur d'Alene.	RESIDENCE	Same.
COLOR	White.	COLOR	White.
AGE AT LAST BIRTHDAY	40 (Years)	AGE AT LAST BIRTHDAY	33 (Years)
BIRTHPLACE	Kenosha Co. Wis.	BIRTHPLACE	Genoa Junction. Wis.
OCCUPATION	Farmer.	OCCUPATION	Housewife.

Number of child of this mother, including present birth 3.

Number of children, of this mother, now living, including present birth 3.

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive. (Born alive or stillborn) at 4309 M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Jno Wood. M.D.

(Physician or Midwife)

Address Coeur d'Alene. Ida.

Given names added from a supplemental report

....., 19.....

Filed 1/10 1913 D D Drennan

S-Y CO., 16670 Registrar

Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY. WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

MAR 27 1942

NOV 18 1957

DECEASED

468-130-028-315

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

PLACE OF BIRTH

County of Kootenai

City of Coeur D'Alene

No. ....., ... St.

Hospital .....

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

Form V. S. No. 11-C—15m-6-20-11

Registration District No. 14

File No. 11083

Primary Registration District No. 1003

Registered No. 290

FULL NAME OF CHILD James Robert Moyer

Sex of Child	Twin, Triplet, or other?	Number in order of birth	Legitimate?	Date of birth
M.	1. and	3.	Yes.	May 30, 1912
	(To be answered only in event of plural births)			(Month) (Day) (Year)

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	James Moyer.	Dora Lane.
RESIDENCE	Coeur d'Alene. Ida.	Same.
COLOR / AGE AT LAST BIRTHDAY	White. 49. (Years)	White. 38 (Years)
BIRTHPLACE	Carpenton. Ill.	Clinton. Mo.
OCCUPATION	Logger.	Housewife.

Number of child of this mother, including present birth 3

Number of children, of this mother, now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive. (Born alive or stillborn) at 10.30 M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) John Wood MD.

(Physician or Midwife)

Address C. D. A.

Given names added from a supplemental report

....., 19.....

Filed 1/10 1913 D D Freeman

Registrar

S-Y CO., 16670

Registrar

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 11083
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County KOOTENAI (b) City COEUR D'ALENE
(c) Street Address or R.F.D. No. E. 4th St. No. UNKNOWN
(d) Name of Hospital or Maternity Home: BORN AT ABOVE ADDRESS
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 6 years 4 months 29 days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State IDAHO (b) County KOOTENAI
(c) City COEUR D' ALENE
(d) Street Address or R.F.D. No. E. 4th ST. No. UNKNOWN
(e) How long has **MOTHER** lived in Idaho? 6 yrs.

3. RESIDENCE OF FATHER (city, state) SAME AS ABOVE

4. FULL NAME OF CHILD JAMES ROBERT MOYER

5. Date of Birth of Child (Month, day, year) AUG. 30, 1912

6. Sex MALE

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy 9

9. Legitimate? YES

FATHER OF CHILD

10. FULL NAME JAMES ALNEY MOYER
11. Color or Race WHITE
12. Age at time of THIS birth 49 yrs.
13. Birthplace NEAR PARIS, (City or town) ILL. (State or foreign country)
14. Exact Occupation CARPENTER
15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME DORA BELLE [illegible]ER LANE
17. Color or Race WHITE
18. Age at time of THIS birth 38 yrs.
19. Birthplace NEAR CLINTON, (City or town) MO. (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 3 (b) Born alive and now living 3

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was STILLBORN (Born alive, stillborn) at 11:00 A.M. on the date and at the place stated above, and that personal particulars were furnished by DORA (First name) MOYER (Last name), who is related to this child as MOTHER (Mother, etc.)

25. Attendant's **OWN** signature John O'Leary M.D. Midwife Address April 10-42. Date Coeur d'Alene Ida.

State of ..... } ss.
County of ..... }

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the ..... (Mother, etc.) of the person whose name appears in Item 4, above, that I am now ..... years of age, that I have known this person for ..... years, and that ..... (First name) ..... (Last name), who attended this birth ..... (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

APR 2 3 19

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

Form V. S. No. 11-C—15m-6-20-11

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

County of Kootenai

City of Coeur D'Alene Registration District No. 12 File No. 11084

No. ____, ____ St. Primary Registration District No. 1003 Registered No. 289

Hospital ____

FULL NAME OF CHILD ____

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
M.	1	4	Yes.	Aug. 12, 191?

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	A. O. Leach.	Ella Hepp.
RESIDENCE	Coeur d'Alene.	Same.
COLOR	White.	White.
AGE AT LAST BIRTHDAY (Years)	34	28
BIRTHPLACE	Leydia. Minn.	Clearwater. Minn.
OCCUPATION	Rancher.	Housewife.

Number of child of this mother, including present birth 4. Number of children, of this mother, now living, including present birth 4.

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Alive (Born alive or stillborn), at 6 A. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) John Allwood. MD.

(Physician or Midwife)

Address C. D. A.

Given names added from a supplemental report

____, 19____

Filed 1/10 1913 L. L. Freeman Registrar

____ Registrar

S-Y CO., 16670

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

DUP OF 1912-33207/

92-13-028-632

PLACE OF BIRTH

County of Kootenai

City of Coeur d'Alene

No. ..... St.

Hospital .....

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

Form V. S. No. 11-C—15m-6-20-11

Registration District No. 12

File No. 11085

Primary Registration District No. 1003

Registered No. 288

FULL NAME OF CHILD John Isaacson.

Sex of Child	Twin, Triplet, or other?	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
M.	1	2	Yes.	July 31, 1912

(To be answered only in event of plural births)

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	Arnold Isaacson.	Selma Olson.
RESIDENCE	Coeur d'Alene.	Same.
COLOR	White.	White.
AGE AT LAST BIRTHDAY (Years)	28	27
BIRTHPLACE	Hancock. Mich.	Hancock. Mich.
OCCUPATION	Salesman.	Housewife.

Number of child of this mother, including present birth .....

Number of children, of this mother, now living, including present birth .....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn), at 1 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) John Olwood.

(Physician or Midwife)

Address Coeur d'Alene, Ida.

Given names added from a supplemental report

....., 19.....

Registrar

Filed 1/10 1913 D. L. Freeman

Registrar

S-Y CO., 16670

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

MAR 1 2 1942

SEP 4 1956

DEC 2 8 1966

396-225-028-942

PLACE OF BIRTH

County of Kootenai

City of Coeur d'Alene

No. ..... St.

Hospital .....

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

Form V. S. No. 11-C—15m-6-20-11

Registration District No. 1 Cr

File No. 11086

Primary Registration District No. 1003

Registered No. 287

FULL NAME OF CHILD Mary Estes Trautfetter.

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
F.	/	/	Yes.	July 25 1917

	FATHER	MOTHER
FULL NAME / MAIDEN NAME	Charles E. Trautfetter.	Jennie Deen Rusk.
RESIDENCE	Coeur d'Alene.	Same.
COLOR	White.	White.
AGE AT LAST BIRTHDAY (Years)	47	28
BIRTHPLACE	Iowa.	Spokane. Wash.
OCCUPATION	Rancher.	Housewife.

Number of child of this mother, including present birth 1

Number of children, of this mother, now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive. (Born alive or stillborn) at 2:30 A. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) John Elwood. Md.

(Physician or Midwife)

Address C. D. A.

Given names added from a supplemental report

..... 19.....

Filed 1/10 1918 L. L. Freeman

Registrar

S-Y CO., 16670

Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

12/13/40 L. B.

795-21608-799

PLACE OF BIRTH

County of Kootenai

City of Coeur d'Alene

No. ____, ____ St.

Hospital ____

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

Form V. S. No. 11-C—15m-6-20-11

Registration District No. 19

File No. 11087

Primary Registration District No. 1003

Registered No. 286

FULL NAME OF CHILD Helen Louise Pinkerton.

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
F.	/	/	Yes.	July 16th 191?

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	Geo. M. Pinkerton.	Jane Griffith
RESIDENCE	Coeur d'Alene.	Same.
COLOR	White.	White.
AGE AT LAST BIRTHDAY (Years)	26	25
BIRTHPLACE	Bazetta. Ohio.	Peterton. Kan.
OCCUPATION	Clerk.	Housewife

Number of child of this mother, including present birth 1

Number of children, of this mother, now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 6 9 M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report

..... 19.....

..... Registrar

(Signature) John Atwood MD

(Physician or Midwife)

Address Coeur d'Alene. Ida.

Filed 1/10 1913 L. D. Freeman Registrar

S-Y CO., 16670

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

FEB 27 1943

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS
AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of Washington } ss.
County of Spokane }

Certificate No. 11087

APR 26 1943

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of Birth (Birth or Death)
for Helen Louise Pinkerton (Name on Original Certificate) who Born (Was Born or Died) on July 16, 1912 (Date of Event)
in Coeur d'Alene, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts are shown by Bible (Bible Record, Insurance Policy, Etc.) prepared on year 1912 (Give Date), are:

FACTS TO BE CORRECTED ("Name", "Birth Date", "Cause of Death", Etc.)	FROM (As on Original)	TO (The Correct Facts)
Date	July 15th	July 16, 1912

Subscribed and sworn to before me this 23rd
day of March, 1943.
Jerome C Kinkaid
Notary Public, residing at Spokane
My commission expires January 18, 1947
(Seal)

Signed Jane G. Pinkerton
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)
E724-32nd Ave Spokane Wash
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Washington } ss.
County of King }

[This Affidivat **MUST** Also be Executed.
(See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this seventh
day of April, 1943.
D. F. Cook
Notary Public, residing at Seattle
My commission expires Jan. 14, 1946
(Seal)

Signed ✓ Mrs. Dollie Armstrong Nanter
(Signature of Any Credible Person Other Than Previous Year)
4518-11th N.E. Seattle, Wash
(Street Address, City, State)

APR 28 1943

APR 28 1943

391-21.028-255

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

Form V. S. No. 11-C—15m-6-20-11

PLACE OF BIRTH

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

County of Kootenai

City of Coeur d'Alene.

Registration District No. 17

File No. 11088

No. ....., ... St.

Primary Registration District No. 1003

Registered No. 285

Hospital .....

FULL NAME OF CHILD Elsie Elizabeth Travis.

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
F.	1	1	Yes.	Aug. 16 191?

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	Charles A. Travis.	Ossie B. Seely.
RESIDENCE	Coeur d'Alene.	Same.
COLOR	White.	White.
AGE AT LAST BIRTHDAY (Years)	27	27
BIRTHPLACE	Parsons. Kansas.	Winslow. Arizona.
OCCUPATION	Hardware Salesman	Housewife.

Number of child of this mother, including present birth 1

Number of children, of this mother, now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive. at 5:30 P. M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) John Allwood M.D.

(Physician or Midwife)

Address Coeur d'Alene, Ida.

Given names added from a supplemental report

....., 19.....

Filed 1/10 1913 S. D. Freeman
Registrar

.....
Registrar

S-Y CO., 16870

JUN 2 2 1972

799-202-028-296

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

PLACE OF BIRTH

County of Kootenai

City of C'D'A.

No. ....., ... St.

Hospital .....

Form V. S. No. 11-C—15m-6-20-11

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

Registration District No. 12 File No. 11089

Primary Registration District No. 1003 Registered No. 284

FULL NAME OF CHILD Not Named

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
F.	1	6	Yes.	July 2 1917

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	Edward Price.	Celia Brown.
RESIDENCE	Coeur d'Alene.	Same.
COLOR	Black.	Black.
AGE AT LAST BIRTHDAY (Years)	39.	28
BIRTHPLACE	Bowling Green. Kan.	Kansas City. Kan.
OCCUPATION	Barber.	Housewife.

Number of child of this mother, including present birth 6.

Number of children, of this mother, now living, including present birth 5

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Stillborn (Born alive or stillborn) at 2 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) John Dewood. M.D.

M.D. (Physician or Midwife)

Address Coeur d'Alene. Ida.

Given names added from a supplemental report

....., 19.....

Filed 1/10 1923. A. D. Freeman Registrar

S-Y CO., 16670 Registrar

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

PLACE OF BIRTH

RESIDENCE

COLOR

AGE AT LAST BIRTHDAY

695-203-028-514

PLACE OF BIRTH

STATE OF IDAHO

Form V. S. No. 11-C Rev. 6-20-11

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

County of Kootenai

City of Coeur d'Alene

Registration District No. 14

File No. 11090

No. ..... St.

Primary Registration District No. 1003

Registered No. 283

Hospital .....

FULL NAME OF CHILD JANE CAROLINE O'RILEY

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Female		3	Yes.	May 3, 1912

FATHER		MOTHER	
FULL NAME	James O'Reilly	FULL MAIDEN NAME	Elizabeth Vaughan.
RESIDENCE	Coeur d'Alene Ida.	RESIDENCE	C. D. A.
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	49 (Years)	AGE AT LAST BIRTHDAY	34 (Years)
BIRTHPLACE	Blue Earth Co. Minn.	BIRTHPLACE	Blue Earth Co. Minn.
OCCUPATION	Farmer.	OCCUPATION	Housewife.

Number of child of this mother, including present birth 3

Number of children, of this mother, now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 4 A M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) John O'Flood.

Physician.

(Physician or Midwife)

Address Coeur D'Alene

Given names added from a supplemental report

....., 19.....

Filed 4/10 1913 A. D. Freeman

S-Y CO., 16670

Registrar

Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

RESIDENCE	RESIDENCE
COLOR	COLOR
AGE AT LAST BIRTHDAY (Years)	AGE AT LAST BIRTHDAY (Years)
BIRTHPLACE	BIRTHPLACE

Form V. S. No. 275—5M-12-11

STATE OF IDAHO
BOARD OF HEALTH
BUREAU OF VITAL STATISTICS

11090

SUPPLEMENTAL REPORT OF BIRTH

Place of Birth
City Coeur d'Alene
Street and House No.
County Kootenai

Registered Number 283
Registration District No. 12

Sex of Child Female

Date of Birth, May (Month) 3 (Day) 1912 (Year)

Full Name — Father: James O'Riley

Full Maiden Name — Mother: Lizzabeth Vaughan

I HEREBY CERTIFY that the child described herein has been named:

Jane Caroline O'Riley
(Given name in full) (Surname)

as reported by James O'Reilly
(Father or Mother)

L. D. Freeman
(Local Registrar)

IDAHO STATIONERY & PRINTING CO. LTD., BOISE

764-126-006-757

PLACE OF BIRTH

STATE OF IDAHO

Bureau of Vital Statistics

Form V. S. No. 11-C—1m-4-25-11

CERTIFICATE OF BIRTH

11097

County of Bingham

City of Woodville

child's name added
father's name amended 4-20-87 lh

Registration District No. 33

File No.

No. ____, ____ St.

Primary Registration District No. 2132

Registered No. 113

Hospital ____

FULL NAME OF CHILD Roy Ruland Paulsen

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
M.			yes	12 26 1912

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	A. M. Paulsen	Anna Marie Jegersen
RESIDENCE	Woodville	Woodville
COLOR	White	White
AGE AT LAST BIRTHDAY	43 (Years)	36 (Years)
BIRTHPLACE	Denmark	Denmark
OCCUPATION	Farmer	H. K.

Number of child of this mother, including present birth 8

Number of children, of this mother, now living, including present birth 7

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn), at 9 A. M. on the date above stated.

(Signature) Edwin Cutler M. D.

(Physician or Midwife)

Address Shelley Idaho

Filed 12-30-12 Edwin Cutler M. D.

Registrar

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report

....., 19.....

Registrar

8-Y CO.. 18630

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

[redacted]

3-6-87

IDAHO DEPARTMENT OF HEALTH AND WELFARE
Bureau of Vital Statistics, Standards, and Local Health Services

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE

RECEIVED
MAR 20 1987
Bureau of Vital Statistics, Standards and Local Health Services

State of Idaho
County of Bonneville } ss.

Certificate No. 11097
Date Filed

The undersigned does solemnly swear that certain facts on the certificate of birth for unnamed male (Name on Original Certificate) who (Was Born, Died, etc.) on Dec. 26, 1912 (Date of Event) in Woodville, Bingham Co. (Place of Event) are erroneous or were omitted:

ITEMS TO BE CORRECTED	FROM	TO
		(Ruland)
Full name of child	unnamed	Roy Rullen Paulsen
Surname of father	Poulsen	Paulsen

Subscribed and sworn to before me this 8th day of March, 19 87.
Notary Public, Jonda L. Sharp
Residing at Idaho Falls, Idaho
My commission expires 10-15-91
(Seal)

Roy Rullen Paulsen
Signature of Applicant
519 Gladstone
Street Address, City, State

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of
County of } ss.

(Must be completed ___)
(Is not necessary XX)

The undersigned does solemnly swear that he has knowledge of the facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this _____ day of _____, 19___.
Notary Public, _____
Residing at _____
My commission expires _____
(Seal)

_____
Supporting Signature

_____
Street Address, City, State

APR 21 1987

Certificate of Blessing from LDS Church gives name as Roy Ruland Paulsen son of A M Paulsen and Anna M. Gregersen, born Dec. 26, 1912 at Woodvill, Idaho Blessed Feb. 2, 1913 by James P. Fugal.
Viewed by V.S.

Certificate of Ordination as Priest in LDS Church gives name as Roy Ruland Paulsen Parents names Ammon M. Paulsen and Anna M. Groggerson, born at Woodville, ID on Dec. 26, 1912 - baptized Aug. 6, 1921. Ordained Feb. 4, 1930.
Viewed by V.S.

443-107-006-254

PLACE OF BIRTH

County of Bingham

City of Goshen

No. ____, ____ St.

Hospital ____

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

Form V. S. No. 11-C—15m-6-20-11

Registration District No. 33 File No. 11098

Primary Registration District No. 216-2 Registered No. 116

FULL NAME OF CHILD FRED EUGENE MULL

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
M			yes	12 — 7 — 1912

FATHER		MOTHER	
FULL NAME	Edmar Mull	FULL MAIDEN NAME	Bertha Smiley
RESIDENCE	Goshen	RESIDENCE	Goshen
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	46 (Years)	AGE AT LAST BIRTHDAY	28 (Years)
BIRTHPLACE	Ohio	BIRTHPLACE	Iowa
OCCUPATION	Farmer	OCCUPATION	H. K.

Number of child of this mother, including present birth 4

Number of children, of this mother, now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn) at 2 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Edwin Cutler M. D.

(Physician or ~~Midwife~~)

Address Stanley, Ida.

Given names added from a supplemental report

..... 19.....

..... Registrar

Filed 12 — 30 1912 Edwin Cutler

Registrar

S-Y CO., 16670

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

DEC 16 1942

Cert. named from card 12/16/42 Z.J.

432-124-006-255

PLACE OF BIRTH

Form V. S. No. 11-C—15m-6-20-11

STATE OF IDAHO

Bureau of Vital Statistics.

CERTIFICATE OF BIRTH

11099

County of Bingham

City of Shelley

Registration District No. 88

File No.

No. ____, ____ St.

Primary Registration District No. 2152

Registered No. 117

Hospital ____

FULL NAME OF CHILD DENNIS BURNS McBRIDE

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
M.			yes	12 — 24 — 1912

FATHER		MOTHER	
FULL NAME	C. B. McBride	FULL MAIDEN NAME	Ellerslie Bennett
RESIDENCE	Shelley	RESIDENCE	Shelley
COLOR	White	AGE AT LAST BIRTHDAY (Years)	28
COLOR	White	AGE AT LAST BIRTHDAY (Years)	26
BIRTHPLACE	Utah	BIRTHPLACE	Idaho
OCCUPATION	Farmer	OCCUPATION	H. K.

Number of child of this mother, including present birth 3

Number of children, of this mother, now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was 8 (Born alive or stillborn) alive, at 10 30 P M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Edwin Cutler M. D.

(Physician or ~~Midwife~~)

Address Shelley Ida

Given names added from a supplemental report

....., 19.....

Filed 12 — 30 — 1912 Edwin Cutler M.D.

S-Y CO., 16670

Registrar

Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of Montana } ss.
County of Lake

Certificate No. 11099
Date Filed

The undersigned does solemnly swear that certain facts on the certificate of Birth (Birth or death)
for Dennis Burns McBride (Name on original certificate) who born (Was born or died) on December 24th, 1912 (Date of event)
in Shelley, Idaho (Place of event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts as shown by Family records (Bible record, insurance policy, etc.) prepared on January 1 - 1942 (Give date), are:

FACTS TO BE CORRECTED ("Name", "birth date", "cause of death", etc.)	FROM (As on original)	TO (The correct facts)
Name	Unnamed McBride	Dennis Burns McBride
Dennis Burns McBride		Dennis Burns McBride

Subscribed and sworn to before me this 6 th
day of ~~December~~ January 1942
Notary Public, residing at Charlo, Mont
My commission expires July 22nd, 1943
[SEAL]

Signed Clarence Burns McBride
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)
Charlo, Montana
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Utah } ss.
County of Salt Lake

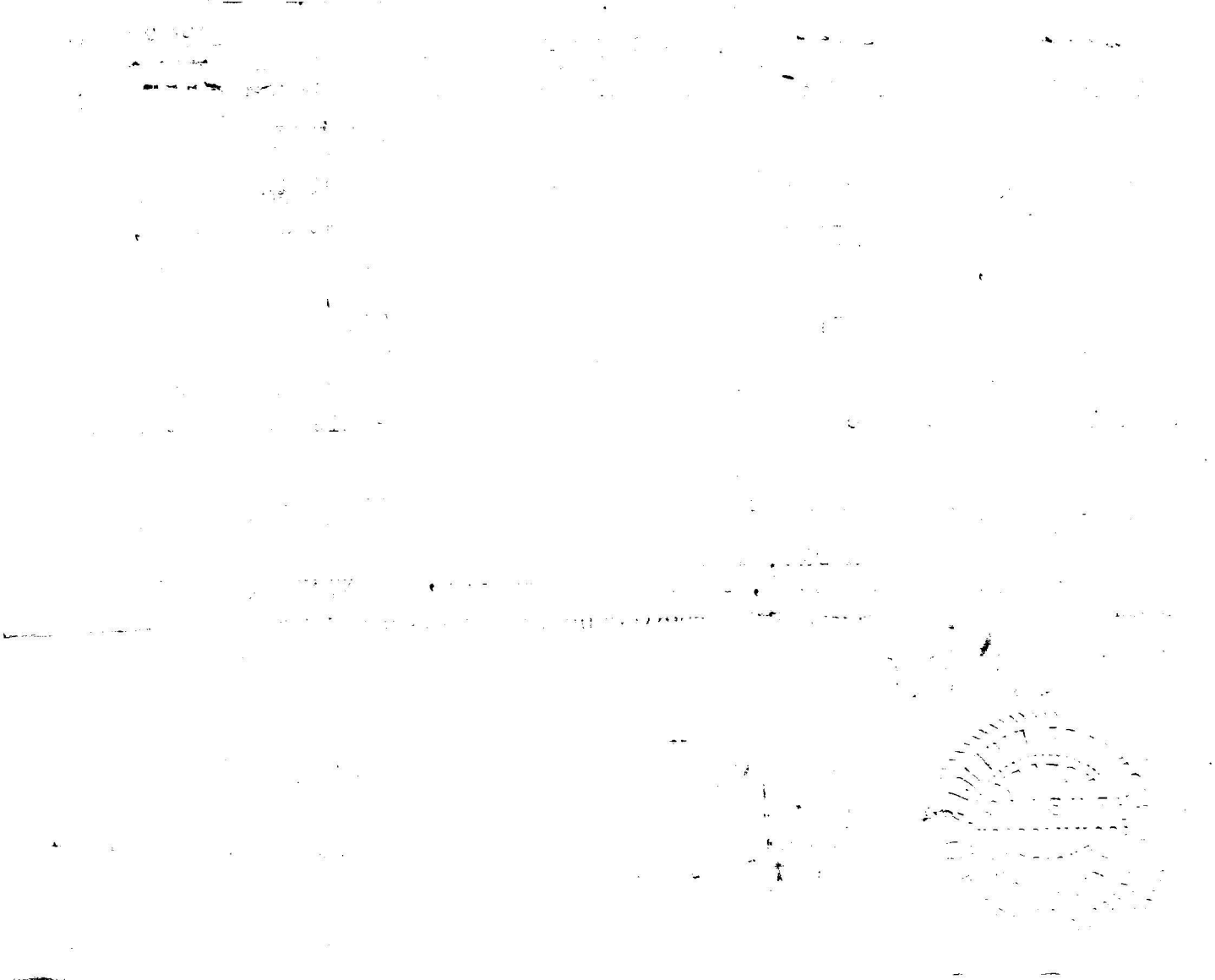
[This affidavit MUST also be executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 15th
day of January 1942
Notary Public, residing at Salt Lake City
My commission expires March 1st 1943
[SEAL]

Signed Dennis B. McBride
(Signature of any credible person other than the previous affiant.)
1234 Alameda ave. Salt Lake city, Utah
(Street Address, City, State)

Received for filing on ..... By .....
(Registrar's signature)



493-10-206-493

PLACE OF BIRTH

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

County of Bingham

City of Shelley

No. ____, ____ St.

Hospital ____

Registration District No. 33

File No. 11100

Primary Registration District No. 2152

Registered No. 118

FULL NAME OF CHILD JOHN REX DICK

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
M			yes	12 - 4 - 1912

FATHER		MOTHER	
FULL NAME	John Dick	FULL MAIDEN NAME	Mary E. Bills
RESIDENCE	Shelley	RESIDENCE	Shelley
COLOR	White	AGE AT LAST BIRTHDAY (Years)	44
COLOR	White	AGE AT LAST BIRTHDAY (Years)	38
BIRTHPLACE	Scotland	BIRTHPLACE	Utah
OCCUPATION	Farmer	OCCUPATION	H. K.

Number of child of this mother, including present birth 8

Number of children, of this mother, now living, including present birth 7

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Alive, at 10 P. M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Edwin Cutler M.D.

(Physician or ~~Midwife~~)

Address Shelley, Idaho

Given names added from a supplemental report

....., 19.....

Filed 12-30 1912 Edwin Cutler M.D.

Registrar

S-Y CO., 16670

Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

PLACE OF BIRTH

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

P. S.—In case of more than one child at birth, a SEPARATE RETURN must be made for each and be numbered at each, in order of birth.

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of Idaho } ss.
County of Bingham }

Certificate No. 11100

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of Birth (BIRTH OR DEATH)
for John Rex Dick (NAME AS ON CERTIFICATE) who was born (WAS BORN OR DIED) on 12-4-1912 (DATE OF EVENT)
in Shelley Ida (PLACE OF EVENT) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts as shown by Church Records (BIBLE RECORD, INSURANCE POLICY, ETC.) prepared on 7-29-1943 (GIVE DATE), are:

FACTS TO BE CORRECTED ("NAME", "BIRTH DATE", "CAUSE OF DEATH", ETC.)	FROM (AS ON ORIGINAL)	TO (THE CORRECT FACTS)
Name	Unnamed	John Rex Dick
John Rex Dick		

Subscribed and sworn to before me this 30th
day of July, 1943.

J. L. Swadley Jensen
Notary Public, residing at Shelley, Idaho
My commission expires June 16, 1947.
(SEAL)

Signed Ina Mary E Jensen (mother)
(SIGNATURE OF PARENT OR ATTENDANT IF CORRECTING A BIRTH RECORD; OF ATTENDANT, FUNERAL DIRECTOR, INFORMANT IF CORRECTING A DEATH RECORD; OR OTHER CREDIBLE PERSON.)

Idaho Falls, Idaho
(STREET ADDRESS, CITY, STATE)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Idaho } ss.
County of Bingham }

[THIS AFFIDAVIT MUST ALSO BE EXECUTED. (SEE CHAPTER 139, 1937 IDAHO SESSION LAWS.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 30th
day of July, 1943.

J. L. Swadley Jensen
Notary Public, residing at Shelley, Idaho
My commission expires June 16, 1947.
(SEAL)

Signed Edwin Carter M.D.
(SIGNATURE OF ANY CREDIBLE PERSON OTHER THAN PREVIOUS AFFIANT.)

Shelley, Idaho
(STREET ADDRESS, CITY, STATE)

Received for filing on ..... By .....
(REGISTRAR'S SIGNATURE)

AUG 3 1943

695-122.006-396

PLACE OF BIRTH

County of Bingham

City of Basalt

No. ..... St.

Hospital .....

Form V. S. No. 11-[illegible]

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 33 File No. 11101

Primary Registration District No. 2132 Registered No. 119

FULL NAME OF CHILD .....

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births) and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Fm.		yes	12 22 1912

FATHER

FULL NAME Loren F Freeman

RESIDENCE Basalt

COLOR White AGE AT LAST BIRTHDAY 26 (Years)

BIRTHPLACE Arizona

OCCUPATION Farmer

MOTHER

FULL MAIDEN NAME Edna Emma Crofts

RESIDENCE Basalt

COLOR White AGE AT LAST BIRTHDAY 21 (Years)

BIRTHPLACE Utah

OCCUPATION H/K

Number of child of this mother, including present birth 4 Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Alive (Born alive or stillborn), at P.M. on the date above stated.

(Signature) Edwina Cutler M.D.

(Physician or ~~midwife~~)

Address Shelley Idaho

Filed 12-30-1912 Edwina Cutler M.D. Registrar

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report

..... 19.....

..... Registrar

8-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS

N. B. In case of more than one child at birth, a SEPARATE CERTIFICATE must be filled out for each, in order of birth.

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Form V. S. No. 11-0—20m 2-15-12

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

32 ft. 12

819-130-006318

Form V. S. No. 11-C—20m-2-15-12

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Bingham

City of Gosben

No. ____ St.

Hospital ____

Registration District No. 33 File No. 11102

Primary Registration District No. 2132 Registered No. 111

FULL NAME OF CHILD Arvel Earl Hardy

Sex of Child	Twin / Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
male			yes	12/30/1912

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	John T. Hardy	Eva M. Taylor
RESIDENCE	Gosben	Gosben
COLOR	white	white
AGE AT LAST BIRTHDAY (Years)	24	21
BIRTHPLACE	Utah	Utah
OCCUPATION	Farmer	Housekeeper

Number of child of this mother, including present birth 2

Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born Alive (Born alive or stillborn) at 6 A.M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Elizabeth J. Rappleye

midwife (Physician or midwife)

Address Shelley Idaho

Given names added from a supplemental report

....., 19.....

Filed 12-30-1912 Edwin Critchfield D. Registrar

.....
Registrar

S-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Form V. S. No. 11-C—20m-8-15-12

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

PLACE OF BIRTH

County of

NOV 2 1943

MARGIN RESERVED FOR BINDING

WRITE PLAINLY. WITH UNFADING INK—THIS IS A PERMANENT RECORD.

M.B. In case of more than one child at birth, a SEPARATE FORM is to be made for each and the number of each, as order of birth, stated.

318-220-006219

Form V. S. No. 11-C—20m-2-15-12

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Bingham

City of Goshen

No. ..... St.

Hospital .....

Registration District No. 33 File No. 11104

Primary Registration District No. 2132 Registered No. 113

FULL NAME OF CHILD Louise Margerett Taylor

Sex of Child	Twin / Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Female			yes	Nov 20 1912

FATHER		MOTHER	
FULL NAME	James Taylor	FULL MAIDEN NAME	Mary Ann Barber
RESIDENCE	Goshen	RESIDENCE	Goshen
COLOR	white	COLOR	white
AGE AT LAST BIRTHDAY	44 (Years)	AGE AT LAST BIRTHDAY	43 (Years)
BIRTHPLACE	Utah	BIRTHPLACE	England
OCCUPATION	Farmer	OCCUPATION	Housekeeper

Number of child of this mother, including present birth 12

Number of children of this mother now living, including present birth 10

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born Alive (Born alive or stillborn) at 6 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Elizabeth J. Rappleye

Midwife (Physician or midwife)

Address Shelley Idaho

Given names added from a supplemental report

..... 19.....

..... Registrar

Filed 12-30-1912 Edwin Cutler Jr. Registrar

8-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

FEB 16 1971

613-215-006-281

Form V. S. No. 11-C—20m-2-15-12

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Bingham

City of Shelley

No. ..... St.

Hospital .....

Registration District No. 33 File No. 11105

Primary Registration District No. 2132 Registered No. 114

FULL NAME OF CHILD Annie Lottie Walker

Sex of Child	Twin / Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Female			yes	Dec. 16, 1912

FATHER		MOTHER	
FULL NAME	Albert I Walker	FULL MAIDEN NAME	Harriet C Sharp
RESIDENCE	Goshen	RESIDENCE	Goshen
COLOR	white	COLOR	white
AGE AT LAST BIRTHDAY	47 (Years)	AGE AT LAST BIRTHDAY	42 (Years)
BIRTHPLACE	Utah	BIRTHPLACE	Utah
OCCUPATION	Farmer	OCCUPATION	Housekeeper

Number of child of this mother, including present birth 14

Number of children of this mother now living, including present birth 11

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born Alive (Born alive or stillborn), at 8 a. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Elizabeth J. Rappley

midwife (Physician or midwife)

Address Shelley Idaho

Given names added from a supplemental report

..... 19.....

..... Registrar

Filed 12 - 30 1912 Edwin [illegible] Registrar

S-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

MAR 2 4 1975

IDAHO DEPARTMENT OF HEALTH

BUREAU OF VITAL STATISTICS

RECEIVED

APR 8 - 1975

Bureau of Vital Statistics

Affidavit to Correct or Amend An Original Certificate of Birth or Death

State of Idaho } ss.
County of Bingham

Certificate No. 11105

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of birth (Birth or Death)
for Unnamed Walker (female) (Name on Original Certificate) who was born (Was Born or Died) on Dec. 15, 1912 (Date of Event)
in Shelley, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts are shown by (Bible Record, Insurance Policy, Etc.) prepared on (Give Date), are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
child's name	Unnamed	Annie Lottie Waker

Subscribed and sworn to before me this 2nd day of April, 19 75

Grace W. Williams

Notary Public, residing at Blackfoot

My commission expires Jan. 14, 1979

(Seal)

Signed Grace W. Tinsley sister
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

R#3 Box 136 Blackfoot Idaho
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Idaho } ss.
County of Bingham

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 2nd day of April, 19 75

Grace W. Williams

Notary Public, residing at Blackfoot

My commission expires Jan. 14, 1979

(Seal)

Signed Elizabeth J Hilton
(Signature of Any Credible Person)

18 Gordwin Dr. Blackfoot Id.
(Street Address, City, State)

FORM DH 60-155 CL 3/24/75

Membership record in the LDS Church gives name as Annie Lottie Walker Prouse born Dec. 15, 1912 at Shelley, Idaho. father's name given as Albert Ishamel Walker and mother's name as Harriott Charlotte Sharp. Blessed April 6, 193 and Baptized April 2, 1921. viewed by V. S.

APR 22 1975

Ins. Policy from ~~XXX~~ Old West Life, Boise, Idao gives name as Annie L Prouse. dated March 28, 1960. Policy No. 30769. viewed by V. S.

689.221.006-769

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Form V. S. No. 11-C—20m-2-15-12

PLACE OF BIRTH

County of Bingham

City of Basalt

No. ..... St.

Hospital .....

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 33 File No. 11106

Primary Registration District No. 2162 Registered No. 129

FULL NAME OF CHILD Alice Armenia White

Sex of Child	Twin / Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
F			yes	11 — 21 — 1912

FATHER		MOTHER	
FULL NAME	John A. White	FULL MAIDEN NAME	Bertha Armenia Porter
RESIDENCE	Basalt	RESIDENCE	Basalt
COLOR	White	AGE AT LAST BIRTHDAY (Years)	24
BIRTHPLACE			Utah
OCCUPATION	Farmer		H. K.

Number of child of this mother, including present birth 1

Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Alive (Born alive or stillborn), at ..... M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Edwin Cutler M. D.

(Physician or midwife)

Address Shelley, Idaho

Given names added from a supplemental report

..... 19.....

..... Registrar

Filed 12 — 30 1912 Edwin Cutler M. D.
Registrar

S-Y CO. 20174

AUG 4 1955

&I4117.0006144

PLACE OF BIRTH

County of Bingham

City of Shelley

No. ____, ____ St.

Hospital ____

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

Form V. S. No. 11-C—15m-6-20-11

Registration District No. 33

File No. 11107

Primary Registration District No. 2162

Registered No. 96

FULL NAME OF CHILD ____

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
M.			yes	11 — 17 — 192

FATHER		MOTHER	
FULL NAME	L. B. Hampton	FULL MAIDEN NAME	Ruby Adams
RESIDENCE	Shelley	RESIDENCE	Shelley
COLOR	White	AGE AT LAST BIRTHDAY (Years)	26
BIRTHPLACE	Utah	COLOR	White
OCCUPATION	Butcher	AGE AT LAST BIRTHDAY (Years)	23
		BIRTHPLACE	Idaho
		OCCUPATION	H. K.

Number of child of this mother, including present birth 2

Number of children, of this mother, now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE**

I hereby certify that I attended the birth of this child, who was alive, at 8 A M. on the date above stated.

(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Edwin Cutler M. D.

(Physician ~~or Midwife~~)

Address Shelley Ida.

Given names added from a supplemental report

____, 19____

____ Registrar

Filed 12 — 1 1912 Edwin Cutler M.D. Registrar

S-Y CO., 16670

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

386-116-0016-491

PLACE OF BIRTH

Form V. S. No. 11-C—15m-6-20-11

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

County of Bingham

City of Woodville

Registration District No. 33 File No. 11108

No. ____, ____ St.

Primary Registration District No. 2162 Registered No. 27

Hospital ____

FULL NAME OF CHILD Edwin Leroy Thompson

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
M.			yes	11 — 16 — 1912

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	T. C. Thompson	Etta Draper
RESIDENCE	~~Woodville~~	~~Woodville~~
COLOR	White	White
AGE AT LAST BIRTHDAY (Years)	37	27
BIRTHPLACE	Utah	Utah
OCCUPATION	Farmer	H. K.

Number of child of this mother, including present birth 3

Number of children, of this mother, now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn), at ____ M. on the date above stated.

(Signature) Edwin Cutler M. D.

(Physician or ~~Midwife~~)

Address Shelley Ida

Filed 12—1 1912 Edwin Cutler M. D. Registrar

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report

____, 19____

____ Registrar

S-Y CO., 16670

346-205-0006-399

PLACE OF BIRTH

Form V. S. No. 11-C—15m-6-20-11

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

County of Bingham

City of Basalt

Registration District No. 33

File No. 11109

No. ____, ____ St.

Primary Registration District No. 216-2

Registered No. 98

Hospital ____

FULL NAME OF CHILD ____

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
F			yes	11 - 5 - 192

FATHER	MOTHER
FULL NAME Luther Tuft's	FULL MAIDEN NAME Elsie Criddle
RESIDENCE Basalt	RESIDENCE Basalt
COLOR White — AGE AT LAST BIRTHDAY 23 (Years)	COLOR White AGE AT LAST BIRTHDAY 27 (Years)
BIRTHPLACE Utah	BIRTHPLACE Utah
OCCUPATION Farmer	OCCUPATION H. K.

Number of child of this mother, including present birth 2

Number of children, of this mother, now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Alive, at 11:30 M. on the date above stated.

(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Edwin Cutler M. D.

(Physician or ~~Midwife~~)

Address Shelley, Ida.

Given names added from a supplemental report

....., 19.....

Filed 12/— 1912 Edwin Cutler M.D.

Registrar

S-Y CO., 16670

Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

JUL 19 1974

843-20-0006433

PLACE OF BIRTH

Form V. S. No. 11-C—15m-6-20-11

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

County of Bingham

City of Basalt

Registration District No. 33

File No. 11110

No. ____, ____ St.

Primary Registration District No. 2132

Registered No. 99

Hospital ____

FULL NAME OF CHILD ____

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
F			yes	11 — 12, 1912

FATHER		MOTHER	
FULL NAME	William Hutchinson	FULL MAIDEN NAME	Ellen L. McCurdy
RESIDENCE	Basalt	RESIDENCE	Basalt
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	34 (Years)	AGE AT LAST BIRTHDAY	32 (Years)
BIRTHPLACE	Utah	BIRTHPLACE	Idaho
OCCUPATION	Farmer	OCCUPATION	H. K.

Number of child of this mother, including present birth 5

Number of children, of this mother, now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn) at 11 A M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Edwin Cutler M.D.

(Physician or Midwife)

Address Shelley Ida

Given names added from a supplemental report

....., 19.....

Filed 12 — 1 1912 Edwin Cutler M.D.

S-Y CO., 16670 Registrar

Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

MAR 23 1972

249-2041006-256

PLACE OF BIRTH

Form V. S. No. 11-C—15m-6-20-11

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

County of Bingham

City of Shelley

No. ____, ____ St.

Hospital ____

Registration District No. 38 File No. 11111

Primary Registration District No. 2132 Registered No. 108

FULL NAME OF CHILD Edith Jennie Smith

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
F			yes	11 — 4 — 1912

FATHER		MOTHER	
FULL NAME	Jos. Smith	FULL MAIDEN NAME	Jennie D. Snowball
RESIDENCE	Shelley	RESIDENCE	Shelley
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	29 (Years)	AGE AT LAST BIRTHDAY	23 (Years)
BIRTHPLACE	Utah	BIRTHPLACE	Utah
OCCUPATION	Farmer	OCCUPATION	H. K.

Number of child of this mother, including present birth 3

Number of children, of this mother, now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Alive at 11 45 P M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Edwin Cutler M.D.

(Physician or Midwife)

Address Shelley, Ida.

Given names added from a supplemental report

....., 19.....

Filed 12 — 1 1912 Edwin Cutler M.D.

S-Y CO., 16670 Registrar Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

AUG 6 1976

IDAHO DEPARTMENT OF HEALTH

BUREAU OF VITAL STATISTICS

RECEIVED
BUREAU OF

Affidavit to Correct or Amend An Original Certificate of Birth or Death

State of ..... } ss. SEP 21 2 48 PM '76

County of ..... }

Certificate No. 11111

Date Filed .....

The undersigned does solemnly swear that certain facts on the certificate of birth (Birth or Death)
for Unnamed Smith (female) (Name on Original Certificate) who was born (Was Born or Died) on Nov 4, 1912 (Date of Event)
in Shelley, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts are shown by ..... (Bible Record, Insurance Policy, Etc.) prepared on ..... (Give Date), are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
child's name	Unnamed	Edith Jennie Smith

Subscribed and sworn to before me this ..... day of
..... , 19 .....

.....
Notary Public, residing at .....
My commission expires .....
(Seal)

Signed Ruby Ellen Bingham
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

4760 Briars, Eugene, Oregon
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of ..... } ss.

County of ..... }

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this ..... day of
..... , 19 .....

.....
Notary Public, residing at .....
My commission expires .....
(Seal)

Signed .....
(Signature of Any Credible Person)

.....
(Street Address, City, State)

FORM DH 60-155 CL 8/5/76

Entry made by Father on his Marriage License, document is obviously old, gives Edith Jennie Smith born 11/4/1912 in Shelley, Idaho. viewed by V.S.

Child's birth certificate issued by the state of Idaho, dated April 27, 1949, gives mother's name as Edith Jennie Smith. Viewed by B.S.

SEP 2 7 1976

632-207-006-252

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

PLACE OF BIRTH

County of Bingham

City of Gashen

No. ..... St.

Hospital .....

Form V. S. No. 11-C—10m-8-7-11

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

Registration District No. 33 File No. 11112

Primary Registration District No. 2132 Registered No. 101

FULL NAME OF CHILD Ruby Dorella Olsen

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	Child	Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Girl	Single			yes	nov. 1 1912

FATHER		MOTHER	
FULL NAME	Christian O. Olsen	FULL MAIDEN NAME	Hallie J Sessions
RESIDENCE	Gashen	RESIDENCE	Gashen
COLOR	white	COLOR	white
AGE AT LAST BIRTHDAY (Years)	24	AGE AT LAST BIRTHDAY (Years)	20
BIRTHPLACE	Hyrum, Utah	BIRTHPLACE	Afton Wyoming
OCCUPATION	Farmer	OCCUPATION	House wife

Number of child of this mother, including present birth 2

Number of children, of this mother, now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive nov 1 at 6 a M. on the date above stated.

(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Alice J. Sessions

midwife

(Physician or Midwife)

Address Shelley Ida R.R. 1

Given names added from a supplemental report

....., 19.....

Filed nov. 10 19 12 Edwin Cutler Jr. D.

Registrar

SYMS - YORK CO., PTRS. & BDRS. 17326

Registrar

PLACE OF BIRTH

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS
AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of ..... } ss.
County of ..... }

SEP 15 1942

Certificate No. 11112

Date Filed .....

The undersigned does solemnly swear that certain facts on the certificate of Birth (Birth or Death)
for Ruby Olsen (Name on Original Certificate) who Was Born (Was Born or Died) on Nov. 1. 1912 (Date of Event)
in Shelley, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts are shown by Parents (Bible Record, Insurance Policy, Etc.) prepared on ..... (Give Date), are:

FACTS TO BE CORRECTED ("Name", "Birth Date", "Cause of Death", Etc.)	FROM (As on Original)	TO (The Correct Facts)
Name	Ruby	Ruby Dorella Olsen

Subscribed and sworn to before me this 9th
day of September 19 42.
Maysie Blatt
Notary Public, residing at Longview, Washington
My commission expires Sept 7th, 1946
(Seal)

Signed Harriet Olsen
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting death record; or other credible person.)
510.17 Ave.
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of ..... } ss.
County of ..... }

[This Affidivat **MUST** Also be Executed.
(See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 9th
day of September 19 42.
Maysie Blatt
Notary Public, residing at Sept 7th, 1946
My commission expires .....
(Seal)

Signed W.L. Melton
(Signature of Any Credible Person Other Than Previous Year)

(Street Address, City, State)

SEP 16 1942

231-704-006-269

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

PLACE OF BIRTH

Form V. S. No. 11-C—10m-8-7-11

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

County of Bingham

City of Gashen

No ____, ____ St.

Hospital

Registration District No 33 File No. 11113

Primary Registration District No 2152 Registered No. 182

FULL NAME OF CHILD Donivan L. Staples

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
male			yes	Nov 4 1912

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	Joseph Levi Staples	Ida Sorensen
RESIDENCE	Goshen Idaho	Goshen Idaho
COLOR	light	light
AGE AT LAST BIRTHDAY (Years)	25	25
BIRTHPLACE	Thistle Levier Utah	College Lasch Utah
OCCUPATION	Farmer	House keeper

Number of child of this mother, including present birth 2

Number of children, of this mother, now living, including present birth

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was ____ (Born alive or stillborn) at ____ M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) ____

(Physician or Midwife)

Address 1

Given names added from a supplemental report

____, 19____

____ Registrar

Filed ____ 19 19 Edwin Cutler M.D.

Registrar

SYMS - YORK CO., PTRS. & BDRS. 17326

MAR 1 8 1969

897-112.006-355

AMENDED CERTIFICATE PLACE OF BIRTH CHILD'S NAME & PARENTS PLACE OF

PLACE OF BIRTH [illegible] 4-25-95 MS

Form V. S. No. 11-C—10m-8-7-11

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

11114

County of Bingham

City of Preston

Registration District No. 33 File No.

No. , St.

Primary Registration District No. 2152 Registered No. 103

Hospital

FULL NAME OF CHILD Everett T. Higley ~~Everett T. Higley~~ EVERT T. HIGLEY

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Boy	single		yes	nov 12 1912

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	Elihue L. Higley	Mary Teeples
RESIDENCE	Preston Ida PRESTO ID	Preston PRESTO, ID
COLOR / AGE AT LAST BIRTHDAY (Years)	White	white 21
BIRTHPLACE	Erda T Tooele Co	minor Ida
OCCUPATION	Farmer	Hause Wife

Number of child of this mother, including present birth 1

Number of children, of this mother, now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born Alive nov 12 at 7 A.M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Alice F. Session

midwife
(Physician or Midwife)

Address Shelley Ida R. R. #1

Given names added from a supplemental report

....., 19.....

Filed nov 25 19 12 Edwin Anderson

.....
Registrar

Registrar

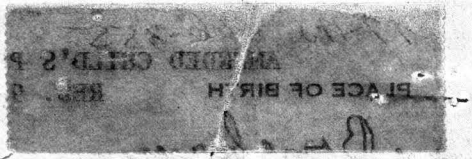
SYMS - YORK CO., PTRS. & BDRS. 17326

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

K



JAN 10 1952

DECEASED

9-25-95

IDAHO DEPARTMENT OF HEALTH AND WELFARE
Center for Vital Statistics
and Health Policy

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE

State of Idaho
County of Ada } ss.

Certificate No. 11114
Date Filed NOV. 25, 1912

The undersigned does solemnly swear that certain facts on the certificate of BIRTH

for EVERETT T. HIGLEY (Name on Original Certificate) who WAS BORN (Was Born, Died, etc.) on NOV. 12, 1912 (Date of Event)

in PRESTON (BINGHAM) ID (Place of Event) are erroneous or were omitted:

ITEMS TO BE CORRECTED	FROM	TO
CITY OF BIRTH	PRESTON	FIRTH
CHILD'S NAME	EVERETT T. HIGLEY	EVERT T. HIGLEY
FATHER'S PLACE OF RES.	PRESTON	PRESTO
MOTHER'S PLACE OF RES.	PRESTON	PRESTO

Subscribed and sworn to before me this 25th day of
Sept, 1995.

Notary Public, Mary Schneider
Residing at Boise Id
My commission expires 2-16-2000
(Seal)

MARY SCHNEIDER NOTARY PUBLIC STATE OF IDAHO

X Evert T. Higley
Signature of Applicant

X 3328 NW 2nd Ave New Plymouth, Idaho 83655
Street Address, City, State

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of _____
County of _____ } ss.

(Must be completed ___)
(Is not necessary ___)

The undersigned does solemnly swear that he has knowledge of the facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this _____ day of
_____, 19___.

Notary Public, _____
Residing at _____
My commission expires _____
(Seal)

_____
Supporting Signature

_____
Street Address, City, State

SEP 2 5 1995

CERTIFICATE OF BAPTISM AND CONFIRMATION FROM THE LDS CHURCH SHOWS EVERT T. HITLEY BORN TO ELIHU C. HIGHLEY AND MARY J. TEEPLES ON NOV. 12, 1912 IN FIRTH (BINGHAM) ID WAS BAPTIZED MARCH 11, 1951 VIEWED VS.

CERTIFICATE OF MEMBERSHIP SHOWS EVERT T. HIGLEY BORN NOV. 12, 1912 IN FIRTH (BINGHAM) ID BECAME A MEMBER OF THE LDS CHURCH VIEWED VS.

MARRIAGE LICENSE AND CERTIFICATE #2218 SHOWS ELIHU C HIGLEY OF PRESTO (BINGHAM) ID AND MARY J. TEEPLES WERE MARRIED DEC. 22, 1911 IN BLACKFOOT (BINGHAM) ID VIEWED VS.

962-213-006-463

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH

County of Bingham

City of Jamestown

No. ..... St.

Hospital .....

Form V. S. No. 11-C—20m-2-15-12

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 83 File No. 11115

Primary Registration District No. 2152 Registered No. 104

FULL NAME OF CHILD .....

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Female			yes	nov. 13 1912

FATHER		MOTHER	
FULL NAME	Tempest Robinson	FULL MAIDEN NAME	Nellie P. Lloty
RESIDENCE	Jamestown	RESIDENCE	Jamestown
COLOR	white	COLOR	white
AGE AT LAST BIRTHDAY	26 (Years)	AGE AT LAST BIRTHDAY	23 (Years)
BIRTHPLACE	Utah	BIRTHPLACE	Utah
OCCUPATION	Farmer	OCCUPATION	Housekeeper

Number of child of this mother, including present birth 3

Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 3 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Elizabeth J. Rappley midwife

(Physician or midwife)

Address Shelley

Given names added from a supplemental report

..... 19.....

Filed 12—1 1912 Edwin Cutler M.D.

Registrar

..... Registrar

S-Y CO. 20174

Form V. S. No. 11-C—20m-2-15-12

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

PLACE OF BIRTH

County of

145-210-006-113

Form V. S. No. 11-C—20m-2-15-12

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Bingham

City of Shelley

No. ..... *St.*

Hospital .....

Registration District No. 23 **File No.** 11116

Primary Registration District No. 2132 **Registered No.** 116

FULL NAME OF CHILD Wanda Amer

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of Birth
Female			yes	Nov. 16 (Month) (Day) 1912 (Year)

FATHER		MOTHER	
FULL NAME	Jas Wm Amer	FULL MAIDEN NAME	Lavain A. Jacobsen
RESIDENCE	Shelley	RESIDENCE	Shelley
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	26 (Years)	AGE AT LAST BIRTHDAY	21 (Years)
BIRTHPLACE	Utah	BIRTHPLACE	Utah
OCCUPATION	Clerk	OCCUPATION	Housekeeper

Number of child of this mother, including present birth One

Number of children of this mother now living, including present birth One

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 8 a.m. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Elizabeth J. Rappleye midwife
Shelley
(Physician or midwife)

Address Shelley

Given names added from a supplemental report

..... 19.....

..... Registrar

Filed 12-1 1912 Edwin Cutler A.M.D.
Registrar

5-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

JUN 1 1967

263-115-006-819

PLACE OF BIRTH

Form V. S. No. 11-C—20m-2-15-12

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Bingham

City of Shelley

No. ..... St.

Registration District No. 33 File No. 11117

Primary Registration District No. 2152 Registered No. 106

Hospital

FULL NAME OF CHILD Elmo Christian Bolander

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
male			yes	Nov 15 1912

FATHER		MOTHER	
FULL NAME	Andrew Bolander	FULL MAIDEN NAME	Bertha Hafker Bolander
RESIDENCE	Shelley	RESIDENCE	Shelley
COLOR	white	COLOR	white
AGE AT LAST BIRTHDAY	28 (Years)	AGE AT LAST BIRTHDAY	25 (Years)
BIRTHPLACE	Denmark	BIRTHPLACE	Utah
OCCUPATION	Laborer	OCCUPATION	Housekeeper

Number of child of this mother, including present birth 3

Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 4 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) E. J. Rappleye

midwife (Physician or midwife)

Address Shelley

Given names added from a supplemental report

..... 19.....

Filed Dec. 1 1912

Edwin Cutler M.D.
Registrar

..... Registrar

S-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

FEB 5 1945

313-206-006-253

PLACE OF BIRTH

County of Bingham

City of Garfield

No. ..... St.

Hospital .....

Form V. S. No. 11-C—20m-2-15-12

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 88 File No. 11118

Primary Registration District No. 213-2 Registered No. 187

FULL NAME OF CHILD .....

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Female			no	Nov. 6 1912

FATHER		MOTHER	
FULL NAME	Charles Catron	FULL MAIDEN NAME	Violet Killeen
RESIDENCE		RESIDENCE	Garfield
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	19 (Years)	AGE AT LAST BIRTHDAY	16 (Years)
BIRTHPLACE		BIRTHPLACE	Utah
OCCUPATION		OCCUPATION	Housekeeper

Number of child of this mother, including present birth one

Number of children of this mother now living, including present birth one

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 8 A.M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Elizabeth J. Rappleye and Dr. [illegible]

(Physician or midwife)

Address Shelley

Given names added from a supplemental report

..... 19.....

Filed 12—1 1912 Edwin Cutler Ivins

..... Registrar

Registrar

S-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

MAY 3 1974

141-123-606-799

Form V. S. No. 11-C—20m-2-15-12

PLACE OF BIRTH

County of Bingham

City of Blenton

No. ..... St.

Hospital .....

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 33 File No. 11119

Primary Registration District No. 2152 Registered No. 108

FULL NAME OF CHILD .....

Sex of Child	Twin / Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
male			yes	Nov 23 1917

FATHER		MOTHER	
FULL NAME	Harvey Adamson	FULL MAIDEN NAME	Clara Priest
RESIDENCE	Blenton	RESIDENCE	Blenton
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	23	AGE AT LAST BIRTHDAY (Years)	19
BIRTHPLACE	Utah	BIRTHPLACE	Idaho
OCCUPATION	Farmer	OCCUPATION	Housekeeper

Number of child of this mother, including present birth One

Number of children of this mother now living, including present birth One

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 3 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Elizabeth J. Rappleye, midwife
(Physician or midwife)

Address Shelley

Given names added from a supplemental report

..... 19.....

..... Registrar

Filed 12—1 1917 R. Edwin Cutler M. D.
Registrar

S-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Form V. S. No. 11-C—20m-2-15-12

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

PLACE OF BIRTH

County of

15-225-1006-535

Amended 5-1-68

(Be sure the information is complete and accurate)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 11120
Local Reg. No. 109
Reg. Dist. No. 600

1. PLACE OF BIRTH
a. COUNTY: Bingham
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN: Firth
c. FULL NAME OF (If NOT in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION:

2. USUAL RESIDENCE OF MOTHER (Where does mother live?)
a. STATE: Idaho
b. COUNTY: Bingham
c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN: Firth
d. STREET ADDRESS (If rural, give location):

3. CHILD'S NAME (Type or print)
a. (First): Eleanore
b. (Middle): Olivia
c. (Last): Anderson

4. SEX: Female

5a. THIS BIRTH: SINGLE X TWIN ____ TRIPLET ____

5b. IF TWIN OR TRIPLET (This child born) 1st ____ 2nd ____ 3rd ____

6. DATE OF BIRTH (Month) (Day) (Year): October 25, 1912

FATHER OF CHILD

7. FULL NAME
a. (First): Ole
b. (Middle):
c. (Last): Anderson

8. AGE (At time of this birth): 50 YEARS

9. BIRTHPLACE (State or foreign country) (City or Town): Sweden

10. USUAL OCCUPATION: Farmer

11. KIND OF BUSINESS OR INDUSTRY:

MOTHER OF CHILD

12. FULL MAIDEN NAME
a. (First): Anna
b. (Middle):
c. (Last): Elvin

13. AGE (At time of this birth): 45 YEARS

14. BIRTHPLACE (State or foreign country) (City or Town): Sweden

15. CHILDREN PREVIOUSLY BORN TO THIS MOTHER (Do NOT include this child)
a. How many OTHER children are now living? 9
b. How many OTHER children were born alive but are now dead? 0
c. How many children were stillborn (born dead after 20 wks. pregnancy?) 0

16. INFORMANT'S SIGNATURE OR NAME (Relationship):

I hereby certify that this child was born alive on the date stated above.

17. SIGNATURE: Elizabeth J. Rappleye

18. ATTENDANT AT BIRTH: M.D. ____ MIDWIFE X OTHER (Specify) ____

19. ADDRESS: Shelley, Idaho

20. DATE SIGNED:

21. DATE REC'D BY LOCAL REG.: 12-1-12

22. REGISTRAR'S SIGNATURE: Edwin Cutler, M.D.

23. DATE ON WHICH GIVEN NAME ADDED BY ____ Registrar

Record typewriter ribbon in completing this certificate. This certificate MUST be filed with the strict where the birth occurred WITHIN 10 days after the date of birth of the child. Address VITAL STATISTICS, BOISE, IDAHO.

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

RECEIVED
JAN 30 1968
Bureau of Vital Statistics

State of _____ }ss.
County of _____ }

Certificate No. 11120

Date Filed _____

The undersigned does solemnly swear that certain facts on the certificate of _____ (Birth or Death)
for _____ (Name on Original Certificate) who _____ (Was Born or Died) on _____ (Date of Event)
in _____ (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts are shown by _____ (Bible Record, Insurance Policy, Etc.) prepared on _____ (Give Date), are:

FACTS TO BE CORRECTED ("Name", "Birth Date", "Cause of Death", Etc.)	FROM (As on Original)	TO (The Correct Facts)
name	unnamed	Eleanore Olivia Anderson
mother's name	Anna Elving	Anna Elvin
birth date	Nov. 25, 1912	Oct. 25, 1912

Subscribed and sworn to before me this 23d
day of January, 1968

Notary Public, residing at Firth, Idaho
My commission expires 6-1-70
(Seal)

Signed Gilma G Anderson
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

Box 175 Firth Idaho
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of _____ }ss.
County of _____ }

[This Affidivat **MUST** Also be Executed.
(See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this _____
day of _____, 19____

Notary Public, residing at _____
My commission expires _____
(Seal)

Signed _____
(Signature of Any Credible Person Other Than Previous Year)

_____
(Street Address, City, State)

1 copy fld. Rec. # 29940 — 3-14-68

Certified copy of Marriage Certificate, issued Feb. 26, 1968, married Oct. 6, 1890, gives name of Groom as Ole Anderson and Anna Elvin - viewed by V.S.
(Co. of Hennepin, State of Minnesota)

Own child's birth cert. on file Idaho, File #306784, gives name of mother as Eleanore Olivia Anderson - viewed by V.S.

Photo Copy of Pages from Family Record, appears very old and unaltered, givesfull name as Eleanore Olivia Anderson, born October 25, 1912 - viewed by V.S.

Family Record, photo copy, written in Swedish except for full name, appears very old and unaltered, gives full name as Anna Elvin - viewed by V.S.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Form V. S. No. 11-C—20m-2-15-12

PLACE OF BIRTH

County of Bingham

City of Firth

No. ..... St.

Hospital .....

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 83 File No. 11120

Primary Registration District No. 2132 Registered No. 109

FULL NAME OF CHILD [redacted]

Sex of Child	Twin / Triplet or other? (To be answered only in event of plural births) and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Female		yes	11/26/1917

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	Ole Anderson	Anna Ekning
RESIDENCE	Firth Ranch	Firth Ranch
COLOR	white	white
AGE AT LAST BIRTHDAY (Years)	30	43
BIRTHPLACE	Swedeen	Swedeen
OCCUPATION	Farmer	Housekeeper

Number of child of this mother, including present birth 10

Number of children of this mother now living, including present birth 10

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born Alive (Born alive or stillborn), at 10 A.M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Elizabeth J. Rappley midwife (Physician or midwife)

Address Shelley Idaho

Given names added from a supplemental report

..... 19.....

Filed 12-1 1917 Edwin Cutler M.D. Registrar

..... Registrar

S-Y CO. 20174

MAY 2 1968

689-130-1006-767

Amended 2-27-62

(Be sure the information is complete and accurate)

State File No. 11121

Local Reg. No. 110

Reg. Dist. No. 33

Federal Security Agency
United States Public Health Service

CERTIFICATE OF BIRTH
STATE OF IDAHO

1. PLACE OF BIRTH

a. COUNTY: Bingham

b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Monroe

c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital or institution, give street address or location):

2. USUAL RESIDENCE OF MOTHER (Where does mother live?)

a. STATE: Idaho

b. COUNTY: Bingham

c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Monroe

d. STREET ADDRESS (If rural, give location):

3. CHILD'S NAME (Type or print)

a. (First): Lewis

b. (Middle): Charles

c. (Last): Whitmill

4. SEX: Male

5a. THIS BIRTH: SINGLE [X] TWIN [ ] TRIPLET [ ]

5b. IF TWIN OR TRIPLET (This child born): 1ST [ ] 2ND [ ] 3RD [ ]

6. DATE OF BIRTH: (Month) October (Day) 30, (Year) 1912

FATHER OF CHILD

7. FULL NAME

a. (First): H.

b. (Middle): A.

c. (Last): Whitmill

8. COLOR OR RACE: White

9. AGE (At time of this birth): 34 YEARS

10. BIRTHPLACE (State or foreign country) (City or Town): Utah

11a. USUAL OCCUPATION: Farmer

11b. KIND OF BUSINESS OR INDUSTRY:

MOTHER OF CHILD

12. FULL MAIDEN NAME

a. (First): Delia

b. (Middle):

c. (Last): Pope

13. COLOR OR RACE: White

14. AGE (At time of this birth): 33 YEARS

15. BIRTHPLACE (State or foreign country) (City or Town): Utah

16. CHILDREN PREVIOUSLY BORN TO THIS MOTHER (Do NOT include this child)

a. How many OTHER children are now living? 5

b. How many OTHER children were born alive but are now dead? 1

c. How many children were stillborn (born dead after 20 weeks pregnancy)? 0

17. INFORMANT'S SIGNATURE OR NAME (Relationship):

I hereby certify that this child was born alive on the date stated above.

18a. SIGNATURE: Elizabeth J. Rappleye

18b. ATTENDANT AT BIRTH: M. D. [ ] MIDWIFE [X] OTHER (Specify)

18c. ADDRESS: Shelley, Idaho

18d. DATE SIGNED:

19. DATE REC'D BY LOCAL REG.: 12-1-1912

20. REGISTRAR'S SIGNATURE: Edwin Cutler, M.D.

21. DATE ON WHICH GIVEN NAME ADDED BY (Registrar):

DIVISION OF VITAL STATISTICS, BOISE, IDAHO

LOCAL REGISTRATION OF BIRTHS

Sec. 38-213. All births that occur in the state shall be immediately registered in the districts in which they occur, hereinafter provided.

Sec. 38-214. SAME: DUTIES OF THE PHYSICIANS AND MIDWIVES. It shall be the duty of the attending physici or midwife to file a certificate of birth, properly and completely filled out, giving all the particulars required by this artic with the local registrar of the district in which the birth occurred, within 10 days after the date of birth; and if there be attending physician or midwife, then it shall be the duty of the father or mother of the child, nurse, householder, or owner the premises, having knowledge of such birth, manager or superintendent of public or private institutions in which birth occ red, to notify the local registrar, within 10 days after the birth, of the fact of such birth having occurred. It shall then, in su case, be the duty of the local registrar to secure the necessary information and signature to make proper certificate of bir Provided, That in cities, the certificate of birth shall be filed at less intervals than 10 days after birth, if so required by mu cipal ordinances or regulations now in force, or that may hereafter be enacted.

Sec. 38-215. CERTIFICATES OF BIRTH. The certificate of birth shall be filled out as per blanks for that purpose.

Sec. 38-223. * * * * *, any physician or midwife, in attendance upon a case of confinement, or any other person charg with responsibility for reporting births, in the order named in Sec. 38-214 who shall neglect or refuse to file a proper cert cate of birth with the local registrar, within the time required by this article, shall be deemed guilty of a misdemeanor, a upon conviction thereof, shall be fined not less than $10 nor more than $300.

MEDICAL REPORT
(Not for certified copies)

(To be used for Crippled Children, Maternal and Child Health Work)

(a) Pregnancy: Complications of.....

.....

.....

(b) Labor: Complication.....

.....

..... Induced?.....

.....

(d) Did baby have any:

(1) Congenital Malformation? .....

Describe:.....

(2) Birth Injury?.....

Describe:.....

(e) Signature of Physician:

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH

Form V. S. No. 11-C—20m-2-15-12

[redacted] IDAHO
[redacted] AL STATISTICS
[redacted] OF BIRTH

County of Bingham

City of Monroe

Registration District No. 33 File No. 11121

No. ..... St.

Primary Registration District No. 2132 Registered No. 110

Hospital .....

FULL NAME OF CHILD .....

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
male			yes	4/30 1912

FATHER		MOTHER	
FULL NAME	H. A. Whitmill	FULL MAIDEN NAME	Leelia Pope
RESIDENCE	Monroe	RESIDENCE	Monroe
COLOR	white	COLOR	white
AGE AT LAST BIRTHDAY	34 (Years)	AGE AT LAST BIRTHDAY	33 (Years)
BIRTHPLACE	Utah	BIRTHPLACE	Utah
OCCUPATION	Farmer	OCCUPATION	Housekeeper

Number of child of this mother, including present birth 7

Number of children of this mother now living, including present birth 6

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 4 P.M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Elizabeth J. Rappleye midwife

(Physician or midwife)

Address Shelley, Idaho

Given names added from a supplemental report

..... 19.....

..... Registrar

Filed 12-1 1912 Edwin Cutler M.D.

Registrar

8-Y CO. 20174

FEB 27 1962

Documents listed on back -

IDAHO STATE BOARD OF HEALTH
DIVISION OF VITAL STATISTICS

Affidavit to Correct or Amend An Original Certificate of Birth or Death

State of IDAHO
County of Bonneville } ss.

Certificate No. 11121

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of birth (Birth or Death)
for Unnamed Whitmill (Name on Original Certificate) who born (Was Born or Died) on 11-30-12 (Date of Event)
in Monroe (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts are shown by (Bible Record, Insurance Policy, Etc.) prepared on (Give Date), are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
Child's Name	Unnamed	Lewis Charles Whitmill
Birthdate	November 30, 1912	October 30, 1912

Subscribed and sworn to before me this 7th day of February, 1962

Notary Public, residing at Idaho Falls
My commission expires 9/2/62
(Seal)

Signed X Peter Whitmill
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

772 "K" Street, Idaho Falls, Idaho
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of IDAHO
County of Bonneville } ss.

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 16 day of February, 1962

Notary Public, residing at Idaho Falls, Idaho
My commission expires March 31-1963
(Seal)

Signed X Bertha Bradshaw
(Signature of Any Credible Person)

R. 2 Rigby Idaho
(Street Address, City, State)

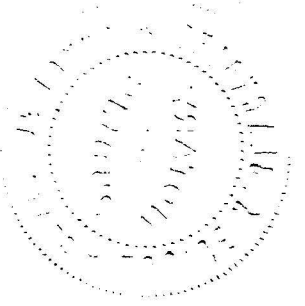
FORM DPH 55.155

L 9-19-57 1 copy paid

Own Child's Birth Cert. on file: (Idaho Birth) #233089 gives full name of father as Lewis Charles Whitmill, age 22, born at Shelley, Idaho- viewed by V.S.

Pacific National Life Insurance Co. Policy No. 24678, dated April 21, 1938 gives full name as Lewis Charles Whitmill, age at time policy was taken out-25 years old, born October 30, 1912 at Shelley, Idaho - viewed by V.S.

L.D.S. Church Certificate of Baptism and Confirmation, July 3, 1921 gives full name of child as Lewis Charles Whitmill, born October 30, 1912 at Basalt, Idaho, son of Henry A. Whitmill and Delia Pope - viewed by V.S.



619-205-006-412

PLACE OF BIRTH

Form V. S. No. 11-C—15m-6-20-11

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

County of Bingham

City of Jamestown Registration District No. 83 File No. 11122

No. ____, ____ St.

Primary Registration District No. 2152 Registered No. 88

Hospital ____

FULL NAME OF CHILD ____

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
F			yes	10 — 5 — 1912

FATHER		MOTHER	
FULL NAME	John E. Farrer	FULL MAIDEN NAME	Minnie Rasmussen
RESIDENCE	Jamestown	RESIDENCE	Jamestown
COLOR	White	AGE AT LAST BIRTHDAY	29 (Years)
COLOR	White	AGE AT LAST BIRTHDAY	26 (Years)
BIRTHPLACE	Utah	BIRTHPLACE	Utah
OCCUPATION	Farmer	OCCUPATION	H. K.

Number of child of this mother, including present birth 5

Number of children, of this mother, now living, including present birth 5

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Live (Born alive or stillborn), at 2 A. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Eduard Cutler M. D.

(Physician or ~~Midwife~~)

Address Shelley Ida

Given names added from a supplemental report

....., 19.....

Filed 11—1 1912 Eduard Cutler M. D.

S-Y CO., 16670 Registrar Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

JUN 25 1968

693-204-006-249

PLACE OF BIRTH

County of Bingham

City of Preston

No. ____, ____ St.

Hospital ____

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

Form V. S. No. 11-C—15m-6-20-11

Registration District No. 33

File No. 11123

Primary Registration District No. 2152

Registered No. 87

FULL NAME OF CHILD ____

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
F			yes	10 — 4, 1912

FATHER		MOTHER	
FULL NAME	Henry K. Williams	FULL MAIDEN NAME	Margaret Burrell
RESIDENCE	Preston	RESIDENCE	Preston
COLOR	White	AGE AT LAST BIRTHDAY (Years)	35
COLOR	White	AGE AT LAST BIRTHDAY (Years)	28
BIRTHPLACE	Colo.	BIRTHPLACE	Idaho
OCCUPATION	Farmer	OCCUPATION	H. K.

Number of child of this mother, including present birth 5

Number of children, of this mother, now living, including present birth 5

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was 5 (Born alive or stillborn) alive, at 9 30 P. M. on the date above stated.

(Signature) Edwin Cutler M. D.

(Physician or Midwife)

Address Shelley, Ida.

Filed 11 — 1 1912 Edwin Cutler M.D. Registrar

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report

....., 19.....

..... Registrar

S-Y CO., 16670

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

JUL 21 1965

849-22 41006-268

PLACE OF BIRTH

County of Bingham

City of Kimbel

No. ____, ____ St.

Hospital ____

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

Form V. S. No. 11-C—15m-6-20-11

Registration District No. 33 File No. 11124

Primary Registration District No. 2162 Registered No. 86

FULL NAME OF CHILD ____

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
F			yes	10 — 24 — 1912

FATHER		MOTHER	
FULL NAME	John H. Quist	FULL MAIDEN NAME	Eliza Boyce
RESIDENCE	Kimbel	RESIDENCE	Kimbel
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	40 (Years)	AGE AT LAST BIRTHDAY	40 (Years)
BIRTHPLACE	Utah	BIRTHPLACE	Utah
OCCUPATION	Farmer	OCCUPATION	H. K.

Number of child of this mother, including present birth 3

Number of children, of this mother, now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn), at 4 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Edwin Cutler M.D.

(Physician or ~~Midwife~~)

Address Shelley, Ida.

Given names added from a supplemental report.

....., 19.....

Registrar

Filed 11 — 1 1912 Edwin Cutler M.D.

Registrar

S-Y CO., 16670

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

PLACE OF BIRTH

County of

863.207.006-389

PLACE OF BIRTH

County of Bingham

City of Shelley

No. ____ St.

Hospital ____

Form V. S. No. 11-C—20m-2-15-12

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 83 File No. 11125

Primary Registration District No. 2152 Registered No. 95

FULL NAME OF CHILD Baby Holts.

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Female	twin	2	Yes	Oct 7 1912

FATHER		MOTHER	
FULL NAME	John H. Holt	FULL MAIDEN NAME	Emma I Christensen
RESIDENCE	Shelley	RESIDENCE	Shelley
COLOR	White	COLOR	white
AGE AT LAST BIRTHDAY (Years)	33	AGE AT LAST BIRTHDAY (Years)	29
BIRTHPLACE	Utah	BIRTHPLACE	Utah
OCCUPATION	Laborer	OCCUPATION	Housekeeper

Number of child of this mother, including present birth 4

Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 9 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Elizabeth J. Rappleye

(Physician or midwife)

Address Shelley Idaho

Given names added from a supplemental report

....19....

Registrar

Filed 11-1 1912 Edwin Cutler M.D.

Registrar

8-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Form V. S. No. 11-C- 30m-2[illegible]-15

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

PLACE OF BIRTH

County of

863.207.006-389

Form V. S. No. 11-C—20m-2-15-12

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Bingham

City of Shelley

No. ..... St.

Hospital .....

Registration District No. 33 File No. 11126

Primary Registration District No. 2162 Registered No. 74

FULL NAME OF CHILD Ruth Holtz

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Female	Twin	1	yes	Oct. 7 1912

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	John H Holtz	Emma J Christnsen
RESIDENCE	Shelley	Shelley
COLOR	white	white
AGE AT LAST BIRTHDAY (Years)	33	29
BIRTHPLACE	Utah	Utah
OCCUPATION	Laborer	Housekeeper

Number of child of this mother, including present birth 4

Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 2 9 M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Elizabeth J. Rappleye

midwife (Physician or midwife)

Address Shelley Idaho.

Given names added from a supplemental report

..... 19.....

..... Registrar

Filed 11-1 1912 Edwin Cutler Registrar

8-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Form V. S. No. 11-C—20m-2-15-12

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

PLACE OF BIRTH

County of

236-124-006-168

PLACE OF BIRTH

County of Bingham

City of Goshen

No. ____ St.

Hospital ____

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

Form V. S. No. 11-C—20m-2-15-12

CERTIFICATE OF BIRTH

Registration District No. 33 File No. 11127

Primary Registration District No. 2132 Registered No. 93

FULL NAME OF CHILD ____

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of Birth
male			yes	Oct 24 (Month) (Day) 191? (Year)

FATHER		MOTHER	
FULL NAME	A. E. Story	FULL MAIDEN NAME	Ezra Johnson
RESIDENCE	Goshen	RESIDENCE	Goshen
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	22 (Years)	AGE AT LAST BIRTHDAY	18 (Years)
BIRTHPLACE	Utah	BIRTHPLACE	Utah
OCCUPATION	Laborer	OCCUPATION	Housekeeper

Number of child of this mother, including present birth One

Number of children of this mother now living, including present birth one

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 4 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Elizabeth J. Rappleye

midwife (Physician or midwife)

Address Shelley Idaho

Given names added from a supplemental report

....19....

Filed 11-1 1912 Edwin Cutler M.D.

Registrar

....Registrar

S-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

DUP OF 1912-325851

796105 0010-381

PLACE OF BIRTH

County of Bonneville

City of Idaho Falls

No. ..... St.

Hospital

Form V. S. No. 11-C—20m-2-15-12

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 2152 File No. 11128

Primary Registration District No. 83 Registered No. 92

FULL NAME OF CHILD Ernest Gifford

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Male		5	yes	10-5-12

FATHER		MOTHER	
FULL NAME	Henry L. Gifford	FULL MAIDEN NAME	Lillie Chaffin
RESIDENCE	Idaho Falls, Ida.	RESIDENCE	Idaho Falls, Ida.
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	28 (Years)	AGE AT LAST BIRTHDAY	25 (Years)
BIRTHPLACE	Logan Utah	BIRTHPLACE	Mill Creek Utah
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth .....

Number of children of this mother now living, including present birth .....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive at 4 00 A. M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) F. R. Overton M.D.
(Physician or midwife)

Address Shelley Idaho

Given names added from a supplemental report

..... 19.....

Filed 11-1 1912

..... Registrar

..... Registrar

S-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

PLACE OF BIRTH

MAR 14 1942

36 006.413

PLACE OF BIRTH

County of Bingham

City of Shelley

No. ____ St.

Hospital Home

Form V. S. No. 11-C—20m-2-15-12

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 83 File No. 11129

Primary Registration District No. 2162 Registered No. 91

FULL NAME OF CHILD ____

Sex of Child	Twin, Triplet or other?	and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth (Month) (Day) (Year)
female	~	3	yes	Oct 27 1912

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	Steve Nicole	Mary Maloney
RESIDENCE	Shelley Idaho	Shelley Idaho
COLOR	white	white
AGE AT LAST BIRTHDAY (Years)	42	38
BIRTHPLACE	Iowa	Iowa
OCCUPATION	Farmer	Home wife

Number of child of this mother, including present birth 4 Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 8:20 P.M. on the date above stated.

(Signature) F. R. Beals M.D.

(Physician or midwife)

Address Shelley Idaho

Filed 11-1-12 Edwin Cutler M.D. Registrar

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report

....., 19.....

..... Registrar

S-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

DUP OF 1912- 340852

NOT

3 B 230-006815

PLACE OF BIRTH

Form V. S. No. 11-C—10m-8-7-11

STATE OF IDAHO
Bureau of Vital Statistics
CERTIFICATE OF BIRTH

11130

County of Bingham

City of Firth

No ____, ____ St.

Hospital ____

Registration District No 83 File No. 1

Primary Registration District No. 252 Registered No. 98

FULL NAME OF CHILD Amelia Sandoval

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) Oct (Day) 30 (Year) 12
Female				

FATHER		MOTHER	
FULL NAME	Orson V. Sandoval	FULL MAIDEN NAME	Pearl Iona Hansen
RESIDENCE	Firth	RESIDENCE	Firth
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	24 (Years)	AGE AT LAST BIRTHDAY	21 (Years)
BIRTHPLACE	Millard Utah	BIRTHPLACE	Henry Iowa
OCCUPATION	Farmer	OCCUPATION	Farmers wife

Number of child of this mother, including present birth 2

Number of children, of this mother, now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born Oct 30 20 at 7 P. M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Alice F. Sessions

(Physician or Midwife)

Given names added from a supplemental report

....., 19.....

Address .....

Filed Oct 30 19 12

SYMS - YORK CO., PTRS. & BDRS. 17326

Registrar

Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

DECEASED

519407.006-666

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

Form V. S. No. 11-C—10m-8-7-11

PLACE OF BIRTH

County of Buchanan

City of Firth

No. ____, ____ St.

Hospital ____

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

11131

Registration District No. 38 File No. 17

Primary Registration District No. 2152 Registered No. 87

FULL NAME OF CHILD Roy Taylor mailloux

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
	one	2	yes	oct 1 1912

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	Robert Taylor mailloux	Pearl woody
RESIDENCE	Firth	Firth
COLOR	white	white
AGE AT LAST BIRTHDAY (Years)	24	18
BIRTHPLACE	Tennissee	Tennissee
OCCUPATION	Farmer	House wife

Number of child of this mother, including present birth 2

Number of children, of this mother, now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive on the date above stated. (Born alive or stillborn) ..... at 8 P.M.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) [illegible]

(Physician or Midwife)

Address Shelley R F D 1

Filed oct 17 1912 Edwin Cutler Jr D Registrar

Given names added from a supplemental report

....., 19.....

Registrar

SVMS - YORK CO., PTRS. & SDRS. 17826

NAILLON

Duplicate 1912-407358 has been voided

413116.006666

PLACE OF BIRTH

STATE OF IDAHO

Bureau of Vital Statistics

Form V. S. No. 11-C—15m-6-20-11

County of Blaine Amended 12/16/74 CERTIFICATE OF BIRTH

City of Hailey

Registration District No. 33 File No. 11132

No. ____, ____ St.

Primary Registration District No. 215-2 Registered No. 24

Hospital ____

FULL NAME OF CHILD Henry E. Malcom

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
M		3	yes	9 — 16 — 1912

FATHER	MOTHER
FULL NAME K. L. Malcom	FULL MAIDEN NAME Hattie E. Caddell
RESIDENCE Shelby	RESIDENCE
COLOR White	COLOR White
AGE AT LAST BIRTHDAY 45 (Years)	AGE AT LAST BIRTHDAY 37 (Years)
BIRTHPLACE Virginia	BIRTHPLACE Virginia
OCCUPATION Contractor	OCCUPATION H. K.

Number of child of this mother, including present birth 7

Number of children, of this mother, now living, including present birth 7

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn), at 6 M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Edwin Cutler M.D.

(Physician or Midwife)

Address Hailey Idaho

Given names added from a supplemental report

....., 19.....

Filed 10-1- 1912 Edwin Cutler M.D.

S-Y CO., 16670 Registrar Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

DEC 4 1974

IDAHO DEPARTMENT OF HEALTH

BUREAU OF VITAL STATISTICS

RECEIVED
VITAL STATISTICS
DEC 10 12 45 PM '74

Affidavit to Correct or Amend An Original Certificate of Birth or Death

State of Idaho } ss.
County of Bingham

Certificate No. 11132

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of birth (Birth or Death)
for Unnamed Malcolm (Male) (Name on Original Certificate) who was born (Was Born or Died) on Sept. 16, 1912 (Date of Event)
in Shelley, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts are shown by (Bible Record, Insurance Policy, Etc.) prepared on (Give Date), are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
child's name	Unnamed Malcolm	Henry Edward Malcom
father's last name	Malcolm	Malcom

Subscribed and sworn to before me this ninth day of December 1974

Notary Public, residing at Shelley, Idaho
My commission expires Jan. 18, 1976
(Seal)

Signed Henry E. Malcom
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Idaho } ss.
County of Bingham

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this ninth day of December 1974

Notary Public, residing at Shelley, Idaho
My commission expires January 18, 1976
(Seal)

Signed Sam Christensen
(Signature of Any Credible Person)

570 South Park, Shelley, Idaho 83274
(Street Address, City, State)

FORM DH 60-155 CL 12/4/74

Certif. of Enrollment in the Idaho Volunteer Reserve gives name as Henry E, Malcom, dated July 29, 1942. enrooled as Private. signed by Joseph M.Bowler. viewed VS

DEC 16 1974

Card from Nationa Muzzle Loading Rifle Assoc. gives name as Henry E. Malcom. No. 5934. dated Jan 1944. viewe by V. S.

491-107: 006-389

PLACE OF BIRTH

County of Bingham

City of Preston

No. ____, ____ St.

Hospital ____

Form V. S. No. 11-C—15m-6-20-11

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

Registration District No. 38 File No. 11133

Primary Registration District No. 2162 Registered No. 78-

FULL NAME OF CHILD ____

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
M.		3	yes	9-7-19[illegible]

FATHER	MOTHER
FULL NAME Chas L. Deal	FULL MAIDEN NAME Emma Cutler Hansen
RESIDENCE Preston	RESIDENCE Preston
COLOR White AGE AT LAST BIRTHDAY 43 (Years)	COLOR White AGE AT LAST BIRTHDAY 36 (Years)
BIRTHPLACE Illinois	BIRTHPLACE Utah
OCCUPATION Farmer	OCCUPATION At H.

Number of child of this mother, including present birth 3

Number of children, of this mother, now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Alive (Born alive or stillborn) at 2 A. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Edwin Cutler Jr. D

(Physician or Midwife)

Address Shelley, Idaho

Given names added from a supplemental report

____, 19____

____ Registrar

Filed 10 — 19[illegible] Edwin Cutler Jr. D

Registrar

S-Y CO., 16670

MARGIN RESERVED FOR BINDING

WRITE PLAINLY. WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

STATE OF IDAHO
Bureau of Vital Statistics
CERTIFICATE OF BIRTH

PLACE OF BIRTH

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth, a SEPARATE CERTIFICATE must be made for each and the number of each, in order of birth, stated

689-21-0065-43

PLACE OF BIRTH

County of Bingham

City of Shelley

No. ____, ____ St.

Amended 5/24/79

Hospital ____

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

Form V. S. No. 11-C—15m-6-20-11

Registration District No. 33

File No. 11134

Primary Registration District No. 2152

Registered No. 76

FULL NAME OF CHILD Helen Whiting

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
F		4	yes	9 — 21 — 1912

FATHER		MOTHER	
FULL NAME	Leymon D. Whiting	FULL MAIDEN NAME	Josephine Nuttall
RESIDENCE	Shelley	RESIDENCE	Shelley
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	27 (Years)	AGE AT LAST BIRTHDAY	25 (Years)
BIRTHPLACE	Utah	BIRTHPLACE	Utah
OCCUPATION	Farmer	OCCUPATION	H. K.

Number of child of this mother, including present birth 4

Number of children, of this mother, now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn), at 10 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Edwin Cutler M.D.

(Physician or ~~Midwife~~)

Address Shelley, Idaho

Given names added from a supplemental report

....., 19....

Filed 10-1 1912 Edwin Cutler M.D.

Registrar

Registrar

S-Y CO., 16670

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

IDAHO DEPARTMENT OF HEALTH
BUREAU OF VITAL STATISTICS

RECEIVED
BUREAU OF
VITAL STATISTICS
MAR 20 3 07 PM '79

Affidavit to Correct or Amend An Original Certificate of Birth or Death

State of .....
County of ..... } ss.

Certificate No. 11134

Date Filed .....

The undersigned does solemnly swear that certain facts on the certificate of birth (Birth or Death)
for Unnamed Whiting (female) (Name on Original Certificate) who was born (Was Born or Died) on Sept. 21, 1912 (Date of Event)
in Shelley, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts are shown by ..... (Bible Record, Insurance Policy, Etc.) prepared on ..... (Give Date), are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
child's name	Unnamed	Helen Whiting

Subscribed and sworn to before me this ..... day of
....., 19.....

.....
Notary Public, residing at .....
My commission expires .....
(Seal)

Signed .....
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

.....
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Utah
County of Utah } ss.

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 12 day of
March, 1979

Franklin J. Barlow
Notary Public, residing at Provo Utah
My commission expires 10-7-80
(Seal)

Signed Lamar Whiting - Brother
(Signature of Any Credible Person)

Rt 1, Box 58 Idaho Falls, Ida. 83401
(Street Address, City, State)

CL 1/31/75 nm

FORM DH 60-155

MAY 24 1979

Photocopy of statement regarding church records from Kent B. Merrill, Clerk 20th Ward, LDS Church, Pocatello, Idaho dated February 10, 1975 gives: Helen Whiting Denison born September 21, 1912 at Shelley, Bingham County, Idaho. Father: Lyman J. Whiting Mother: Josephine Nuttall Baptized: August 21, 1921. -- viewed by VS

Own child's birth certificate on file Idaho, #287714, for Deanna Denison born December 13, 1939 in Boise gives mother as Helen Whiting born in Idaho Falls, Idaho Age:27--viewed by VS

364-12-0064/5

PLACE OF BIRTH — Amended 5/10/74

Form V. S. No. 11-C—15m-6-20-11

STATE OF IDAHO
Bureau of Vital Statistics
CERTIFICATE OF BIRTH

File No. 11135

County of Bingham
City of Woodville
Registration District No. 88
No. ____, ____ St.
Primary Registration District No. 2132
Registered No. 77
Hospital ____

FULL NAME OF CHILD David Leonard Cousins

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
M.		5	yes	9 24 1912

FATHER		MOTHER	
FULL NAME	David Cousins	FULL MAIDEN NAME	Adelia Thompson
RESIDENCE	Woodville	RESIDENCE	Woodville
COLOR	White	AGE AT LAST BIRTHDAY (Years)	36
COLOR	White	AGE AT LAST BIRTHDAY (Years)	23
BIRTHPLACE	Utah	BIRTHPLACE	Utah
OCCUPATION	Farmer	OCCUPATION	Farmer

Number of child of this mother, including present birth 5

Number of children, of this mother, now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn), at 5-P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Edwin Cutler M.D.
(Physician ~~or Midwife~~)
Address Shelley, Idaho

Given names added from a supplemental report

....., 19....
Registrar

Filed Sept 12 1912 Edwin Cutler M.D.
Registrar

S-Y CO., 16670

MARGIN RESERVED FOR BINDING
WRITE PLAINLY. WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

Form V. S. No. U. C.-Ida.-6-20-11

STATE OF IDAHO
Bureau of Vital Statistics
CERTIFICATE OF BIRTH

Amended 5/10/74

PLACE OF BIRTH

County of

3-21-74

IDAHO DEPARTMENT OF HEALTH
BUREAU OF VITAL STATISTICS

RECEIVED
BUREAU OF
VITAL STATISTICS
APR 24 10 28 AM '74

Affidavit to Correct or Amend An Original Certificate of Birth or Death

Certificate No. 11135

State of Idaho
County of Bonneville

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of Birth (Birth or Death)
for David Lanard Cousin (Name on Original Certificate) who was born (Was Born or Died) on Sept. 22, 1912 (Date of Event)
in Woodville (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts are shown by (Bible Record, Insurance Policy, Etc.) prepared on (Give Date), are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
Childs middle name	Lanard	Leonard
Date of birth	Sept. 22	Sept. 24

Subscribed and sworn to before me this 3rd day of April, 1974

Notary Public, residing at Idaho Falls, Idaho
My commission expires 3-30-77
(Seal)

Signed Adelia Cousin
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

405 E 13th St. Idaho Falls Idaho 83401
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Idaho
County of Bonneville } ss.

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 30 day of April, 1974

Notary Public, residing at Idaho Falls, Idaho
My commission expires 3-30-77
(Seal)

Signed Ann Stark
(Signature of Any Credible Person)

1135 Stanger Ave. Idaho Falls, Idaho
(Street Address, City, State)

FORM DH 60-155

Correction corresp. (C) nm

Family Bible record gives name as David Leonard Cousin born Sept. 24, 1912 Blessed Nov. 3, 1912 and Baptized Oct. 17, 1921. Viewed by V. S. MAY 10 1974

Own child's birth certif. on file in Idaho (#52-16446) gives father's name as David Leonard Cousin. viewed by V. S.

655-104-006655

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

PLACE OF BIRTH

Form V. S. No. 11-C—10m-8-7-11

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

11136

County of Bingham

City of Basalt Ida

Registration District No 33 File No. 13

No ....., ... St.

Hospital at home • Primary Registration District No. 2152 Registered No. 84

FULL NAME OF CHILD Charvat Oli Weeding

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
male	one	2	yes	sep 4 1912

FATHER		MOTHER	
FULL NAME	Charles G. Weeding	FULL MAIDEN NAME	Wanda M. Weeding
RESIDENCE	Firth Idaho	RESIDENCE	Firth Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	28 (Years)	AGE AT LAST BIRTHDAY	25 (Years)
BIRTHPLACE	Hyrum Utah	BIRTHPLACE	Hyrum Utah
OCCUPATION	Farmer	OCCUPATION	House Wife

Number of child of this mother, including present birth 2

Number of children of this mother, now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive sep 4, at 8 a M. on the date above stated.

(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Alice F. sessions

Midwife

(Physician or Midwife)

Address Shelley Ida R. F. D. #1

Given names added from a supplemental report

....., 19.....

Filed N.O.V. 18 1912 Edwin Cutler M.D.

Registrar

Registrar

SYMS - YORK CO., PTRS. & BDRS. 17326

815-202-006-753

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

Form V. S. No. 11-C—10m-8-7-11

PLACE OF BIRTH

County of Bingham

City of Goshen Ida

No ....., ... St.

Hospital .....

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

11137

Registration District No. 29 File No. 12

Primary Registration District No. 2132 Registered No. 83

FULL NAME OF CHILD Eleora Esther Hansen

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Girl			yes	Sep 2, 1912

FATHER		MOTHER	
FULL NAME	Hiram K Hansen	FULL MAIDEN NAME	Esther Peterson
RESIDENCE	Goshen	RESIDENCE	Goshen
COLOR	White	AGE AT LAST BIRTHDAY (Years)	28
BIRTHPLACE	Hyrum Utah	COLOR	light
OCCUPATION	Farming	AGE AT LAST BIRTHDAY (Years)	22
		BIRTHPLACE	Hyrum Utah
		OCCUPATION	House wife

Number of child of this mother, including present birth 2

Number of children, of this mother, now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born a live Sep 2 (Born alive or stillborn) on the date above stated., at 1 P.M.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report

....., 19.....

..... Registrar

(Signature) Alice F. Sessions

midwife

(Physician or Midwife)

Address Shelley Idaho R.F.D. No 1

Filed Sept 11 19 12 Edwin Cutler M.D.

Registrar

SYMS - YORK CO., PTRS. & BDRS. 17326

1K

Certified Copy issued Nov. 4, 1940. E.W.

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of Idaho }
County of Bingham } ss.

Certificate No. 11137

Date Filed 2/ Birth

The undersigned does solemnly swear that certain facts on the certificate of (Birth or Death)
for Cleora Esther Hansen (Name on Original Certificate) who was born (Was Born or Died) on September 2, 1917 (Date of Event)
in Gaskill, Bingham County, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts are shown by (Bible Record, Insurance Policy, Etc.) prepared on (Give Date), are:

FACTS TO BE CORRECTED ("Name", "Birth Date", "Cause of Death", Etc.)	FROM (As on Original)	TO (The Correct Facts)
age of father	38	28 yrs.

Subscribed and sworn to before me this 23rd day of March, 19 44

Notary Public, residing at Shelley Idaho

My commission expires 9-23-44
(Seal)

Signed Hiram H Hansen
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of }
County of } ss.

[This Affidivat **MUST** Also be Executed.
(See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this
day of , 19

Notary Public, residing at

My commission expires
(Seal)

Signed
(Signature of Any Credible Person Other Than Previous Year)

(Street Address, City, State)

313-208-00b364

Form V. S. No. 11-C—10m-8-7-11

PLACE OF BIRTH

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

County of Bingham

City of Basalt

No ____, ____ St.

Hospital ____

Registration District No 53 File No. 11138

Primary Registration District No. 2152 Registered No. 82

FULL NAME OF CHILD Wanetta Caldwell

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth
F			yes	Sept 8 (Month) (Day) 1912 (Year)

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	Thomas Monroe Caldwell	Lydda Anna Lock
RESIDENCE	Basalt	Basalt
COLOR	White	White
AGE AT LAST BIRTHDAY	20 (Years)	17 (Years)
BIRTHPLACE	Moran Idaho	Norton Kansas
OCCUPATION	Laborer	Housewife

Number of child of this mother, including present birth 1

Number of children, of this mother, now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive Sept 8 at 7 A.M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Alice F. Simmons

(Physician or Midwife)

Address Shelley Idaho R.F.D. 1

Given names added from a supplemental report

....., 19.....

Filed Sept 17 12 Edwin Cutler M.D.

Registrar

Registrar

SYMS - YORK CO., PTRS. & BDRS. 17326

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

K

AUG 23 1967

DECEASED

849-201-00695 7

PLACE OF BIRTH

STATE OF IDAHO

Form V. S. No. 11-C—10m-8-12

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

11139

County of Bingham

City of Basalt

No ....., ... St.

Registration District No 38 File No. 11

Primary Registration District No. 2162 Registered No. 82

Hospital .....

FULL NAME OF CHILD Viola Julia Quinn

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Female				Yes	Sept. 1st 1912

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	Jas A. Quinn.	Elizabeth Ingleton
RESIDENCE	Basalt, Idaho.	Basalt, Ida.
COLOR	White	White
AGE AT LAST BIRTHDAY (Years)	30	27
BIRTHPLACE	Manassa, Colo.	Salt Lake City, Utah
OCCUPATION	Farming	House Wife.

Number of child of this mother, including present birth Five.

Number of children, of this mother, now living, including present birth Five.

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive Sept 1st at 5 P.M. on the date above stated.

(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Alice A. Sessions

Midwife

(Physician or Midwife)

Given names added from a supplemental report

....., 19.....

Address Shelley Ida R. F. D. #1

Filed Sept 10 1912 Edwin Cutler M.D.

SYMS - YORK CO., PTRS. & BDRS. 17326

Registrar

Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

JAN 16 1959

264-27-666000

PLACE OF BIRTH

County of Bingham

City of Basalt

No. ____ St.

Hospital ____

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

Form V.S. No. 11-C 20m-2-15-12

CERTIFICATE OF BIRTH

Registration District No. 23 File No. 11140

Primary Registration District No. 2152 Registered No. 81

FULL NAME OF CHILD ____

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births) and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Female		yes	Sept 27 1912

FATHER		MOTHER	
FULL NAME	William Seddard	FULL MAIDEN NAME	
RESIDENCE	Basalt	RESIDENCE	Basalt
COLOR	white	COLOR	White
AGE AT LAST BIRTHDAY (Years)	63	AGE AT LAST BIRTHDAY (Years)	40
BIRTHPLACE	Utah	BIRTHPLACE	Nebraska
OCCUPATION	Farmer	OCCUPATION	Housekeeper

Number of child of this mother, including present birth 9

Number of children of this mother now living, including present birth 9

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 6 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Elizabeth J. Rappleye

midwife (Physician or midwife)

Address Shelley Idaho

Given names added from a supplemental report

....19....

Registrar

Filed Oct 1 1912 Edwin Cutler M.D.

Registrar

8-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

PLACE OF BIRTH

291-111-00457

Form V. S. No. 11-C—20m-2-15-12

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Blaine

City of Shelley

No. ..... St.

Hospital .....

Registration District No. 33 File No. 11141

Primary Registration District No. 2162 Registered No. 78

FULL NAME OF CHILD Wallace McGary Bradley

Sex of Child	Twin / Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
male			yes	Sept 11 1912

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	A. Mc. Bradley	Hazel [illegible]
RESIDENCE	[illegible]	Shelley
COLOR		white
AGE AT LAST BIRTHDAY (Years)	24	22
BIRTHPLACE	Utah	Utah
OCCUPATION	Laborer	Housekeeper

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was [illegible] (Born alive or stillborn), at 4 P.M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Elizabeth J. Rodgers
midwife
(Physician or midwife)

Address Shelley Ida

Given names added from a supplemental report

..... 19.....

Filed 12-1 1912 Edwin Cutler Reg'd.
Registrar

..... Registrar

8-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

JUN 1 4 1974

IDAHO DEPARTMENT OF HEALTH

BUREAU OF VITAL STATISTICS

Affidavit to Correct or Amend An Original Certificate of Birth or Death

State of ..... } ss.
County of ..... }

RECEIVED BUREAU OF VITAL STATISTICS JUN 20 11 21 AM '74

Certificate No. 11141

Date Filed .....

The undersigned does solemnly swear that certain facts on the certificate of birth (Birth or Death)

for Unnamed Bradly (Male) (Name on Original Certificate) who was born (Was Born or Died) on Sept. 11, 1912 (Date of Event)

in Shelley, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the true facts are shown by ..... (Bible Record, Insurance Policy, Etc.) prepared on ..... (Give Date), are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
child's name	Unnamed Bradly	Wallace McGary Bradley
father's last name	Bradly	Bradley

Subscribed and sworn to before me this 17 day of June, 19 74

Notary Public, residing at Shelley, Idaho

My commission expires 3-26-75

(Seal)

Signed E. Douglas Kuhlman

(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

.....

(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of ..... } ss.
County of ..... }

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this ..... day of ....., 19.....

Notary Public, residing at .....

My commission expires .....

(Seal)

Signed Viola J. Marden

(Signature of Any Credible Person)

Box 526

(Street Address, City, State)

Shelley, Idaho

FORM DH 60-155

CL 6/13/74

Certificate of Baptism and Confirmation from the LDS Church gives name as Wallace McGary Bradley son of Amos M. Bradley and Hazel McGary. born Spet. 11, 1912 at Shelley, Idaho. Was Baptized Oct. 2, 1920. viewed by V. S.

JUN 21 1974

Certificate of Blessing from LDS Church gives name as Wallace M. Bradley son of Amos M. Bradley and Hazel McGary. born Sept. 11, 1912 at Shelley, Idaho. Was Blessed Nov. 3, 1912. viewed by V. S.

743-219.006-614

Amended 6-1-66

(Be sure the information is complete and accurate)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 11142
Local Reg. No. 79
Reg. Dist. No. 33

1. PLACE OF BIRTH
a. COUNTY: Bingham
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN: Shelley
c. FULL NAME OF (If NOT in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION:

2. USUAL RESIDENCE OF MOTHER (Where does mother live?)
a. STATE: Idaho
b. COUNTY: Bingham
c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN: Shelley
d. STREET ADDRESS (If rural, give location):

3. CHILD'S NAME (Type or print)
a. (First): Harriet
b. (Middle): A.
c. (Last): Gutke

4. SEX: Female

5a. THIS BIRTH: SINGLE X TWIN ____ TRIPLET ____

5b. IF TWIN OR TRIPLET (This child born) 1st ____ 2nd ____ 3rd ____

6. DATE OF BIRTH: (Month) Sept. (Day) 19, (Year) 1912

FATHER OF CHILD

7. FULL NAME
a. (First): William
b. (Middle): M.
c. (Last): Gutke

8. AGE (At time of this birth): 25 YEARS

9. BIRTHPLACE (State or foreign country) (City or Town): Idaho

10. USUAL OCCUPATION: Farmer

11. KIND OF BUSINESS OR INDUSTRY:

MOTHER OF CHILD

12. FULL MAIDEN NAME
a. (First): Edith
b. (Middle): A.
c. (Last): Wadsworth

13. AGE (At time of this birth): 21 YEARS

14. BIRTHPLACE (State or foreign country) (City or Town): Idaho

15. CHILDREN PREVIOUSLY BORN TO THIS MOTHER (Do NOT include this child)
a. How many OTHER children are now living? 1
b. How many OTHER children were born alive but are now dead? 0
c. How many children were stillborn (born dead after 20 wks. pregnancy?) 0

16. INFORMANT'S SIGNATURE OR NAME (Relationship):

I hereby certify that this child was born alive on the date stated above.

17. SIGNATURE: Elizabeth J. Rappleye

18. ATTENDANT AT BIRTH: M.D. ____ MIDWIFE X OTHER (Specify) ____

19. ADDRESS: Shelley, Idaho

20. DATE SIGNED:

21. DATE REC'D BY LOCAL REG.: 10-1-1912

22. REGISTRAR'S SIGNATURE: Edwin Cutler, M.D.

23. DATE ON WHICH GIVEN NAME ADDED BY ____ Registrar

...ring this certificate. This certificate MUST be filed with the ...rict where the birth occurred WITHIN 10 days after the date of birth of the child. Address ...ITAL STATISTICS, BOISE, IDAHO.

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Form V. S. No. 11-C—20m-2-15-12

PLACE OF BIRTH

County of Bingham

City of Shelley

No. ____ St.

Hospital ____

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 33 File No. 11142

Primary Registration District No. 2162 Registered No. 79

FULL NAME OF CHILD ____

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Female			yes	Sept 19, 1912

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	W. M. Gutke	Ruth Agneta Woodworth
RESIDENCE	Shelley	Shelley
COLOR	White	White
AGE AT LAST BIRTHDAY (Years)	26	21
BIRTHPLACE	Idaho	Idaho
OCCUPATION	Farmer	Housekeeper

Number of child of this mother, including present birth 2

Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 3 a.m. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Elizabeth J. Rapp M.D.

(Physician or midwife)

Address Shelley Idaho

Given names added from a supplemental report

....19....

....
Registrar

Filed 10-1-1912 Edwin Cutler M.D.
Registrar

8-Y CO. 20174

JUN 1 1966

IDAHO DEPARTMENT OF HEALTH

BUREAU OF VITAL STATISTICS

Affidavit to Correct or Amend An Original Certificate of Birth or Death

RECEIVED
MAY 1 81966
Bureau of Vital Statistics

State of Idaho
County of Bingham } ss.

Certificate No. 11142

Date Filed

The undersigned does solemnly swear that certain facts on the Certificate of Birth
(Birth or Death)
for Unnamed Gutkh (female child) who was born on Sept. 19, 1912
(Name on Original Certificate) (Was Born or Died) (Date of Event)
in Shelley, Idaho are erroneous or were omitted; and that, to the best of his knowledge, the
(Place of Event)
true facts are shown by (Bible Record, Insurance Policy, Etc.) prepared on (Give Date), are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
Full Name of Child	Unnamed	Harriet Ann Gutke
Full Name of Father	W. M. Gutkh	William M. Gutke

Subscribed and sworn to before me this 16 day of May, 1966

Notary Public, residing at Shelley, Idaho

My commission expires Oct 24, 1966

(Seal)

Signed Eugene Christensen
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

Route 1 Shelley Idaho
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Idaho
County of Bingham } ss.

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 16 day of May, 1966

Notary Public, residing at Shelley, Idaho

My commission expires Oct 24, 1966

(Seal)

Signed Eugene Christensen
(Signature of Any Credible Person)

479 So. 4th East
Shelley, Idaho
(Street Address, City, State)

FORM DH 60-155 (Rev.) CL 5-12-66. one copy pd. rec. #12488.

called and wants to correct name to Harriet A. Gutke -

Marriage License and Certificate, State of Idaho, County of Bannock, married June 1, 1936 at Pocatello, Idaho to Kenneth W. Harker and Harriet A. Gutke - viewed by V.S.

Own Child's Birth Cert. on file: (Idaho Birth) #292612 gives full name of mother as Harriet Ann Gutke - viewed by V.S.

L.D.S. Church Cert. of Blessing, Nov. 3, 1912 gives full name as Harrert Anna Gutke, daughter of Wm. Gutke and Ediath Wadsworth, born Sept. 19, 1912 at Shelley, Idaho - viewed by V.S.

L.D.S. Church Cert. of Baptism and Confirmation, Nov. 7, 1920 gives full name as Harriett Ann Gutke, daughter of Wm. M. Gutke and Edith A. Wadsworth, born Sept. 19, 1912 at Shelley, Idaho - viewed by V.S.

113.227.006-386

Form V. S. No. 11-C

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

PLACE OF BIRTH

County of Bingham

City of Monroe

No. ..... St.

Hospital .....

Registration District No. 3 a

Primary Registration District No. 2102

File No. 11143

Registered No. 80

FULL NAME OF CHILD .....

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Female			yes	Aug 27 1912

FATHER		MOTHER	
FULL NAME	George Jackson	FULL MAIDEN NAME	Lottie Tyon
RESIDENCE	Monroe	RESIDENCE	Monroe
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	34 (Years)	AGE AT LAST BIRTHDAY	22 (Years)
BIRTHPLACE	newzealand	BIRTHPLACE	Idaho
OCCUPATION	Farmer	OCCUPATION	Housekeeper

Number of child of this mother, including present birth 3

Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 3. A.M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Elizabeth J. Rappleye

midwife (Physician or midwife)

Address Shelley Idaho

Given names added from a supplemental report

..... 19.....

Filed Oct 1 1912 Edwin Cutler M.D.

Registrar

Registrar

S-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

PLACE OF BIRTH
County of

298-12 [redacted] 749

PLACE [redacted]

Form V. S. No. 11-C—15m-6-20-11

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

County of Boundary

City of Priest River — Registration District No. 8 — File No. 11144

No. ____, ____ St. — Primary Registration District No. 2036 — Registered No. 281

Hospital ____

FULL NAME OF CHILD James Lawrence Ignatius Bryant

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Male		1st	Yes	July 20, 1912

FATHER		MOTHER	
FULL NAME	Jas. Joe. Bryant	FULL MAIDEN NAME	Rosella Murray
RESIDENCE	Priest River —	RESIDENCE	Priest River
COLOR	White	AGE AT LAST BIRTHDAY (Years)	41
COLOR	White	AGE AT LAST BIRTHDAY (Years)	25
BIRTHPLACE	England	BIRTHPLACE	S. Dakota
OCCUPATION	Lumberman	OCCUPATION	Housewife

Number of child of this mother, including present birth One (First) Number of children, of this mother, now living, including present birth One

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 10 P M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report

....., 19.....

.....
Registrar

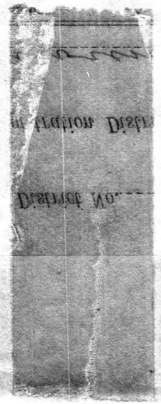
(Signature) H. S. Magamore

Physician
(Physician or Midwife)

Address Priest River, Ida

Filed Feb 9 19 13 M. McKinnon
Registrar

S-Y CO., 16670



66431-209-69

PLACE OF BIRTH

Form V. S. No. 11-C—Rev. 6-15-12

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

11156

County of Boundary

City of Kootenai

Registration District No. 8

File No.

No. St.

Primary Registration District No. 2533

Registered No. 282

Hospital

FULL NAME OF CHILD Clarence Carl Fode

Sex of Child	Twin / Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Male			Yes	Aug 31 1912

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	Carl Fode	Rizzie Weibite
RESIDENCE	Kootenai	Kootenai
COLOR	White	White
AGE AT LAST BIRTHDAY (Years)	24	22
BIRTHPLACE	Russia	Russia
OCCUPATION	Mill Hand	Housework

Number of child of this mother, including present birth 3

Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 4 a. M., on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Wm. H. Potter, Physician (Physician or midwife)

Address Kootenai Idaho

Given names added from a supplemental report

.....19.....

Filed: Feb 9 19 12 W. McKinnon Registrar

.....Registrar

8-Y CO. 20174

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

MARGIN RESERVED FOR BINDING

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

MAR 13 1956

759.118.00-319

PLACE OF BIRTH

Form V. S. No. 11-C—15m-6-20-11

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

11165

County of Ada

City of So Boise

No. Broadmoore Dist.

Registration District No. 1 File No.

Primary Registration District No. 204 Registered No. 33

Hospital

FULL NAME OF CHILD Walter Lee Permenter

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
M.			L.	Jan. 18, 1912

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	Wm L. Permenter	Emma Carr
RESIDENCE	Broadmoore Div.	Broadmoor Div
COLOR	W	W
AGE AT LAST BIRTHDAY (Years)	44	30
BIRTHPLACE	Mo.	Mo.
OCCUPATION	Farmer	H. W

Number of child of this mother, including present birth 2

Number of children, of this mother, now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was ..... (Born alive ~~(or dead)~~) at 5 a. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) John Barker

(Physician ~~or Midwife~~)

Address Boise Ida

Given names added from a supplemental report

....., 19.....

Registrar

Filed Feb 1st 1913 J. M. Taylor

Registrar

S-Y CO., 16670

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

547-204.001-619

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

PLACE OF BIRTH

County of Ada

City of So Boise

No. 314 Mountain St.

Hospital —

Form V. S. No. 11-C—10m-8-7-11

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

11168

Registration District No. 1 File No.

Primary Registration District No. 2004 Registered No. 36

FULL NAME OF CHILD Gladys Edge

Sex of Child F | Twin, Triplet or other? — (To be answered only in event of plural births) | and | Number in order of birth | Legitimate? Yes | Date of birth Dec 4 (Month) (Day) 1917 (Year)

FATHER	MOTHER
FULL NAME Calvin P. Edge	FULL MAIDEN NAME Sarah Warner
RESIDENCE So. Boise	RESIDENCE So Boise
COLOR W.	COLOR W
AGE AT LAST BIRTHDAY 38 (Years)	AGE AT LAST BIRTHDAY 30 (Years)
BIRTHPLACE Ga.	BIRTHPLACE So Da
OCCUPATION Conductor U.P. Co	OCCUPATION Housekeeper

Number of child of this mother, including present birth 2

Number of children, of this mother, now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 12:10 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) W. A. Lukey

Supervisor (Physician or Midwife)

Address Boise

Given names added from a supplemental report

....., 19.....

.....
Registrar

Filed Feb 8th 1918 J. M. Taylor
Registrar

SYMS - YORK CO., PTRS. & BDRS. 17826

MAR 28 1952

MAR 23 1951

55X-105-09-413

PLACE OF BIRTH

Form V. S. No. 11-C—15m-6-20-11

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

11169

County of Ada

City of South Boise

No. 7th E. Main St.

Registration District No. 1

File No.

Primary Registration District No. 2004

Registered No. 37

Hospital

FULL NAME OF CHILD Woodrow Wilson Endsley

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
M.			Yes	12 — 5 — 1912

FATHER

FULL NAME Thomas Endsley

RESIDENCE 7th E. Main St.

COLOR White AGE AT LAST BIRTHDAY 42 (Years)

BIRTHPLACE Illinois

OCCUPATION Idaho Erection Co.

MOTHER

FULL MAIDEN NAME Myra Mallory

RESIDENCE Same

COLOR White AGE AT LAST BIRTHDAY 36 (Years)

BIRTHPLACE Missouri

OCCUPATION Housewife

Number of child of this mother, including present birth 6

Number of children, of this mother, now living, including present birth 5

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was 12 — 5 — 12 (Born alive or stillborn) at 4 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report

....., 19.....

.....
Registrar

(Signature) W. L. Allen M.D. (C.A.)

Allen and Allen
(Physician or Midwife)

Address 301-3 McCarty Bldg

Filed Feb 8 19 13 J. M. Taylor
Registrar

S-Y CO., 16670

MARGIN RESERVED FOR BINDING

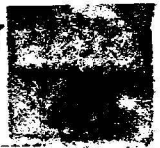
WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

JAN 26 1942

553-115014-458

PLACE OF BIRTH



Form V. S. No. 11-C—15m-6-20-11

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

County of Canyon

City of Nampa. Registration District No. 3 File No. 11173

No. 12. St.

Primary Registration District No. 2005 Registered No. 1

Hospital //////

FULL NAME OF CHILD Raymond Joseph ? Nelson.

Sex of Child	Twin, Triplet, or other?	Number in order of birth	Legitimate?	Date of birth
Male	Single.	2d.	Yes	12-15-12. (Month) (Day) 191 (Year)

(To be answered only in event of plural births)

FATHER	MOTHER
FULL NAME: Oscar W. Nelson.	FULL MAIDEN NAME: Christina A. Meyer
RESIDENCE: Nampa Ida.,	RESIDENCE: Nampa
COLOR: White	AGE AT LAST BIRTHDAY: 25 (Years)
COLOR: White	AGE AT LAST BIRTHDAY: 26 (Years)
BIRTHPLACE: Canby Minn.	BIRTHPLACE: Staceyville Iowa.
OCCUPATION: Common Laborer.	OCCUPATION: House wife

Number of child of this mother, including present birth 2

Number of children, of this mother, now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Alive (Born alive or stillborn), at 2. A. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) W. W. Johnson

(Physician or Midwife)

Given names added from a supplemental report

....., 19.....

Registrar

Address .....

Filed Feb. 3rd 1913 John S. Meyer

Registrar

Pigeon baled by Dr. Johnson (J. S. Meyer)

S-Y CO., 16670

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

OCT 27 1966

243-230-014-612

PLACE OF BIRTH

Form V. S. No. 11-C—15m-6-20-11

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

County of Canyon

City of Caldwell

No. ....., ... St.

Hospital //////

Registration District No. 3

File No. 11175

Primary Registration District No. 1005

Registered No. 3

FULL NAME OF CHILD None Given.

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Female	Single	2d.	Yes	10-20-13., 1912

FATHER	MOTHER
FULL NAME: Edward Bullock,	FULL MAIDEN NAME: Octavia Van Wassmer
RESIDENCE: Caldwell Ida.,	RESIDENCE: Nebraska: Caldwell
COLOR: White	COLOR: White
AGE AT LAST BIRTHDAY: 47 (Years)	AGE AT LAST BIRTHDAY: 38 (Years)
BIRTHPLACE: St.Louis Mo.,	BIRTHPLACE: Nebraska.
OCCUPATION: Merchant	OCCUPATION: House wife.

Number of child of this mother, including present birth 2d.

Number of children, of this mother, now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Alive (Born alive or stillborn), at 9.A.M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) [signature]

(Physician or Midwife)

Address Caldwell, Idaho.

Given names added from a supplemental report

....., 19.....

Registrar

Filed Feb. 3 1913 John S. Meyer

Registrar

S-Y CO., 16670

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

VON WASMER

263-231-014-530

Form V. S. No. 11-C—20m-2-15-12

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF I
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

PLACE OF BIRTH

County of Canyon

City of Nampa Ida

No. ..... St.

Hospital

Registration District No. 1003

Primary Registration District No. 1006

File No. 11198

Registered No. 26

FULL NAME OF CHILD Ora Baltz

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Female	Two	6	Yes	12 31 1912

	FATHER	MOTHER
FULL NAME	Henry J Baltz	Elizabeth Eckel
RESIDENCE	Nampa Ida	Nampa Ida
COLOR	White	White
AGE AT LAST BIRTHDAY (Years)	36	30
BIRTHPLACE	Wisc.	Wisc.
OCCUPATION	Farmer	Housewife

Number of child of this mother, including present birth 6

Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was None (Born alive or stillborn), at 6 P.M., on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) P. D. Calaway M.D.

Phys (Physician or midwife)

Address Nampa Ida

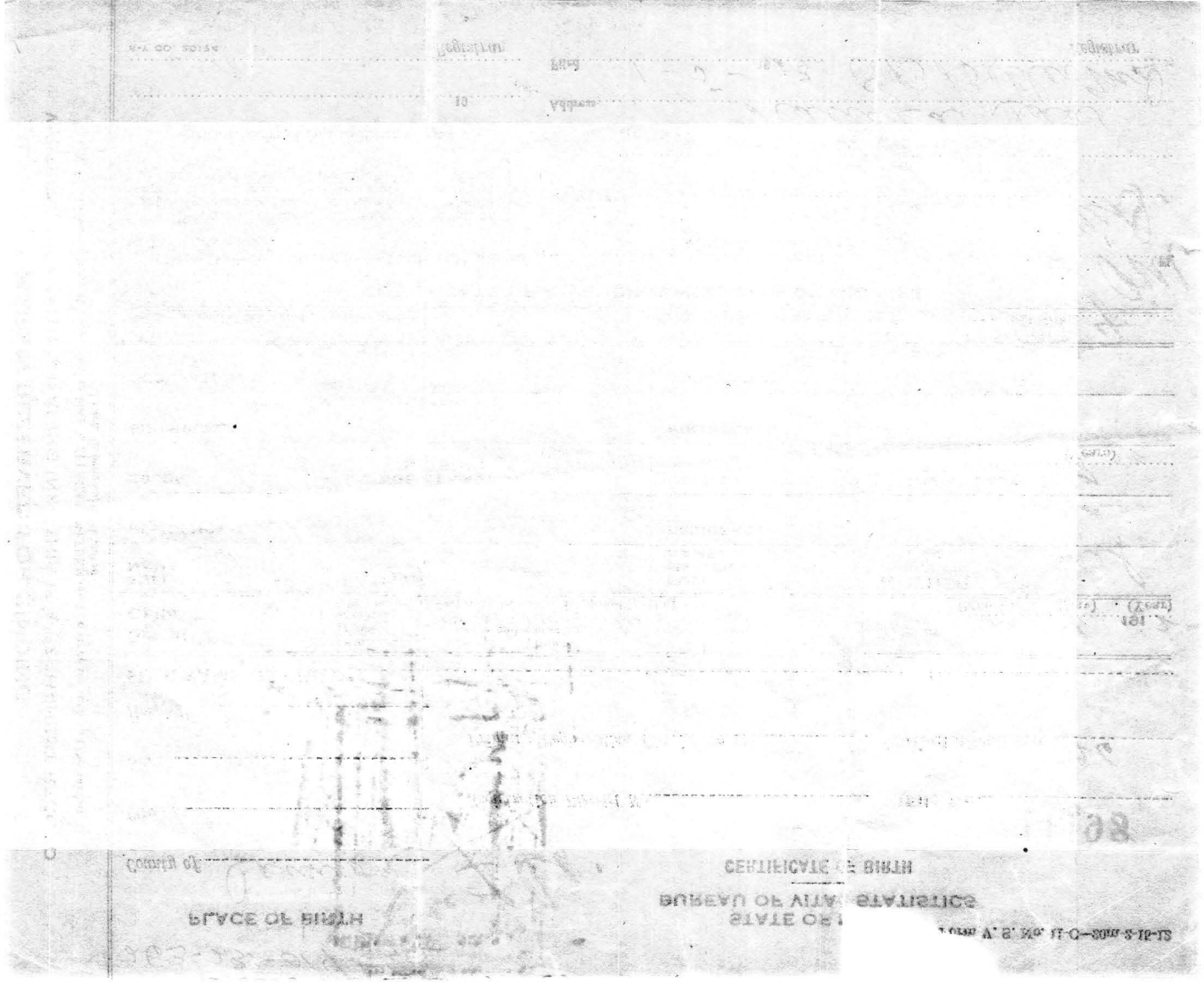
Given names added from a supplemental report

.....19.....

.....
Registrar

Filed 1-5-1913 O.B. Beller M.D.
Registrar

8-Y CO. 20174



36.23.014-551

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Form V. S. No. 11-C—20m-2-15-12

County of Canyon

City of Roswell Precinct Registration District No. File No. 11201

No. St. Primary Registration District No. Registered No. 29

Hospital

FULL NAME OF CHILD Alma Irene Coffey

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Fem	—	—	yes.	Dec. 30 1912

	FATHER	MOTHER
FULL NAME	Bert A. Coffey	FULL MAIDEN NAME Annie Evans
RESIDENCE	Roswell	Roswell
COLOR	White	White
AGE AT LAST BIRTHDAY (Years)	25	19
BIRTHPLACE	Georgia	N. Carolina
OCCUPATION	Farm Laborer	Housewife

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 6:15 a. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Chas. B. Allen, M. D.

(Physician or midwife)

Address Parma Idaho.

Given names added from a supplemental report

19

Filed 1/9 1913 J. P. Runsen
Registrar

S-Y CO. 20174

Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

FEB 21 1966

593-228-028-153

[redacted] OF BIRTH

Form V. S. No. 11-C—15m-6-20-11

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

City of Desmet Mission Registration District No. 2118 1/2 File No. 11202

No. ....., ... St. Primary Registration District No. 2118 Registered No. 313

Hospital .....

FULL NAME OF CHILD Jane Nicodemus

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Female			yes	Dec. 28, 1912

FATHER	MOTHER
FULL NAME James Nicodemus	FULL MAIDEN NAME Julia Teresa Antelope
RESIDENCE Reservation	RESIDENCE Reservation
COLOR Indian	COLOR Indian
AGE AT LAST BIRTHDAY 20 (Years)	AGE AT LAST BIRTHDAY 19 (Years)
BIRTHPLACE Reservation	BIRTHPLACE Reservation
OCCUPATION Farmer	OCCUPATION Housewife

Number of child of this mother, including present birth 3

Number of children, of this mother, now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was ..... (Born alive or stillborn) at ..... M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. R. Ledbard

Physician

(Physician or Midwife)

Address 2/10/13

Given names added from a supplemental report

..... 19.....

..... Registrar

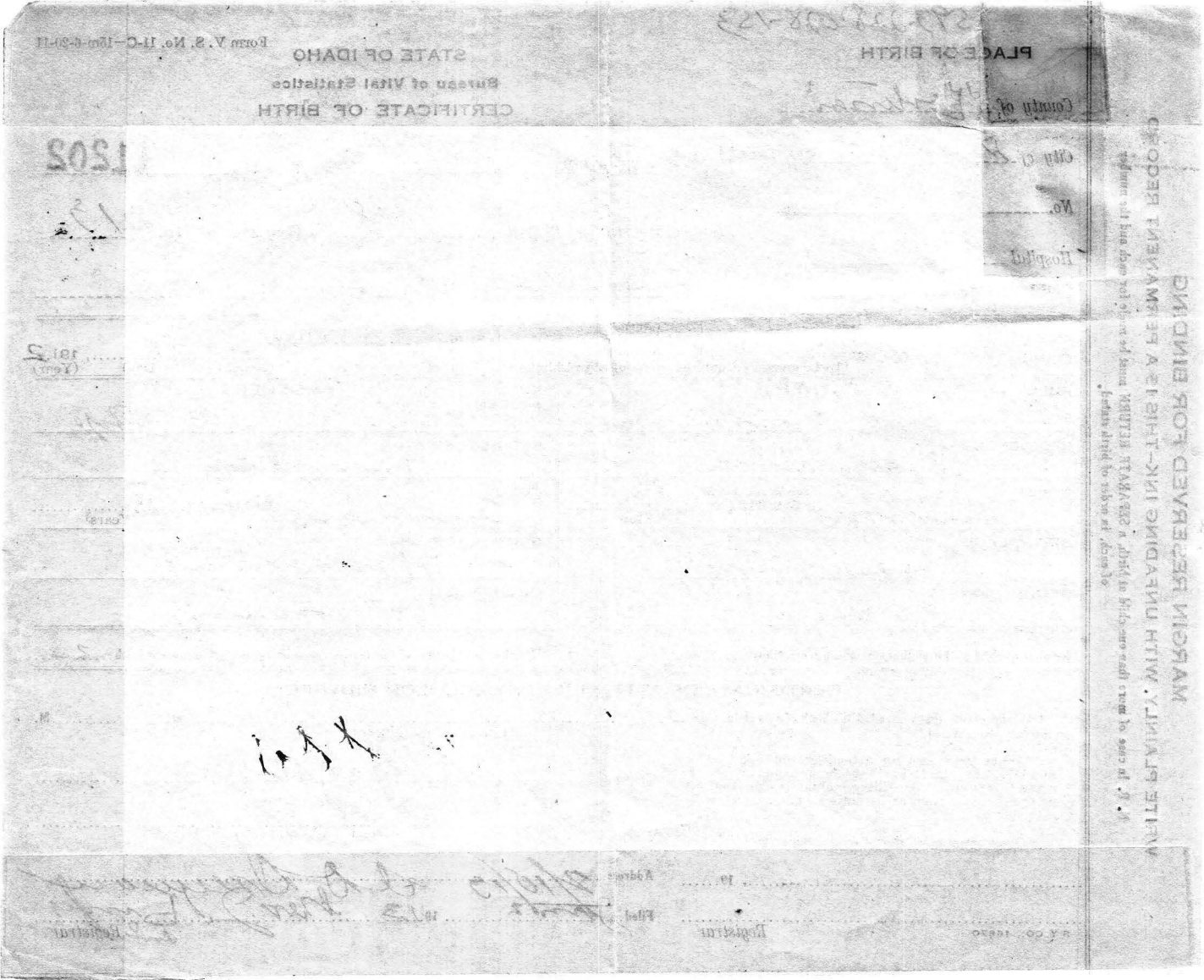
Filed Jan 2 1913 Rev. J. Lindsay Deputy Registrar

S-Y CO., 16670

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.



195-12-028-296

PLACE OF BIRTH

County of Kootenai

City of Plummer

No. ——— St.

Hospital ———

Form V. S. No. 11-C—20m-2-15-12

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 12 File No. 11203

Primary Registration District No. 2049 Registered No. 312

FULL NAME OF CHILD Arthur William

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Male		3rd	Yes	Dec 21 1912

FATHER

FULL NAME Louis Dretke

RESIDENCE Plummer Idaho

COLOR White AGE AT LAST BIRTHDAY 31 (Years)

BIRTHPLACE Mapleton Ohio

OCCUPATION Cook.

MOTHER

FULL MAIDEN NAME Hanna Krogmoe

RESIDENCE Plummer Idaho

COLOR White AGE AT LAST BIRTHDAY 26 (Years)

BIRTHPLACE Trondhjem Norway Europe

OCCUPATION Housework

Number of child of this mother, including present birth 3rd

Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at ——— M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report

..... 19.....

..... Registrar

(Signature) W. H. Brasser M.D.
(Physician or midwife)

Address Twin Falls Idaho

Filed 2/10 19 13 A.D. Freeman
Registrar

S-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

K

May 19, 1941

L. B.

799-204-028-655

Form V. S. No. 11-C—20m-2-15-12

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH

County of Kootenai

City of Plummer

No. ——— St.

Hospital ———

Registration District No. 12 File No. 11204

Primary Registration District No. 2049 Registered No. 311

FULL NAME OF CHILD Mabel Woodson Price.

Sex of Child	Twin / Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Female		1st	Yes.	Nov 4 1912

FATHER

FULL NAME Fuzzy Price

RESIDENCE Plummer Idaho.

COLOR White — AGE AT LAST BIRTHDAY 25 (Years)

BIRTHPLACE California

OCCUPATION Engineer & Logtracter

MOTHER

FULL MAIDEN NAME Maud Wedow.

RESIDENCE Plummer Idaho.

COLOR White — AGE AT LAST BIRTHDAY 18 (Years)

BIRTHPLACE California

OCCUPATION Housewife

Number of child of this mother, including present birth first — Number of children of this mother now living, including present birth One

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive at 3 A. M. on the date above stated.

(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) W. W. Brunner M.D.

(Physician or midwife)

Address Twin Falls, Idaho.

Given names added from a supplemental report

....., 19.....

D D S

Registrar

Filed 2/10 1913 S. D. Freeman

Registrar

8-Y CO. 20174

Form V. S. No. 11-C—20m-8-15-12

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

PLACE OF BIRTH

County of

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, [illegible] must be made for each and the number of each, in order of birth, added.

Registrar

Filed

Address

B-Y CO. 20714

MAY 5 1969

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH-BUREAU OF VITAL STATISTICS

Affidavit to Correct or Amend an Original Certificate of Birth or Death

State of Washington)
)ss
County of King)

Certificate No. [illegible]

Date Filed .....

The undersigned does solemnly swear that certain facts on the certificate of birth for Mable Price who was born
(birth ~~or death~~) (Name on original certificate) (was born ~~or died~~)

on Nov. 4, 1912 in Plummer, Idaho are erroneous ~~xxxxxxxxxxxxxx~~;
(Date of event) (Place of event)

and that, to the best of his knowledge, the true facts of the case as shown by this affidavit ~~and~~ of mother and all relevant records
(Bible record, insurance plcy.etc.) ~~prepared on~~ (Give date) are:

FACTS TO BE CORRECTED (Name, birthdate,etc.)	FROM (As on original)	TO (The correct facts)
Birthdate	Nov. 5, 1912	Nov. 4, 1912

Subscribed and sworn to before me this 30th day of April 19 69

Signed Mable M. Price (Mother)
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

Notary Public
Residing at Seattle, Washington

3839 Ashworth Ave. No., Seattle, Wash.
(Street address, City, State)

My commission expires August 10, 1970

(SEAL)

SUPPORTING AFFIDAVIT OF A SECOND PERSON
(Both affidavits must be completed)

State of .....)
)ss
County of .....)

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this .....day of .....19..

Signed .....
(Signature of any credible person other than the previous affiant.)

Notary Public
Residing at .....

.....
(Street address, City, State)

My commission expires .....
(SEAL)

MAY 26 1969

767201-006319

Form V. S. No. 11-C—20m-2-15-12

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Bingham

City of Pocatello Ward

Registration District No. 13

File No. 11211

No. ____ St.

Primary Registration District No. 2013

Registered No. 7

Hospital ____

FULL NAME OF CHILD Jean Margrat Pope

Sex of Child	Twin / Triplet or other? (To be answered only in event of plural births) and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Girl		yes	12 1 1912

FATHER	MOTHER
FULL NAME: George Eugene Pope	FULL MAIDEN NAME: Mary Christina Larson
RESIDENCE: Porterville	RESIDENCE: Porterville
COLOR: White	COLOR: White
AGE AT LAST BIRTHDAY: 28 (Years)	AGE AT LAST BIRTHDAY: 21 (Years)
BIRTHPLACE: Vernal Uintah County Utah	BIRTHPLACE: Mapelton Utah
OCCUPATION: Farmer	OCCUPATION: Housewife

Number of child of this mother, including present birth: two

Number of children of this mother now living, including present birth: two

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 9 a. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) M. Phoebe Summerall M.D.

(Physician or midwife)

Address Blackfoot

Given names added from a supplemental report

....., 19.....

Filed Jan 3 1913 M. E. Patrick

S-Y CO. 20174 Registrar

Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

APR 1 9 1967

955·229·007413

PLACE OF BIRTH

Form V. S. No. 11—10m-6-20-11

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

County of Blaine

City of Moore

No. ..... St.

Registration District No. 2

File No. 11252

Primary Registration District No. 2024

Registered No. 3

Hospital .....

FULL NAME OF CHILD Mary Clarinda Reese

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
F	X	X	yes	Dec 29, 1912

FATHER		MOTHER	
FULL NAME	William Wiley Reese	FULL MAIDEN NAME	Adelaide Alice Matthews
RESIDENCE	Moore	RESIDENCE	Moore
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY (Years)	35	AGE AT LAST BIRTHDAY (Years)	36
BIRTHPLACE	Utah	BIRTHPLACE	Utah
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth .....

Number of children, of this mother, now living, including present birth .....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 5-05 A. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) D. W. Matthaei M. D.

(Physician or Midwife)

Address Careo, Ida.

Given name added from a supplemental report

....., 19.....

Filed Jan 20 1913 Robert H. Wright

Registrar

S-Y CO., 18669

Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at a birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

415·110·007249

Form V. S. No. 11-C—20m-2-15-12

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH

County of Blaine

City of Bellevue

No. ____ St.

Hospital ____

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 21 File No. 11258

Primary Registration District No. 2022 Registered No. 9

FULL NAME OF CHILD not named David James Davies

Sex of Child	Twin Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Boy			yes	Dec. 10th 191[illegible]

FATHER		MOTHER	
FULL NAME	John Davies	FULL MAIDEN NAME	Maud Ellen Smitham
RESIDENCE	Bellevue	RESIDENCE	Bellevue
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	42 (Years)	AGE AT LAST BIRTHDAY	30 (Years)
BIRTHPLACE	Wales	BIRTHPLACE	Nevada
OCCUPATION	Merchant	OCCUPATION	Housewife

Number of child of this mother, including present birth ~~First~~ 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 1.40 P.M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) O. J. Allen

[illegible] Idaho

(Physician or midwife)

Given names added from a supplemental report

....19....

....
Registrar

Address ....

Filed Feb 13 19 13 Robert H. Wright
Per S.
Registrar

S-Y CO. 20174

MAY 1 1 1942

266-125-007-331

Form V. S. No. 11-C—20m-2-15-12

PLACE OF BIRTH

County of Blaine

City of Bellevue

No. ____ St.

Hospital ____

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 71 File No. 11259

Primary Registration District No. 2072 Registered No. 10

FULL NAME OF CHILD ~~Not named~~ Mark C Bowlden

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Boy		6	yes	Dec. 25 1912

FATHER		MOTHER	
FULL NAME	James L. Bowlden	FULL MAIDEN NAME	Martha Clark
RESIDENCE	Cove Ranch	RESIDENCE	Cove Ranch
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	32 (Years)	AGE AT LAST BIRTHDAY	29 (Years)
BIRTHPLACE	Utah	BIRTHPLACE	Utah
OCCUPATION	Farmer	OCCUPATION	House wife

Number of child of this mother, including present birth 6

Number of children of this mother now living, including present birth 6

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 1 a. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) O. J. Allen MD

J Bellevue Idaho

(Physician or midwife)

Given names added from a supplemental report

....., 19.....

.....
Registrar

Address .....

Filed Feb 13 19 13 Robert H. Wright
Per S.
Registrar

S-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

APR 2 6 1974

755-102-019-235

PLACE OF BIRTH

County of Custer

City of Clayton

No. ____, ____ St.

Hospital ____

STATE OF IDAHO
Bureau of Vital Statistics
CERTIFICATE OF BIRTH

Form V. S. No. 11-C—15m-6-20-11

Registration District No. 14 File No. 11260

Primary Registration District No. 2060 Registered No. 72

FULL NAME OF CHILD Edwin Fredric Peel

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
M			Yes	Nov. 2 1912

FATHER		MOTHER	
FULL NAME	Marion Peel	FULL MAIDEN NAME	Lucy Stevens
RESIDENCE	Clayton, Idaho	RESIDENCE	Clayton, Ida,
COLOR	Wh.	COLOR	Wh.
AGE AT LAST BIRTHDAY	32 (Years)	AGE AT LAST BIRTHDAY	25 (Years)
BIRTHPLACE	Iowa	BIRTHPLACE	Idaho
OCCUPATION	Teamster	OCCUPATION	Housewife

Number of child of this mother, including present birth 1

Number of children, of this mother, now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive, at ____ M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Sadie Sullivan

A nurse
(Physician or Midwife)

Address Clayton, Ida.

Given names added from a supplemental report

____, 19____

____ Registrar

Filed 1/18 19 13 C. C. Hurtt Registrar

S-Y CO., 16670

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

943-219-019-964

PLACE OF BIRTH

Form V. S. No. 11-C—15m-6-20-11

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

County of Custer

City of Mackay

No. ____, ____ St.

Hospital ____

Registration District No. 14 File No. 11262

Primary Registration District No. 2054 Registered No. 74

FULL NAME OF CHILD Catharine Lourina Rutledge

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Girl			yes	July 19, 1912

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	Raymond Rutledge	Anna May Rump
RESIDENCE	Mackay	Mackay
COLOR / AGE AT LAST BIRTHDAY (Years)	white / 28	white / 23
BIRTHPLACE	Boise	Joseph Oregon
OCCUPATION	Farmer	Wife

Number of child of this mother, including present birth 1st

Number of children, of this mother, now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 12 M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Dr R E Mason

(Physician or Midwife)

Address Mackay Ida

Given names added from a supplemental report

....., 19.....

.....
Registrar

Filed Jan 22 1913 D. S. Hurley
Registrar

S-Y CO., 16670

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

JUN 29 1944

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

&17-129-002544

PLACE OF BIRTH *

STATE OF IDAHO
Bureau of Vital Statistics

Form V. S. No. 11-C—15m-6-20-11

CERTIFICATE OF BIRTH

County of Blaine

City of near Darlington

No. ____, ____ St.

Hospital ____

Registration District No. 14

File No. 11263

Primary Registration District No. 2034

Registered No. 75

FULL NAME OF CHILD Stanley Ellsworth Hagedorn

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Boy			Yes	11 / 29 / 1912

FATHER		MOTHER	
FULL NAME	Frank Hagedorn	FULL MAIDEN NAME	Amy Emmons
RESIDENCE	Darlington	RESIDENCE	Darlington
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	30 (Years)	AGE AT LAST BIRTHDAY	30 (Years)
BIRTHPLACE	Brock Ohio	BIRTHPLACE	Rossville Ohio
OCCUPATION	Farmer	OCCUPATION	Wife

Number of child of this mother, including present birth 1-1

Number of children, of this mother, now living, including present birth ____

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 12 M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Dr R E Mason

(Physician or Midwife)

Address Mackay Idaho

Given names added from a supplemental report

____, 19____

____ Registrar

Filed 1/31 1913 C. B. Hartley Registrar

S-Y CO., 16670

Certified Copy issued November 4, 1940. E.W.

795-116-019.154

PLACE OF BIRTH

County of Custer

City of Mackay

No. ____, ____ St.

Hospital ____

[redacted] OF IDAHO

Bureau of Vital Statistics

Form V. S. No. 11-C—15m-6-20-11

CERTIFICATE OF BIRTH

Registration District No. 14 File No. 11264

Primary Registration District No. 2054 Registered No. 76

FULL NAME OF CHILD Archie William Pierce

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Male			Yes	12/16, 1912

FATHER		MOTHER	
FULL NAME	Samuel J. Pierce	FULL MAIDEN NAME	Lily Anderson
RESIDENCE	Custer Co.	RESIDENCE	Custer Co.
COLOR	white	COLOR	white
AGE AT LAST BIRTHDAY	36 (Years)	AGE AT LAST BIRTHDAY	32 (Years)
BIRTHPLACE	Mont.	BIRTHPLACE	S. Dak
OCCUPATION	Farmer	OCCUPATION	Wife

Number of child of this mother, including present birth 6

Number of children, of this mother, now living, including present birth 6

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 10 35 P. M. on the date above stated.

(Signature) Dr. P. E. Mason

(Physician or Midwife)

Address Mackay Ida

Filed Jan 22 1913 C. L. Hartley Registrar

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report

....., 19.....

Registrar

S-Y CO., 16870

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

31K-209-019-294

Amended 8-4-64

(Be sure the information is complete and accurate)

State File No. 11268
Local Reg. No. 80
Reg. Dist. No. 14

Federal Security Agency
United States Public Health Service

CERTIFICATE OF BIRTH
STATE OF IDAHO

1. PLACE OF BIRTH
a. COUNTY: Custer
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Mackay
c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital or institution, give street address or location):

2. USUAL RESIDENCE OF MOTHER (Where does mother live?)
a. STATE: Idaho
b. COUNTY: Custer
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township):
d. STREET ADDRESS (If rural, give location):

3. CHILD'S NAME (Type or print)
a. (First): Florence
b. (Middle): Eileen
c. (Last): Lambson

4. SEX: Girl

5a. THIS BIRTH: SINGLE [X] TWIN [ ] TRIPLET [ ]

5b. IF TWIN OR TRIPLET (This child born): 1ST [ ] 2ND [ ] 3RD [ ]

6. DATE OF BIRTH: (Month) Aug. (Day) 8, (Year) 1912

FATHER OF CHILD

7. FULL NAME
a. (First): Wm.
b. (Middle):
c. (Last): Lambson

8. COLOR OR RACE: White

9. AGE (At time of this birth): 33 YEARS

10. BIRTHPLACE (State or foreign country) (City or Town): Utah

11a. USUAL OCCUPATION: Farmer

11b. KIND OF BUSINESS OR INDUSTRY:

MOTHER OF CHILD

12. FULL MAIDEN NAME
a. (First): Ethel
b. (Middle):
c. (Last): Birdie

13. COLOR OR RACE: White

14. AGE (At time of this birth): 26 YEARS

15. BIRTHPLACE (State or foreign country) (City or Town): Idaho

16. CHILDREN PREVIOUSLY BORN TO THIS MOTHER (Do NOT include this child)
a. How many OTHER children are now living? 2
b. How many OTHER children were born alive but are now dead? 0
c. How many children were stillborn (born dead after 20 weeks pregnancy)? 0

17. INFORMANT'S SIGNATURE OR NAME (Relationship):

I hereby certify that this child was born alive on the date stated above.

18a. SIGNATURE: Dr. R. E. Mason

18b. ATTENDANT AT BIRTH: M. D. [X] MIDWIFE [ ] OTHER (Specify)

18c. ADDRESS: Mackay

18d. DATE SIGNED:

19. DATE REC'D BY LOCAL REG.: Jan. 25, 1913

20. REGISTRAR'S SIGNATURE: C. L. Kirtley

21. DATE ON WHICH GIVEN NAME ADDED BY (Registrar):

to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

LOCAL REGISTRATION OF BIRTHS

Sec. 38-213. All births that occur in the state shall be immediately registered in the districts in which they occur hereinafter provided.

Sec. 38-214. SAME: DUTIES OF THE PHYSICIANS AND MIDWIVES. It shall be the duty of the attending physi or midwife to file a certificate of birth, properly and completely filled out, giving all the particulars required by this art with the local registrar of the district in which the birth occurred, within 10 days after the date of birth; and if there be attending physician or midwife, then it shall be the duty of the father or mother of the child, nurse, householder, or owne the premises, having knowledge of such birth, manager or superintendent of public or private institutions in which birth oc red, to notify the local registrar, within 10 days after the birth, of the fact of such birth having occurred. It shall then, in s case, be the duty of the local registrar to secure the necessary information and signature to make proper certificate of bi Provided, That in cities, the certificate of birth shall be filed at less intervals than 10 days after birth, if so required by m cipal ordinances or regulations now in force, or that may hereafter be enacted.

Sec. 38-215. CERTIFICATES OF BIRTH. The certificate of birth shall be filled out as per blanks for that purpose.

Sec. 38-223. * * * * *, any physician or midwife, in attendance upon a case of confinement, or any other person char with responsibility for reporting births, in the order named in Sec. 38-214 who shall neglect or refuse to file a proper cer cate of birth with the local registrar, within the time required by this article, shall be deemed guilty of a misdemeanor, upon conviction thereof, shall be fined not less than $10 nor more than $300.

MEDICAL REPORT
(Not for certified copies)

(To be used for Crippled Children, Maternal and Child Health Work)

(a) Pregnancy: Complications of.....

.....

.....

(b) Labor: Complication.....

.....

..... Induced?.....

(d) Did baby have any:

(1) Congenital Malformation? .....

Describe:.....

(2) Birth Injury?.....

Describe:.....

IDAHO STATE BOARD OF HEALTH
DIVISION OF VITAL STATISTICS

Affidavit to Correct or Amend An Original Certificate of Birth or Death

State of Idaho } ss.
County of Custer }

RECEIVED
APR 10 1964
Bureau of Vital Statistics

Certificate No. 11268

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of birth (Birth or Death)
for Florence Ilene Lambson (Name on Original Certificate) who was born (Was Born or Died) on Aug. 8, 1912 (Date of Event)
in Mackay (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts are shown by (Bible Record, Insurance Policy, Etc.) prepared on (Give Date), are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
Child's Middle Name	Florence Ilene Lambson	Florence Eileen Lambson

Subscribed and sworn to before me this 31st day of March 1964

L. Ramsey
Notary Public, residing at Mackay Idaho
My commission expires 7-13-67
(Seal)

Signed A N Lambson
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

Mackay Idaho
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Idaho } ss.
County of Custer }

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 31st day of March 1964

L. Ramsey
Notary Public, residing at Mackay Idaho
My commission expires 7-13-67
(Seal)

Signed Mrs C. McIntosh
(Signature of Any Credible Person)

Mackay
(Street Address, City, State)

FORM DPH 55.155

CL 6-19-57 nm

Photo Copy of Page from Family Bible, appears old and unaltered, gives one child's full name as Florence Eileen Lambson, born Aug. 8, 1912 - viewed by V.S.

Photo Copy of Teacher's Term Report, Public School in Mackay, Idaho, Dist. No. 7, County of Custer, from Sept. 2, 1924 to May 15, 1925 , Seventh Grade, gives one students name as Eileen F. Lambson - viewed by V.S. - correcting spelling of middle name only so accepted this document.

Form V. S. No. 11-C—15m-6-20-11

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

PLACE OF BIRTH

County of Custer

City of Mackay

No. ____, ____ St.

Hospital ____

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

Registration District No. 14 File No. 11268

Primary Registration District No. 2067 Registered No. 80

FULL NAME OF CHILD Florence Ilene Lamboon

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Girl			yes	Aug 8, 1912

FATHER		MOTHER	
FULL NAME	Ira Lamboon	FULL MAIDEN NAME	Ethel Burdie
RESIDENCE	Custer Co	RESIDENCE	Custer Co
COLOR	white	COLOR	white
AGE AT LAST BIRTHDAY	33 (Years)	AGE AT LAST BIRTHDAY	26 (Years)
BIRTHPLACE	Utah	BIRTHPLACE	Ida
OCCUPATION	Farmer	OCCUPATION	wife

Number of child of this mother, including present birth 3rd

Number of children, of this mother, now living, including present birth 3rd

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 3 a. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Dr R Emmason

(Physician or Midwife)

Address Mackay

Filed Jan 26 1913 C. L. Kittley Registrar

Given names added from a supplemental report

____, 19____

____ Registrar

S-Y CO., 16670

AUG 4 1964

AUG 24 1964

DEC 31 1941

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

248-209-019242

PLACE OF BIRTH

Form V. S. No. 11-C—15m-6-20-11

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

County of Custer

City of Mackay

No. ____, ____ St.

Registration District No. 14

File No. 11271

Primary Registration District No. 2064

Registered No. 83

Hospital

FULL NAME OF CHILD Thelma Lucile Buhler

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	and (Number in order of birth)	Legitimate?	Date of birth (Month) (Day) (Year)
Girl			yes	Dec 8th, 1912

FATHER		MOTHER	
FULL NAME	George Buhler	FULL MAIDEN NAME	Edith Bush
RESIDENCE	Mackay	RESIDENCE	Mackay
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	24 (Years)	AGE AT LAST BIRTHDAY	19 (Years)
BIRTHPLACE	Cincinatti Ohio	BIRTHPLACE	Nebr
OCCUPATION	Vet Surgeon	OCCUPATION	wife

Number of child of this mother, including present birth 1

Number of children, of this mother, now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 4 A M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Dr R E Mason

(Physician or Midwife)

Address Mackay

Given names added from a supplemental report

....., 19.....

.....

Registrar

Filed Jan 25 1913 C L Kirtley

Registrar

S-Y CO., 16670

FEB 5 1974

248-125-029-235

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

PLACE OF BIRTH

County of Latah

City of Potlatch

No. ..... St.

Hospital .....

Form V. S. No. 11-C—10m-8-7-11

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

Registration District No. 15 File No. 11278

Primary Registration District No. 2020 Registered No. 14

FULL NAME OF CHILD Stewart Frederick Smith

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Male			Yes	Nov. 25, 1912

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	Ernest S Smith	Ava M Stewart
RESIDENCE	Harvard Idaho	Moscow Idaho
COLOR	White	White
AGE AT LAST BIRTHDAY	31 (Years)	27 (Years)
BIRTHPLACE	Grand Haven Mich	Moscow Idaho
OCCUPATION	Merchant	School teacher

Number of child of this mother, including present birth 2

Number of children, of this mother, now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 1:30 P.M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report

....., 19.....

..... Registrar

(Signature) Mrs S E Spencer

Midwife

(Physician or Midwife)

Address Harvard Idaho

Filed Jan. 19 13 D. W. Thompson Registrar

SYMS - YORK CO., PTRS. & BDRS. 17326

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

PLACE OF BIRTH

STATE OF IDAHO

Form V. S. No. 11-C—10m 8-7-11

745226 003-493

PLACE OF BIRTH

County of Bamberg

City of Hawkins

No. ..... St.

Hospital .....

Form V. S. No. 11-C—Rev.-2-15-18

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 29 11 File No. 11306

Primary Registration District No. 2046 Registered No. 39

FULL NAME OF CHILD Sarah Elisebeth Irene Hunter

Sex of Child	Twin, Triplet or other? (To be supplied only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth
Girl			Yes	Nov. (Month) 26 (Day) 191[illegible] (Year)

FATHER

FULL NAME: Sidney Hayne Hunter

RESIDENCE: Hawkins.

COLOR: White AGE AT LAST BIRTHDAY: 39 (Years)

BIRTHPLACE: Jackson Co. N. C.

OCCUPATION: Farmer

MOTHER

FULL MAIDEN NAME: Lily Elisebeth Millsaps

RESIDENCE: Hawkins

COLOR: White AGE AT LAST BIRTHDAY: 29 (Years)

BIRTHPLACE: Graham Co. N. C.

OCCUPATION: Housekeeping

Number of child of this mother, including present birth: 6

Number of children of this mother now living, including present birth: 5

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 1 a M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Dora Estes (Physician or midwife)

Address Hawkins Idaho

Given names added from a supplemental report

..... 19.....

Alice Kaney Registrar

Filed July 14, 1913 Alice Kaney Registrar

B-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK. THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth, stated.

Form V. S. No. 11-C—20m-2-15-13

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. _____ File No. _____

Primary Registration District No. _____ Registered No. _____

PLACE OF BIRTH

County of _____

City of _____

No. _____ St.

Hospital _____

FULL NAME OF CHILD _____

Sex of Child	Twin, Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth ..... 19.. (Month) (Day) (Year)

FATHER	MOTHER
FULL NAME	FULL MAIDEN NAME
RESIDENCE	RESIDENCE
COLOR	AGE AT LAST BIRTHDAY (Years)
AGE AT LAST BIRTHDAY (Years)	COLOR
BIRTHPLACE	BIRTHPLACE
OCCUPATION	OCCUPATION

Number of child of this mother, including present birth _____ Number of children of this mother now living, including present birth _____

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was _____ born at _____ M.
on the date above stated.
(Born alive or stillborn)

(Signature) _____

(Physician or midwife)

Address _____

Filed _____ 19.. _____ Registrar

Registrar _____ 19..

Given names added from a supplemental report

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

B-Y CO. 30174

765.114003-319

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

Form V. S. No. 10—Ch. 658, S

CERTIFICATE OF BIRTH

County of Bannock

City of Hawkins

Registration District No. 3A 11 File No. 11307

No. ..... St.

Primary Registration District No. 2046 Registered No. 40

Hospital .....

FULL NAME OF CHILD Hermon Pannel

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Boy				June 14 1912

FATHER	MOTHER
FULL NAME Thomas Hinds Pannel	FULL MAIDEN NAME Hannah Bernstein
RESIDENCE Hawkins	RESIDENCE Hawkins
COLOR White	COLOR White
AGE AT LAST BIRTHDAY (Years) 30	AGE AT LAST BIRTHDAY (Years) 27
BIRTHPLACE Wain Co. N.C.	BIRTHPLACE Logan Utah
OCCUPATION Farmer	OCCUPATION Housekeeper

Number of child of this mother, including present birth 4

Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 6 a M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Sarah Pannel

midwife (Physician or midwife)

Address Hawkins Idaho.

Given names added from a supplemental report

..... 19.....

Ellis Kassley Registrar

Filed Feb 10 1913 Ellis Kassley Registrar

S-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Form V. S. No. 11-C—20m-2-15-13

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

PLACE OF BIRTH

JAN 15 1964

County of Bannock

JAN 15 1964

Registration District No. _____ File No. 1307

Primary Registration District No. _____ Registered No. _____

No. _____ St.

Hospital _____

FULL NAME OF CHILD Female Leonard

Sex of Child	Twin, Triplet or other?	Number in order of birth (To be answered only in event of plural births)	Legitimate	Date of Birth (Month)	(Day)	19 4 (Year)

	FATHER	MOTHER
FULL NAME		FULL MAIDEN NAME
RESIDENCE		RESIDENCE
COLOR	AGE AT LAST BIRTHDAY (Years)	COLOR / AGE AT LAST BIRTHDAY (Years) 22
BIRTHPLACE		BIRTHPLACE
OCCUPATION		OCCUPATION

Number of child of this mother, including present birth _____ Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was _____ at _____ M. on the date above stated.

(Born alive or stillborn)

(Signature) _____

(Physician or midwife)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report

Address _____ 19 _____

Filed _____ 19 _____ Registrar

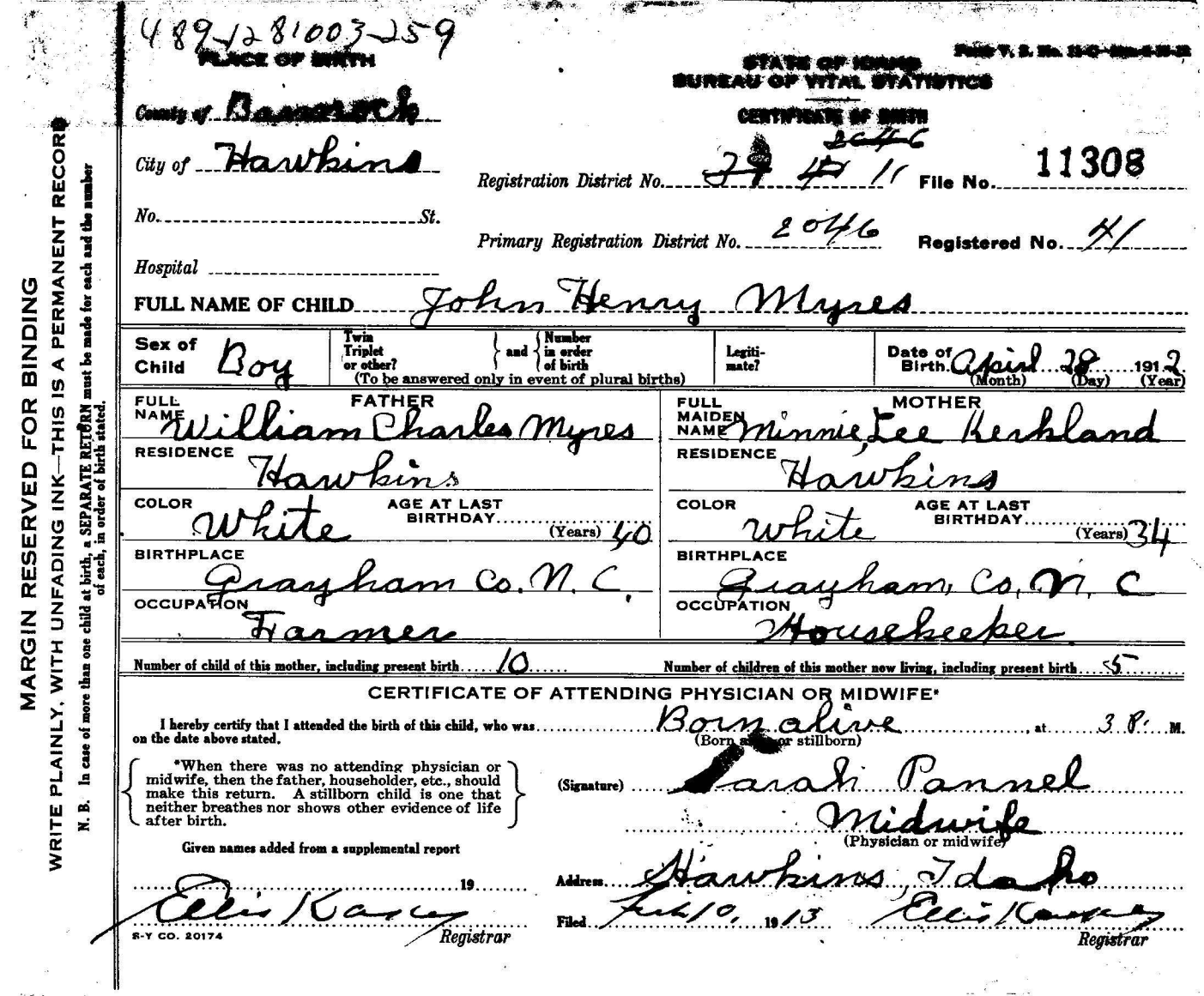
B-Y CO. 20174

Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK. THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.



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PLACE OF BIRTH

County of Bannock

City of Hawkins

No. ..... St.

Hospital .....

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 2046 File No. 11308

Primary Registration District No. 2046 Registered No. 41

FULL NAME OF CHILD John Henry Myres

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) April (Day) 28 (Year) 1912
Boy				

FATHER	MOTHER
FULL NAME William Charles Myres	FULL MAIDEN NAME Minnie Lee Kershland
RESIDENCE Hawkins	RESIDENCE Hawkins
COLOR White	COLOR White
AGE AT LAST BIRTHDAY (Years) 40	AGE AT LAST BIRTHDAY (Years) 34
BIRTHPLACE Grayham Co. N. C.	BIRTHPLACE Grayham Co. N. C.
OCCUPATION Farmer	OCCUPATION Housekeeper

Number of child of this mother, including present birth 10

Number of children of this mother now living, including present birth 5

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 3 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Sarah Pannel

Midwife (Physician or midwife)

Address Hawkins, Idaho

Given names added from a supplemental report

..... 19.....

Ellis Kaney Registrar

Filed Feb 10, 1913 Ellis Kaney Registrar

S-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Form V. S. No. 11-C—2m-2-18-12

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

PLACE OF BIRTH

County of

File No.

Registered No.

669-15.003-799

PLACE OF BIRTH

STATE OF IDAHO

Form V. S. No. 3. O. Rev. 6-11

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

County of Bannock

City of McCammon Ida Registration District No. 11 File No. 11309

No. ____, ____ St. Primary Registration District No. 2047 Registered No. 24

Hospital ____

FULL NAME OF CHILD Mary Worthin

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Female			Yes	12 – 5 – 1912

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	Leo. Worthin	Emily Gamm
RESIDENCE	McCammon	McCammon Ida
COLOR	White	White
AGE AT LAST BIRTHDAY	26 (Years)	26 (Years)
BIRTHPLACE	Salt Lake City Utah	Louisville Ida
OCCUPATION	Contractr	Home wife

Number of child of this mother, including present birth 3

Number of children, of this mother, now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 8 A.M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) W A Cooper

Physician (Physician or Midwife)

Address McCammon Ida

Given names added from a supplemental report

..... 19.....

Ellis Kacey Registrar

Filed Feb 10, 1913 Ellis Kacey Registrar

S-Y CO., 16570

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

8/324.003-215

[redacted]

PLACE OF BIRTH

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

County of Bannock.

City of McCammon Ida. Registration District No. 11 File No. 11310

No. ____, ____ St. Primary Registration District No. 2047 Registered No. 22

Hospital ____

FULL NAME OF CHILD — James Hatch

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Male -			Yes -	10 - 24, 1912

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	Hyrum Hatch.	Hanna Sant -
RESIDENCE	Franklyn Ida -	Franklyn Ida
COLOR / AGE AT LAST BIRTHDAY (Years)	White. 24	White. 25 -
BIRTHPLACE	Franklyn Ida -	Clifton. Ida
OCCUPATION	Farmer.	Housewife -

Number of child of this mother, including present birth 2. Number of children, of this mother, now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born Alive - (Born alive or stillborn) at 11 30 P.M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report

..... 19.....

Ellis Kasley Registrar

S-Y CO., 16670

(Signature) G H Cooper

Physician

(Physician or Midwife)

Address McCammon. Ida

Filed Feb 10, 1913 Ellis Kasley Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

[redacted]

485 [redacted]

PLACE OF BIRTH

Form V. S. No. 11-C—15m-6-20-11

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

County of Bannock

City of McCammon — Registration District No. 11 — File No. 11311

No. ____, ____ St. — Primary Registration District No. 2047 — Registered No. 23

Hospital ____

FULL NAME OF CHILD Vincent David Myers

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Male			yes	9-12-192

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	David Myers	Louisa Kohler
RESIDENCE	Arimo, Ida	Arimo - Ida
COLOR	White	White
AGE AT LAST BIRTHDAY (Years)	24	20
BIRTHPLACE	Rexburg - Ida	Germany
OCCUPATION	Farmer	Home wife

Number of child of this mother, including present birth 1 — Number of children, of this mother, now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 5:10 A.M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) G. H. Cooper

Physician

(Physician or Midwife)

Address McCammon Ida

Given names added from a supplemental report

....., 19.....

Ellis Kaercy
Registrar

Filed Feb 10, 1913 Ellis Kaercy
Registrar

S-Y CO., 16670

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

PR 25 1962

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

City of Mc Cammon — Registration District No. 11 — File No. 11312

No. ____, ____ St. — Primary Registration District No. 2047 — Registered No. 21

Hospital ____

FULL NAME OF CHILD — Emma May Worley

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Female			Yes	11 — 18 — 1912

	FATHER	MOTHER
FULL NAME	Geo. Worley	FULL MAIDEN NAME: Marie Kohler
RESIDENCE	Mc Cammon Ida	Mc Cammon Ida
COLOR	White	White
AGE AT LAST BIRTHDAY (Years)	33	22
BIRTHPLACE	Logan Utah	Germany
OCCUPATION	Farmer	House Wife

Number of child of this mother, including present birth: 1

Number of children, of this mother, now living, including present birth: 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 3 30 A. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report

(Signature) G H Cooper

Physician (Physician or Midwife)

Address Mc Cammon Ida

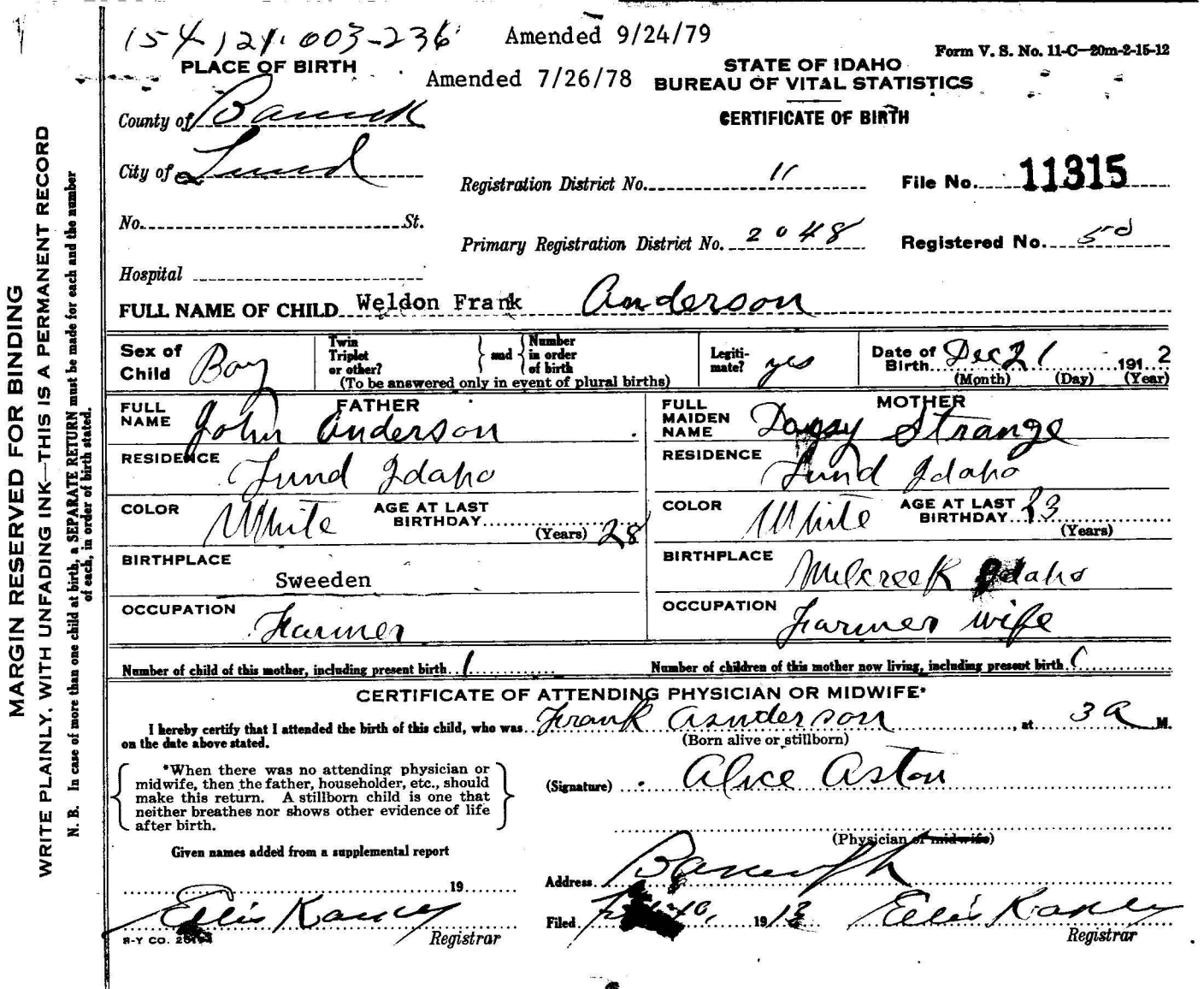
____, 19____

Ellis Kaseey
Registrar

Filed Feb 19 1912 Ellis Kaseey
Registrar

S-Y CO., 16670

DEC 30 1965



15N 21E 003-236 Amended 9/24/79

PLACE OF BIRTH Amended 7/26/78

Form V. S. No. 11-C—20m-2-15-12

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Bannock

City of Lund

Registration District No. 11 File No. 11315

No. St.

Primary Registration District No. 2048 Registered No. 5

Hospital

FULL NAME OF CHILD Weldon Frank Anderson

Sex of Child: Boy

Twin, Triplet or other? and Number in order of birth (To be answered only in event of plural births)

Legitimate? yes

Date of Birth Dec 21 (Month) (Day) 191 2 (Year)

FATHER	MOTHER
FULL NAME: John Anderson	FULL MAIDEN NAME: Daggy Strange
RESIDENCE: Lund Idaho	RESIDENCE: Lund Idaho
COLOR: White	COLOR: White
AGE AT LAST BIRTHDAY (Years): 28	AGE AT LAST BIRTHDAY (Years): 23
BIRTHPLACE: Sweeden	BIRTHPLACE: Mckreek Idaho
OCCUPATION: Farmer	OCCUPATION: Farmer wife

Number of child of this mother, including present birth: 1

Number of children of this mother now living, including present birth: 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Frank Anderson (Born alive or stillborn) at 3 A M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Alice Aston

(Physician ~~or midwife~~)

Address Bancroft

Given names added from a supplemental report

19

Ellis Kaney Registrar

Filed Jan 10, 19 12 Ellis Kaney Registrar

R-Y CO. 2611

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

IDAHO DEPARTMENT OF HEALTH
BUREAU OF VITAL STATISTICS

Affidavit to Correct or Amend An Original Certificate of Birth or Death

RECEIVED
BUREAU OF
VITAL STATISTICS
JUN 13 11 33 AM '78

State of ..... } ss.
County of ..... }

Certificate No. 11315
Date Filed .....

The undersigned does solemnly swear that certain facts on the certificate of birth (Birth or Death)
for Frank Anderson (Name on Original Certificate) who was born (Was Born or Died) on Dec. 21, 1912 (Date of Event)
in Lund, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts are shown by ..... (Bible Record, Insurance Policy, Etc.) prepared on ..... (Give Date), are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
child's name	Frank Anderson	Weldon Frank Anderson

Subscribed and sworn to before me this 23rd day of May, 1978

Notary Public residing at 6655 E. 8000 So. - Sandy, Ut.
My commission expires Feb 7, 1981
(Seal)

Signed Vera S. Workman
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)
236 E. Whitlock Ave. S.L.C.
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of ..... } ss.
County of ..... }

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 23rd day of May, 1978

Notary Public residing at 6655 E. 8000 So. - Sandy, Ut.
My commission expires Feb 7, 1981
(Seal)

Signed Pearl S. Bahler
(Signature of Any Credible Person)
6535 So. 13th W. Murray
(Street Address, City, State)

FORM DH 60-155

CL 5/30/75 1cc pd. re.# 9195

V=

JUL-2 6 1978

Certif of birth from the LDS Church gives name as Weldon Frank Anderson born Dec 21, 1912 at Lund, Idaho. father's name as John Anderson and mother's name as Daisy Fern Strange. viewed by V. S.

Certif of Blessing from the LDS Church gives name as Weldon Frank Anderson son of John Anderson and Daisy Fern Strange. born Dec 21, 1912 at Lund, Idaho. Blessed Feb 2, 1913. viewed by V. S.

IDAHO DEPARTMENT OF HEALTH AND WELFARE
Bureau of Vital Statistics

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE

State of _____ } ss.
County of _____ }

Certificate No. 11315
Date Filed _____

The undersigned does solemnly swear that certain facts on the certificate of Birth

for Weldon Frank Anderson (Name on Original Certificate) who was born (Was Born, Died, etc.) on 12/21/12 (Date of Event)

in Lund, Idaho (Place of Event) are erroneous or were omitted:

ITEMS TO BE CORRECTED	FROM	TO
Father's Birthplace	Switzerland	Sweden

Subscribed and sworn to before me this _____ day of _____, 19__.

Notary Public, _____

Residing at _____

My commission expires _____

(Seal)

x Keith T. Anderson
Signature of Applicant

x 10185 Canterbury Dr Boise Id 83704
Street Address, City, State

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of _____ } ss.
County of _____ }

(Must be completed __)
(Is not necessary __)

The undersigned does solemnly swear that he has knowledge of the facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this _____ day of _____, 19__.

Notary Public, _____

Residing at _____

My commission expires _____

(Seal)

_____
Supporting Signature

_____
Street Address, City, State

Brother's birth certificate #63776 issued by the State of Idaho gives birthplace of John Anderson as Sweden. viewed by V.S.

Family group record for Hans Anderson and Anna Hanson. child's name as Hans Anderson born Feb 17, 1874 at Mora Noret, Sweeden. viewed by V. S.

SEP 24 1979

391-111-003-391

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

Form V. S. No. 11-C—10m-8-7-11

PLACE OF BIRTH

County of Bannock

City of Wayan

No. ____, ____ St.

Hospital ____

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

Registration District No. 11 File No. 11317

Primary Registration District No. 2048 Registered No. 56

FULL NAME OF CHILD Melvin Earl Crane

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
M			yes	Dec 11, 1912

FATHER		MOTHER	
FULL NAME	A. C. Crane	FULL MAIDEN NAME	Malvina Crane
RESIDENCE	Wayan	RESIDENCE	Wayan
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY (Years)	26	AGE AT LAST BIRTHDAY (Years)	26
BIRTHPLACE	Utah	BIRTHPLACE	Utah
OCCUPATION	Rancher	OCCUPATION	wife

Number of child of this mother, including present birth 2

Number of children, of this mother, now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was (Born alive or stillborn), at 3 A. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Mrs Jane Sharrock

(Physician or Midwife)

Address Wayan

Given names added from a supplemental report

....., 19.....

Filed Jan 20, 1913

Eric Kaney
Registrar

Eric Kaney
Registrar

SYMS - YORK CO., PTRS. & BDRS. 17326

JAN 9 1942

JUL 2 6 1974

MAR 2 6 1976

897-D1-003-453

Form V. S. No. 11-C—20m-2-15-12

PLACE OF BIRTH

County of Bannock

City of Hatch

No. ..... St.

Hospital .....

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 11 File No. 11322

Primary Registration District No. 2048 Registered No. 553

FULL NAME OF CHILD Russle Higgenson

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births) and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Male		yes	Nov 21 1912

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	Nairn Higgenson	Corline C Dellar
RESIDENCE	Hatch Idaho	Hatch Idaho
COLOR	White	White
AGE AT LAST BIRTHDAY (Years)	35	34
BIRTHPLACE	Goshen Utah	Bryham City Utah
OCCUPATION	Farmer.	House wife

Number of child of this mother, including present birth 9

Number of children of this mother now living, including present birth 9

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Russle Higgenson (Born alive / ~~still born~~), at Keen M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report

..... 19.....

Ellis Kasey
Registrar

(Signature) Alice Astan

..... (Physician or midwife)

Address Bancroft

Filed Jan 10, 1913

Ellis Kasey
Registrar

S-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

985.22 1003-789

PLACE OF BIRTH

County of Bannock

City of Bancroft

No. ..... St.

Hospital .....

Form V. S. No. 11-C—20m-2-15-12

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 11 File No. 11323

Primary Registration District No. 2048 Registered No. 54

FULL NAME OF CHILD Lola Alice Kynaston

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
girl				Sept 27 1912

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	John Kynaston	Stella Phelps
RESIDENCE	Bancroft	Bancroft
COLOR	White	White
AGE AT LAST BIRTHDAY	40 (Years)	27 (Years)
BIRTHPLACE	Beautiful Utah	Wyoming
OCCUPATION	Farmer	Farmer Wife

Number of child of this mother, including present birth 9

Number of children of this mother now living, including present birth 9

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Lola Alice Kynaston, at 1 P M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Alice Aston

(Physician or midwife)

Address Bancroft

Given names added from a supplemental report

..... 19.....

Ellis Kay
Registrar

Filed Feb 6 1913 Ellis Kay
Registrar

S-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

652-115-003-553

Form V. S. No. 11-C—20m-2-15-12

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Bannock

City of Soda Springs Registration District No. 11 File No. 11324

No. ____ St. Primary Registration District No. 2048 Registered No. 43

Hospital ____

FULL NAME OF CHILD Albert Nelson West

Sex of Child	Twin / Triplet or other? (To be answered only in event of plural births)	and number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Male		1	Yes	12-15-1912

FATHER	MOTHER
FULL NAME Clarence Josiah West	FULL MAIDEN NAME Vida Ann Nelson
RESIDENCE Alexander, Idaho	RESIDENCE Alexander, Idaho
COLOR W AGE AT LAST BIRTHDAY 32 (Years)	COLOR W AGE AT LAST BIRTHDAY 19 (Years)
BIRTHPLACE Preston, Idaho	BIRTHPLACE Soda Springs
OCCUPATION Farmer	OCCUPATION Housewife

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 9.45 A.M. on the date above stated.

(Signature) Ellis Kackley

(Physician or midwife)

Address Soda Springs

Filed Feb 10 1913

Registrar

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report

..... 19.....

Registrar

S-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

IDAHO DEPARTMENT OF HEALTH
BUREAU OF VITAL STATISTICS

RECEIVED
BUREAU OF
VITAL STATISTICS
AUG 25 4 42 PM '75

Affidavit to Correct or Amend An Original Certificate of Birth or Death

State of ..... } ss.
County of ..... }

Certificate No. 11324

Date Filed .....

The undersigned does solemnly swear that certain facts on the certificate of Birth (Birth or Death) for Baby West (Name on Original Certificate) who was born (Was Born or Died) on December 15, 1912 (Date of Event) in Soda Springs (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the true facts are shown by ..... (Bible Record, Insurance Policy, Etc.) prepared on ..... (Give Date), are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
Name	Baby West	Albert Nelson West

Subscribed and sworn to before me this 21st day of August, 1975.

Carol N Moore

Notary Public, residing at Victor, Montana

My commission expires June 22, 1976.

(Seal)

Signed Veda Ann West
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

3860 Raymond Ave. Ogden Utah
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Montana } ss.
County of Ravalli }

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 21st day of August, 1975.

Carol N Moore

Notary Public, residing at Victor

My commission expires June 22, 1976.

(Seal)

Signed Mildred P. Hamrick
(Signature of Any Credible Person)

Victor, Montana 59875
(Street Address, City, State)

FORM DH 60-155

Insurance applicatin from Metropolitan Ins. Co. gives name as Albert N. West born Dec 15, 1912. dated Jan. x 6, 1939. viewed by V. S.

AUG 27 1975

Membership record from the LDS Church gives name as Albert Nelson West born Dec 15, 1912 at Soda Springs, Idaho. father's name as Clarence J. West and mother's name as Veda A. Nelson. viewed by V. S.

385-212-003-313

PLACE OF BIRTH

County of Bannock

City of Soda Springs

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

Registration District No. 11 File No. 11325

No. ..... St.

Primary Registration District No. 2048 Registered No. 42

Hospital .....

FULL NAME OF CHILD Lucile Chester

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth
Female		3rd	Yes	12-12-1912 (Month) (Day) (Year)

FATHER	MOTHER
FULL NAME: Colin Arthur Chester	FULL MAIDEN NAME: Helena Laccatin
RESIDENCE: Soda Springs	RESIDENCE: Logan Utah
COLOR: W.	COLOR: W
AGE AT LAST BIRTHDAY: 31 (Years)	AGE AT LAST BIRTHDAY: 31 (Years)
BIRTHPLACE: Soda Springs	BIRTHPLACE: Logan, Utah
OCCUPATION: Farmer	OCCUPATION: Housewife

Number of child of this mother, including present birth: 3

Number of children of this mother now living, including present birth: 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 6:15 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Ellis MacKay MD

(Physician or midwife)

Address Soda Springs

Given names added from a supplemental report

..... 19.....

Ellis Kacey Registrar

Filed Feb 10 1913 Ellis Kacey Registrar

6-Y CO. 20174

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

MARGIN RESERVED FOR BINDING

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

FEB 15 1973

FEB 20 1975

215-105-003-249

PLACE OF BIRTH

Form V. S. No. 11-C—20m-2-15-12

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Bannock

City of Pratcher

Registration District No. 1r

File No. 11327

No. St.

Primary Registration District No. 2048

Registered No. 26

Hospital Augustus Sant

FULL NAME OF CHILD [redacted] Sant

Sex of Child	Twin, Triplet or other?	Number in order of birth	Legitimate?	Date of Birth
Male	(To be answered only in event of plural births)		Yes	Dec 5 (Month) (Day) 1912 (Year)

FATHER		MOTHER	
FULL NAME	Seth Sant	FULL MAIDEN NAME	Sarah Smith
RESIDENCE	Pratcher - Idaho	RESIDENCE	Pratcher
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	39 (Years)	AGE AT LAST BIRTHDAY	23 (Years)
BIRTHPLACE	Idaho	BIRTHPLACE	Idaho
OCCUPATION	Farmer	OCCUPATION	Housekeeper

Number of child of this mother, including present birth 4th

Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 12 M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) John H Hubbard M D

Physician (Physician or midwife)

Address Grace - Idaho

Given names added from a supplemental report

..... 19.....

Ellis Kaney Registrar

Filed Feb 10 1913

Ellis Kaney Registrar

S-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Form V. S. No. U-C—20m-3-15/12

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

PLACE OF BIRTH

466225.042.142

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Form U. S. No. 11-C—Rev. 6-15-42

PLACE OF BIRTH

County of Twin Falls

City of Kimberly

No. ____ St.

Hospital ____

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 23 File No. 11376

Primary Registration District No. 2084 Registered No. ____

FULL NAME OF CHILD ____

Sex of Child	Twin, Triplet or other?	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Female	✓	1	Yes	Dec. 25 1912

(To be answered only in event of plural births)

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	Allen Moon	Dora Austin
RESIDENCE	Twin Falls, Idaho	Kimberly
COLOR	White	White
AGE AT LAST BIRTHDAY (Years)	23	17
BIRTHPLACE	Idaho	Idaho
OCCUPATION	Farmer	Home

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 10 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) John J Whyte

(Physician or midwife)

Address Kimberly Ida.

Given names added from a supplemental report

....., 19.....

Filed 1-15 1913 John W. Eagleson

Registrar

.....

Registrar

S-Y CO. 20174

753-23/-23/-293

PLACE OF BIRTH

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

County of Lewis

City of Kamiah

Registration District No. 32

File No. 11377

No. ____, ____ St.

Primary Registration District No. 2128

Registered No. ____

Hospital ____

FULL NAME OF CHILD Evelyn Margaret Peterson

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
F			yes	Dec 31, 1912

FATHER		MOTHER	
FULL NAME	Homer L. Peterson	FULL MAIDEN NAME	Mollie Billups
RESIDENCE	Kamiah	RESIDENCE	Kamiah
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	31 (Years)	AGE AT LAST BIRTHDAY	22 (Years)
BIRTHPLACE	Indiana	BIRTHPLACE	West Virginia
OCCUPATION	Life Ins. Agt.	OCCUPATION	House-wife

Number of child of this mother, including present birth 4

Number of children, of this mother, now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 1 A M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) W. F. McMahan

Physician (Physician or Midwife)

Address Kamiah, Idaho.

Given names added from a supplemental report

....., 19....

Filed 1-6-1913 Elsie B. Rogers Registrar

.....

Registrar

S-Y CO., 16670

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

FEB 1 9 1976

PLACE OF BIRTH 71001-533

Form V. S. No. 11-C

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Ada

City of Boise

No. ____ St.

Hospital St. Alphonsus

Registration District No. ____ File No. 11393

Primary Registration District No. ____ Registered No. 21

FULL NAME OF CHILD Mary Winifred Breen

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth
Female				November 27 (Month) (Day) 1912 (Year)

FATHER		MOTHER	
FULL NAME	David Breen	FULL MAIDEN NAME	Mary Ellis
RESIDENCE	Placerville, Idaho	RESIDENCE	Placerville, Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	41 (Years)	AGE AT LAST BIRTHDAY	39 (Years)
BIRTHPLACE	Emmett, Michigan	BIRTHPLACE	Granite Creek, Idaho
OCCUPATION	Miner	OCCUPATION	Housewife

Number of child of this mother, including present birth 1

Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was ____ (Born alive or ~~stillborn~~), at 10:30 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Geo. Callister

(Physician or midwife)

Given names added from a supplemental report

..... 19.....

Registrar

Address .....

Filed 1-24 1913 C.S. McConnel

Registrar

S-Y CO. 20174

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

MARGIN RESERVED FOR BINDING

MAY 10 1966

494-210-001-962

PUBLIC OF IDAHO

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

11366

County of Cedar

City of Burrell

Registration District No. 1

File No. 10

No. ____ St.

Primary Registration District No. 2004

Registered No. 14

Hospital St Alphonsus

FULL NAME OF CHILD ALICE ISABEL MIDWOOD

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
F		4	Yes	12 10 191

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	Joshua Midwood	Mary Carleton
RESIDENCE	Victor	Victor
COLOR	W	W
AGE AT LAST BIRTHDAY (Years)	46	36
BIRTHPLACE	England	Kentucky
OCCUPATION	Laborer	Wife

Number of child of this mother, including present birth 4

Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 3:22 A. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) M. H. Lee M.D.

phys. Burrell Idaho
(Physician or midwife)

Address Burrell Idaho

Given names added from a supplemental report

1 - 2 19 12

Registrar

Filed Dec 12th 1912

J. M. Taylor
Registrar

1 - 2 12 C.S.M. Consul

S-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

JUN 13 1949

AUG 20 1976

168-225-[redacted]

PLACE OF BIRTH

Form V. S. No. 11-C—15m-6-20-11

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

County of Ada

City of Boise

Registration District No. [redacted]

File No. 11400

No. [redacted] N. 10th St.

Primary Registration District No. [redacted]

Registered No. 4

Hospital

FULL NAME OF CHILD Lois Helen Johansen

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Girl			yes	Dec. 25, 1912

FATHER	MOTHER
FULL NAME: Ben Johansen	FULL MAIDEN NAME: Nellie Strawn
RESIDENCE: 1812 N. 10th St.	RESIDENCE: Boise Idaho
COLOR: White	COLOR: White
AGE AT LAST BIRTHDAY: 38 (Years)	AGE AT LAST BIRTHDAY: 34 (Years)
BIRTHPLACE: Schleswig Germany	BIRTHPLACE: Kennebek Co Iowa
OCCUPATION: Iron Moulder	OCCUPATION: Housekeeper

Number of child of this mother, including present birth 4

Number of children, of this mother, now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 6-57 a.m. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Rollin S. Gregory, M.D.

(Physician or Midwife)

Address 204 Sonna Bldg.

Given names added from a supplemental report

....., 19....

Filed 1-2 1913 C. S. McConnell

Registrar

S-Y CO., 16670

Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

MAY 2 1975

FEB 2 9 1944